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The Choices Pilot Program Evaluation Report

The Boys and Girls Clubs of Webster Dudley Choices Program

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Introduction

The Choices Pilot Program was initiated in January 2008 in response to an identified need for youth development opportunities in the Webster Dudley communities. In 2007, a planning committee established by the Boys and Girls Club of Webster Dudley undertook a year-long study of the needs of youth in the communities of Webster and Dudley, Massachusetts. The needs assessment subcommittee surveyed youth, community members, community organizations, schools, police, and the juvenile court to determine the extent of positive activities and development opportunities for youth between the ages of 12 and 17 years available to youth in these communities. The results of the needs assessment presented to community members in September 2007 indicated a lack of positive and creative opportunities for young people to become engaged in constructive and healthy activities outside of the school hours; and the need for a broad range of effective techniques and strategies that direct at-risk youth people toward positive alternatives.

Beginning in January 2008, the Boys and Girls Club of Webster Dudley established the Choices Pilot Program initiative, made possible through a generous grant from the Health Foundation of Central Massachusetts. Through this initiative, program plans are developed based on support team and Club staff recommendations to excite and attract the youth. Boys & Girls Clubs have a mission to provide positive, constructive activities to meet case-managed youths' interests and needs. The approach consists of several components: Community Assessment, Community Mobilization, Recruitment, Programming, and Case Management. In collaboration with the Massachusetts Society for the Prevention of Cruelty to Children, outreach counselors were contracted to assess the behavioral health and functioning of youth, and to provide workshops for high risk youth involved in the program.

As planned the Choices Pilot Program is designed to work through a referral network of linkages by local Clubs with school, police, courts, other juvenile justice agencies, social service agencies and community organizations, thereby recruiting youth, assessing needs and interests, establishing support teams for each youth, and offering Club programs to divert youth from risky activity.

During the pilot study year, a Choices Program Coordinator and staff were hired and trained, recruitment procedures and materials were created, parents were contacted, and referred young people were accepted into the Club programs and the Choices Pilot Program. The following sections of the report present the results of the pilot initiative.

A brief word about pilot studies: Pilot or feasibility studies are usually conducted to explore the logistics and procedures prior to implementing a full-scale intervention or program. Feasibility studies provide valuable information about how programs may work, or how instruments used to assess progress will be understood by participants, or learn more about whether the level of an intervention is appropriate to solve the problem of interest. For these reasons, we can learn a great deal from the results of a mini version of a program evaluation. In this pilot study, there were no comparison groups, and the measurement of outcomes was not systematically implemented on every youth who participated. Therefore, the results reported in this summary is not intended to represent the true outcomes of the full implementation of Choices, but has been helpful in learning of the many ways that youth responded to the questionnaires, staff, programs and activities. The Choices staff and leaders have expressed a strong

interest in using the findings of the pilot study to make improvements in the full implementation of this program.

The Choices Pilot Program

The Choices Pilot Program followed the Getting To Outcomes model adopted by the Health Foundation of Central Massachusetts (see <http://www.hfcm.org/default.asp?id=531> for more information). After conducting a comprehensive needs assessment to determine the underlying problems and gaps in services for youth in the Webster Dudley communities, the Choices Steering Committee members and staff of the Boys and Girls Club of Webster Dudley implemented activities that had good prior evidence of success. The basic program included the elements presented below.

Underlying conditions to be addressed

High levels of poverty, substance use and other risk factors

High levels of poverty, substance use, CHINS, delinquency petitions, teenage pregnancies, school disciplinary actions and police arrests for adolescents in Webster and Dudley communities

Recreational and Service Availability and Utilization Low

While resources exist, low reported usage, unavailability of transportation to community service organizations. Guided and targeted recreational resources are generally unavailable or insufficient for youth in the 11 - 17 age group. Parents, youth and community leaders agree on the need for more interesting and challenging guided activities for individuals and groups in the two communities

Evidence-based methods used

Key Elements of Quality Youth Development (BGCA & Search Institute, 2005)

Research by Search Inst. on qualities of BGCA settings and staff include: 1. Safe Positive Environment; 2. Fun and Sense of Belonging; 3. Supportive Relationships; 4. Opportunities and Expectations; 5. Recognition. Practices linked to - Constructive use of time; Emotional health and physical well-being; Positive self-identity; Social competency; Positive values; Commitment to learning. (Search Institute, 2005. Deepening Impact Through Quality Youth Development Strategies and Practices: Executive Summary, BGCA, Atlanta)

Reduction of delinquent behaviors (www.ppv.org)

Prevention classes (SMART Moves; Alcohol, Drug and Pregnancy Prevention Program of BGCA; Targeted Outreach for Delinquency Prevention and Gang Prevention) show evidence of outcomes linked to participation.

