Final Evaluation Report
Youth Justice Fund

Project: Youth Impact's Drug Intervention Program

August, 2016

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Introduction

Objective of the Evaluation

The intent of the evaluation is to examine ongoing initiative activities of the Drug Intervention Program and to document lessons learned as a result of implemented processes. Insights gleaned through the evaluation process were shared with project staff and managers with the intent of contributing to project effectiveness and efficiency. This report describes program participants up to the end of June 2016, and presents information on the project rollout and implementation.

Participants and Contracted Consultants

Participants in this evaluation included community service providers, project partners as well as program participants, staff and managers. Youth Impact, the parent agency for the Drug Intervention Program, invited W. Morrison & Associates Inc. to submit and carry out the evaluation plan.

Project Outline

Program Logic Model

The logic model for the Drug Intervention Program project is included as Appendix A. This framework outlines the program philosophy which emphasizes the creation of a positive therapeutic alliance with youth, the use of strength-focused interventions, the engagement of community capacity and resources, and the implementation of coordinated service plans. In terms of goals, three major directions for the program are outlined, each with accompanying objectives:

- To reduce youth risk behaviours (Reduce risk of substance use and reduce risk of coming in conflict with the law)

- To increase youth engagement with community stakeholders (Increase community awareness of youth and their needs; enhance youth engagement/participation in educational and employment readiness; and enhance youth engagement/participation in community-based leisure and recreational activities)

- To enhance the potential for positive change among youth (Increase youth awareness regarding options for change; increase youth self-efficacy to embrace plans and actions for positive change; and increase coping and problem-solving capacity among youth).

The logic model also identifies key program participants and groups involved in or supporting the delivery of the Drug Intervention Program model. These include Project authorities (Youth Justice), Youth Impact leadership, programs and services, the Drug Intervention Program team (composed of program lead and youth interventionists), youth-serving community agencies, and the evaluation consultants. For each participant group, assigned activities and corresponding outputs are outlined on the Drug Intervention Program logic model. The delineation of major activities and outputs provides a basis for monitoring and evaluating areas of program implementation related to the Drug Intervention

Program. Finally, the logic model outlines potential areas of impact reflecting the fulfilment of major program goals and accompanying objectives.

Theory of Change

The program was guided by a positive youth development orientation as well as strength-focused motivational interviewing and brief intervention strategies. Case management practises included meeting youth in their natural environments, engaging them in meaningful and authentic interactions to explore needs and strengths, and undertaking plans for positive lifestyle change. Central themes in case planning activities included drawing out and applying areas of strength or capacity from youth, their families and the wider community.

Strength-based methods affirm that youth and their respective contexts have a range of unique internal and external resources that should be used as part of the case planning process. These approaches are characterized by interactions that are respectful and that validate clients' efforts to work through areas of struggle, challenge or adversity. The intervention focus was primarily on creating readiness for engagement, and offering non-judgemental, low-threshold access to services. Specific assumptions associated with the Drug Intervention Program approach included:

- Focusing on youth strengths rather than risk-need alone
- Viewing communities as sources of hope and capacity
- Basing interventions on youth self-determination
- Framing the case manager/client relationship as primary and essential
- Using outreach as the preferred mode of intervention
- Believing that all youth can learn, grow and change

Project Context

Community stakeholders described youth with substance use problems as often experiencing concurrent difficulties including learning challenges, behavioural and emotional concerns, disengagement from school, frequent changes in living situations, potential conflict with the law and strained family relationships.

Community stakeholders indicated that the placement of the Drug Intervention Program as part of Youth Impact's array of services was beneficial for supporting youths' access to needed supports related to educational advancement, career development, transitional housing, and the development of positive community attachments and the initiation of leisure activities.

Partners and Stakeholders

As an agency, Youth Impact has a longstanding relationship with government departments, non-profit agencies and youth-serving organizations within the Greater Moncton region. For the Drug Intervention Program project, key partnerships included government departmental representatives (e.g., Social Development), local school districts (student services personnel, alternative school professionals, and administrators), health authority personnel (addictions and mental health), public safety (probation officers), and local police authorities.