Increased access to and safe utilization of technology (www.ppv.org)

Project Learn, Netzsmart, and Operation Connect each showed evidence of outcomes linked to participation.

Increased career goals and improved attitudes toward school (www.ppv.org)

Broader Horizons and Career Prep show some evidence of self-reported positive experiences including positive relationships, sense of safe place to belong, interest in participation, and willingness to contribute to the group.

Pilot plan

Outreach and marketing

- Outreach in the form of attendance at community meetings, subcommittee meetings and notices for partner sites;
- Marketing includes special materials (flyers, notices, information sessions) for probation/courts, schools, institutions, youth and parents

Transportation and availability

Exploring contract for bus and taxi services and for increasing physician prescriptions and IEP requirements for taxi services for youth with ADHD diagnoses.

Orientation and assessment

- Intake involves meeting youth, parents, other providers, teachers or school support staff
- Develop and use standardized screening and assessment forms (Search Institute Assets Inventory; other)
- Train BGCA staff to use Search Inventory and other forms
- Assessment results in individual program plan for each targeted youth

On-site and subcontract for mental health services

Subcontract with community-based mental health services (MSPCC, You, Inc.)

Activities

Club-based core programs (space-based)

Gym (for Basketball, volleyball), Kitchen (recipes, snack prep), teen rooms, game rooms (pool, board games), library

Prevention & Intervention services

Includes SMART Moves, Communication, Life Skills, Project CHILL (bullying prevention and conflict resolution) All youth will be expected to attend 6 or 8 offerings from the prevention and intervention for participation in special events.

Special Activities and Events

Trips, camping, canoeing, rock-climbing, visits to recreational areas, dances and concerts

Mentoring and Skills Training

- Primarily skills training for peer leaders and mentored youth
- Participate in staff development as appropriate

Community Staff and Staff Development

- Cross-training and presentations for partner staff
- BGCA staff development

Measurement of outcomes

Tracking referred youth into program for targeted services; pre-post-assessment using Search Asset Inventory and satisfaction with program and participation; staff assessment of youth participation and progress on individually identified goals; assessment of partner participation; pre- post-profiles of community resource availability and utilization; documentation of marketing and outreach activities.

Advocacy planning

Document areas of continuing need and develop advocacy plan for addressing - e.g., transportation issues that may have a community or regional budget barrier; community and school related policies that stigmatize youth and reduce positive opportunities for contributing to the larger communities.

The Evaluation Methods

This evaluation has been guided by the Choices Steering Committee recommendations and the Choices program plan. The primary goals of the Choices program are:

Measures

Child and Adolescent Functional Assessment Scale (CAFAS) was developed in 1989¹ to assess the impairment of youth in day-to-day functioning. The CAFAS contains eight scales to assess a youth's functioning in school (satisfactory performance in a group educational environment), at home (conducts age-appropriate tasks and follows reasonable rules), in the community (conforms to laws and respects rights of others), behavior toward others (routine appropriateness of daily tasks), moods and emotions (ability to regulate emotion, presence of anxiety or depression), self-harmful behavior (successful coping without acts of self-harmful behaviors), substance use (refrains from inappropriate substance use), and thinking (the use of rational thinking processes). Total scores are computed by combining individual subscale scores. A higher score reflects greater impairment in daily functioning.

Each scale score contains behavioral descriptions or anchors that correspond to numerical levels of impairment: severe impairment = 30; moderate impairment = 20; mild impairment = 10, and no or minimal impairment = 0. Raters determine the level of functioning based on the extent that the descriptors are true during the last rating period (i.e., last month). The CAFAS has been used widely in youth mental health and social service programs throughout the country and has demonstrated reliability, concurrent and predictive validity.²

¹ Hodges, K. (2000). Child and adolescent functional assessment scale (2nd rev.). Ypsilanti: Eastern Michigan.

² Hodges, K. (1995, March). Psychometric study of a telephone interview for the CAFAS using an expanded version of the scale. Paper presented at the eighth annual research conference: A System of

The Choices Program Feedback Form was a modified version of the Boys and Girls Club youth questionnaire used in evaluating national programs. The adapted form asked youth about their involvement in the choices activities, including demographic information, connections with peers and staff, self-identified benefits, leadership opportunities and help with school and learning. In all, 20 youth responded to the feedback questionnaire during meetings between December 29, 2008 and January 15, 2009.

The Youth

Seventy-three (73) referrals were received between March 18, 2008 and August 8, 2008. Of those 73 referrals, 59 intake meetings were conducted with at least one parent and youth. In all 57 consent authorizations and memberships were signed and approved. Information about the referrals and intakes was collected on a simple spreadsheet and reported to the evaluator by the Choices Coordinator in January 2009.

During December 2008, the Boys and Girls Club of Webster Dudley invited 20 youth to complete a single questionnaire that was designed to assess the youths' participation in activities of Choices, in the community, at school, and in the wider Club activities. In addition, the questionnaire asked respondents to describe their demographic characteristics (see attachment A). This questionnaire is the source of the demographic characteristics of participating youth. It does not represent a complete description of all of the youth who participated in the program during the pilot year.

Care for Children's Mental Health: Expanding the Research Base, Tampa, FL.; Hodges, K., & Wong, M.M. (1996). Psychometric characteristics of a multidimensional measure to assess impairment: The Child and Adolescent Functional Assessment Scale. *Journal of Child and Family Studies*, 5, 445-467.

Results

PROJECT OUTCOMES

The results of the pilot project are report in the following sections. The results are closely related to the primary goals of the Choices Pilot program.

The primary goals of the Choices program are:

- Build a bond between the Choices and B&GC staff and the program youth;
- Increase positive self-perception, confidence and sense of competence in activities offered by the program;
- Increase the participant youth's sense of usefulness and belonging to Club programs;
- Increase social skill;
- Increase problem solving and communication skills;
- Increase youths' participation in decision-making and goal setting;
- Reduce youths' risk for poor functioning in school and home.

We assessed these goals through two primary methods: (a) through an assessment of functioning by trained observers using a standardized assessment scale (Child and Adolescent Functional Assessment Scale – CAFAS); and, (b) through a brief self-report questionnaire completed by participating youth.

The results of an analyses of these measures are presented in Table 1. below:

Observations of Adolescent Functioning Using Standardized Protocol

Table 1. presents the results of the CAFAS observations by MSPCC trained observers. Overall, the assessed youth at the beginning of their participation in Choices were observed to be functioning in the mild to moderate impairment level in school, home, behavior toward others, and social emotional areas of functioning.

Table 1. Frequency and Percentage of Level of Impairment for Selected CAFAS Subscales by Time of Assessment

	Impairment Level							
	None = 0		Mild (10)		Moderate (20)		Severe (30)	
	n =	% =	n =	% =	n =	% =	n =	% =
Time 1 (At Entry)								
School	9	20.0%	14	31.0%	18	40.0%	4	8.9%
Home	7	15.6%	20	44.4%	16	35.6%	2	4.4%
Behavior Toward Others	9	20.0%	19	42.2%	14	31.1%	3	6.7%
Moods/Emotions	4	4.4%	19	42.2%	20	44.4%	2	4.4%
Time 2 (3 months)								
School	3	16.7%	8	44.4%	5	27.8%	2	11.1%
Home	3	16.7%	12	66.7%	2	11.1%	1	5.6%
Behavior Toward Others	6	33.3%	8	44.4%	4	22.2%	0	-
Moods/Emotions	1	5.6%	14	77.8%	3	16.7%	0	-
Time 3 (6 months)								
School	2	28.6%	2	28.6%	2	28.6%	1	14.3%
Home	2	28.6%	3	42.9%	2	28.6%	0	-
Behavior Toward Others	6	85.7%	1	14.3%	0	-	0	-
Moods/Emotions	3	42.9%	4	57.1%	0	-	0	-

However by the second observation period (at 3 months intervals), the modal impairment levels had improved from moderate impairment to mild impairment, and from mild to none impairment in all four areas of functioning. While only a small number of youth had been reassessed at the 6 month interval, the trend appears to have continued, with the majority of youth observed to have no or mild impairment.