Evaluation Questions, Methods and Analytical Procedures

Areas of Inquiry

The process evaluation included areas of inquiry relating to how the project was implemented. They are as follows:

- Was there consistency between the goals and the activities of the initiative?
- Did the initiative effectively reach and engage community participants, partners and relevant service provider stakeholders?
- What specific challenges were encountered in the implementation of the project? How were these addressed and how did they impact completion of project activities?
- What specific outputs were identified or developed that could be implemented or sustained beyond the timeframe of the project?

The outcome evaluation included areas of inquiry relating to the impact of the project or changes attributed to the project.

- With respect to project activities, what areas of impact or change were noted related to:
  - Risk behaviour patterns, including substance use and conflict with the law
  - Youth engagement and potential for positive growth
  - Sustained participation and maintained gains
  - Capacity to serve youth struggling with substance use problems
  - Stakeholder engagement
  - Service integration and community linkages

Data Sources

For this final report, data collection activities began in the fall of 2013 and continued through June 2016. Data sources included descriptive program documents and orientation manuals, activity logs relating to the program's implementation, completed youth intake forms and scores on standardized behavioural check lists, and interviews with program personnel, community stakeholders and program participants.

Prior to undertaking any data collection, the purpose of the evaluation was explained to each participant and the nature of their involvement in the evaluation was outlined. As part of this explanation, participants were assured that their individual responses would be anonymous as reports would be based only on aggregated responses. Upon obtaining consent from participants, data collection was initiated.

Descriptive Data

Descriptive data were gathered from program documents, activity logs, and interviews with program personnel, project stakeholders, and program participants. Community stakeholders who were interviewed represented various social service or youth-serving agencies providing services to clients with addiction problems and other risk behaviours. Information was compared to that contained in the

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project proposal and logic model to identify areas of consistency and divergence between intention and implementation.

The information gathered from the interviews also provided feedback regarding observed activities of the Drug Intervention Program, and client outcomes attributed to the project. Responses from each key informant were recorded and a written protocol for each interview was developed. Upon completion of these protocols, interview responses for the various areas of inquiry were merged and content analysis and descriptive methods were applied to identify key themes, trends and findings related to areas of review.

Quantitative Data

As part of the initial intake processes at the outset of the Drug Intervention Program, client participants completed the structured intake form covering a range of information related to youths' areas of need, interests and preferences, immediate context and living circumstances, current functioning and coping/problem solving behaviours, substance use history, community engagement, and family and peer relationships. In addition, youth and program personnel completed standardized forms intended to provide insight into a range of adaptive behaviours, and externalizing and internalizing features in youths' functioning (Achenbach scales). Baseline data collection activities were carried out for each participant entering the program. After approximately six months in the program, measures were repeated to identify potential areas of change relative to each participant's progress. Data derived from counts, rating scales, and standardized scores were entered into databases for subsequent analysis. Analyses included descriptive statistics, non-parametric statistics (Wilcoxon matched pairs), and parametric statistics (t-tests). A description of the client baseline profile derived from the intake process is included in Appendix B. Appendix C contains a summary of the means of standardized scores.

Gender Analysis

Small sample sizes for most measures did not permit a gender analysis. Where there were sufficient numbers, there were no differences noted among male and female participants (see Appendix E).

Process Findings

Was the project implemented as intended? What changes, if any, were made and why?

As part of the initial project activities, a program logic model was created to guide the implementation of the Drug Intervention Program. The logic model included delineation of global program goals and associated objectives, as well as details related to key participants, established activities and resulting outputs. Program logs, meeting minutes, interviews with program staff, interviews with community stakeholders, and program intake documents provided evidence of a high level of convergence between the program logic model and the actualization of program plans and outputs. Overall, process data resulting from the evaluation provided evidence of a good degree of consistency between the intended Drug Intervention Program model and its rollout.

Some adaptations were made to the program including primary application of one-on-one counselling in lieu of group meetings or sessions. This approach contributed to a greater emphasis on individualizing case plan approaches in light of the unique circumstances of youth taking into account their varied needs, sources of support and areas of strength. There was also the noted consideration that within groups some youth may be vulnerable to peer influences that would not contribute to the reduction of risk or the enhancement of protective factors.