Youth with None or Mild Impairment Levels

School Issues: For all youth who were assessed using the CAFAS at entry into the Choices program, about one half of the youths had no or mild impairment levels, and by 3 months nearly two-thirds (61%) were observed to have none or mild impairment levels.

Home Issues: For all assessed at entry into the Choices program, 60% had none or mild impairment, and by 3 months reassessment 83% had none or mild impairment.

Behavior Toward Others: For all youth assessed at entry, 62% had none or mild impairment, and by 3 months reassessment 77% had none or mild impairment.

Moods and Emotional Issues: For all youth assessed at entry, half (51%) had none or mild impairment, and by 3 months 83% had none or mild impairment.

The percentage of youth who improved in the functioning categories ranged from 10 percentage points to 32 percentage points in the none to mild impairment levels.

Youth with Moderate to Severe Impairment

School Issues: At entry half of the youth assessed (51%) had moderate to severe impairment in functioning, and at 3 months 39% were observed with moderate to severe impairment in functioning.

Home Issues: At entry 40% of youth had moderate to severe impairment in functioning, and at 3 months 17% had moderate to severe levels of impairment.

Behavior Toward Others: At entry 38% of youth had moderate to severe impairment in functioning, and at 3 months 22% were observed with moderate to severe impairment.

Moods and Emotional Issues: At entry half of youth (49%) had moderate to severe impairment in functioning, and at 3 months 17% of youth had moderate to severe levels of impairment.

The percent of youth who had moderate to severe impairment at entry in all functioning areas were reduced by 12 to 32 percentage points from entry into Choices to the 3 months reassessment point.

Differences by Gender in August 2008

In an earlier analyses conducted after August 2008, we explored differences in functioning between male and female youth.

Based on the CAFAS observations conducted by MSPCC, a total of 30 youths were assessed (20 males and 10 girls) between April 14 and October 8, 2008. The youth ranged in age from 12 years to 18 years, and the modal age was 14. More than two-thirds of the youth were between 12 and 15 years of age.

In the database provided by MSPCC, 18 youths were assessed two times by the MSPCC staff. The CAFAS assesses functioning in 8 separate domains and a total score. The domains include school, home, community, behavior, mood, self-harm, substance abuse and thinking.

Table 2. Mean Scores for CAFAS at Beginning of Program (N = 30)

Functional Area	Mean	SE Mean	StDev	Min	Max
School	16.33	1.82	9.99	0.00	30.00
Home	15.33	1.42	7.76	0.00	30.00
Community	9.77	2.16	11.81	0.00	30.00

Functional Area	Mean	SE Mean	StDev	Min	Max
Behavior	15.33	1.64	9.0	0.00	30.00
Mood	16.67	1.11	6.06	10.00	30.00
Self-Harm	3.00	1.45	7.94	0.00	30.00
Substance Abuse	1.67	1.18	6.48	0.00	30.00
Thinking	1.67	0.84	4.61	0.00	20.00
Total	80.67	7.03	38.50	20.00	170.00

MSPCC re-assessed 18 youth at about three months after the first assessment. All of the youth who were re-assessed improved in functioning between the first and second assessment. The youths who were assessed two times made significant improvements in overall functioning.

The mean total score for boys and girls together at the pre-assessment was 88.33 (st.dev. = 41.62) and at the post-assessment was 59.44 (st.dev. = 31.90), a difference of 28.89 (st.dev. = 22.98). Paired T-test of mean differences: $t = 5.33$, $p = 0.000$.

Girls (7) made significant gains from pre- to post-assessment ($t = 2.64$, $p = 0.039$), as did boys alone ($t = 4.94$, $p = 0.001$).

The functional areas of greatest improvement were Home, Behavior and Mood.

Youth Self-Report about the Choices Program

Overall, youth report positive relationships with staff, and are positive about the benefits of the Choices program. The more days per week that youth attend the program, the more positively they rate the staff and the benefits of the program.

Table 3. Youth Self-Report Feedback About Choices Program - Comparing Outcome Areas by Participation Days Per Week

Outcome Area	Once a week or less (n = 6)	More than 2 days per week (n = 14)
	Pcnt Sort of/Very True	Pcnt Sort of/Very True
Bonding/Positive Relations with Staff		
Staff care about what happens to me	17%	69%
I can talk to staff about things that bother me	50%	71%

Outcome Area	Once a week or less (n = 6)	More than 2 days per week (n = 14)
	Pcnt Sort of/Very True	Pcnt Sort of/Very True
Staff try to be fair with kids	33%	86%
Positive Self-Perception		
I feel like I belong	33%	85%
The staff help me feel proud of myself	50%	85%
Improve School Performance		
Someone in Choices helps me finish my homework	83%	50%
The Choices program helps me do better in school	50%	78%
The Choices program helped me learn about different kinds of jobs	33%	76%
Increase Skill in Positive Choices/Decisions		
I have a say in what happens at the Choices Program	17%	93%
The Choices program asked me to help make decisions about the things we do	50%	71%
The Choices program taught me how to be more healthy	50%	89%
Improved Social Skills		
I have friends in the choices program	17%	86%
I like the way other kids treat me	50%	100%

The larger differences between those youth who attended only once and those who attended two or more days per week are for:

- Having a say in what happens (75 pcent points)
- Have a friend in the program (69 pcent points)
- Staff try to be fair with kids (53 pcent points)
- Staff care about what happens to me (52 pcent points)
- Feel like they belong at the Club (52 pcent points)
- Like the way other kids treat them (50 pcent points)

Which desired outcomes were most dramatically achieved? Which strategies were most effective in achieving that outcome and which were least effective?

Interviews with project staff, the Choices Coordinator, and Executive Director of the BGCWD suggests that the introduction of the national programs, training on managing behavioral problems of youth, and the implementation of the mental health model provided by MSPCC are the key strategies that were most effective. The newness of the project, the integration of the Choices activities and groups into the overall schedule of the BGCWD, and the knowledge of staff to identify and manage youth with behavioral and emotional problems continues to present challenges to the leadership of the program.

What positive outcomes were achieved which had not been anticipated, and what do you think was responsible for the change?

The completion of the new BGCWD facility has contributed to many new opportunities, successes and challenges. The awareness that the Choices program youth were not that dissimilar to youth in the ongoing Club programs has presented an opportunity to more thoroughly integrate the Choices activities into the ongoing Club activities. At the former Club facilities, the Choices youth met separately and little interaction between the staff and youth of the ongoing Club programs was evident. Most staff and youth have commented on the increased benefits to all youth as opportunities to participate in the beneficial activities of the Choices program are made available to ongoing Club members.

Which desired outcomes were not achieved, and what do you think was responsible for the lack of progress?

The goal of helping youth improve school performance was not achieved to the extent that planners hoped for. To achieve school related performance, program activities have to be intentionally directed toward motivating youth to improve school participation (through attendance) and involvement (through completing assignments and turning in homework). The selection of Choices activities should be reviewed for their contribution to school related knowledge and skills – and if appropriate and interesting activities are identified, should be gradually introduced into the program schedule.

What unanticipated negative outcome occurred, and what do you think was responsible for that result?

There were no unanticipated negative outcomes. The Choices planners recognized that more roles for school personnel would be beneficial to the goals of helping youth improve school performance.

What significant obstacles did you encounter and how did you overcome them to implement the project?

The youth feedback suggested that the use of computers and the internet was seldom accessible to youth for school and creative activities. The Choices staff may want to review their policies around the use of computers and the internet to see if they can increase the safe and managed use of the computers by the participating youth. Learning about jobs and community issues, help with school work, and developing youths' creative capacities are just some of the potential uses for computers linked to the world wide web.