The program was also intended to be implemented only within the Greater Moncton area; however, some youth involved with the law at the outset of the program were adjudicated to several residential facilities within the province. Instead of losing contact with these youth, the decision was made to maintain continuity of the program by holding sessions with them both at the custodial facilities (NBYC and Portage) and also in the community following the completion of their sentencing or the residential program.

For youth who did not meet program eligibility, other services were offered to them. In some instances this entailed holding an initial meeting to encourage small step planning or to promote increased readiness for change. In other instances, initial meetings with youth involved referring them to other services or assisting them in making connections with another community resource. Program personnel highlighted the importance of offering every youth a positive point of connection and interaction, and conveying to them empathy and support whether youth entered the program or were directed to another service.

Was the project's management structure effective?

The Drug Intervention Program team was comprised of three youth interventionists with one acting as the team coordinator. All team members met with clients and participated in team meetings on a daily basis. The team members also frequently met in the afternoon, and updated each other on their activities and observations. Each interventionist maintained contact logs, which enabled any available team member to stand in for other youth workers and continue to meet with clients and advance their case plan. Overall, feedback from staff members indicated that the operational and management structure was effective in supporting program activities.

Were partnerships developed and effectively used to reach project results?

Partnerships were developed with several community agencies that were also frequent sources of referrals to the Drug Intervention Program. Partners included Department of Health (Addiction Services), Department of Public Safety (youth detention, community policing), Department of Education (Alternative School Site), and the non-profit substance abuse rehabilitation centre (Portage Atlantic) that also houses open custody clients.

As part of the Drug Intervention Program protocol, meetings with community partners were held regularly to discuss youth needs and how to avoid potential duplication of services. Partnering agencies provided meeting sites for youth interventionists to offer outreach services. Meetings with youth clients

took place in various locations, including at alternative school sites, in group homes, and in open and closed custody settings.

Program participants and community stakeholders recognized that it was beneficial that the offices for the Drug Intervention Program were housed at a drop-in centre (Youth Quest). This location provided free resources to youth, including food, laundry, and showering facilities. This site for the program helped their services to be low-threshold and accessible to the target population.

Were the expected outputs delivered?

Program outputs were consistent with those delineated in the Drug Intervention Program logic model. In this regard, outreach meetings were conducted with youth and structured interview and baseline assessments were completed with clients. Individual case plans were also developed with clients and shared with the program team. Clients were assisted in accessing community resources, and program logs were completed to track referrals and community linkages.

What challenges were encountered and how were they addressed?

Basic needs

Some youth who accessed program services also had ongoing basic needs concerns. In some case these concerns included having sufficient food, and the financial resources to secure a safe place to stay or live. As part of their outreach, meeting and face-to-face times with youth, program staff often absorbed the cost and provision of snacks, meals and coffee.

Difficult to contact

Some program youth who were on waiting lists for mental health treatment or for detox services experienced long wait times. Clients on such waiting lists needed to provide a means of phone contact, but often had phone plans for texting only, but not calling. Similar challenges were encountered when applying for employment.

Out of school

Building youth connectedness with schools and alternative school sites was also identified as challenging. In many instances, youth who were out of school were provided with only a few weekly hours of tutorial or direct teacher support. For many youth, the short time periods and the lack of continuity in their educational program were not viewed as meaningful for experiencing specific academic gains or setting directions for future school success. From their perspective, alternative school sites appeared to be more like a placement out of the school than a point of transition or opportunity to develop plans for returning to their regular academic program. Consultation among school, district and program personnel may have benefits for exploring more effective approaches for supporting youth in the program with respect to their educational and career development plans.

Seasonal stressors

Challenges were noted during Christmas and New Year holiday season, as these dates were linked to increased stress in clients' family contexts, and opportunities to return to former behaviour patterns. The youth interventionists helped youth anticipate these challenges and develop plans to help them through the stressful time.

Non-continuous, disconnected system

Youth are often released from custody with a ticket for a bus to return to their home communities. Although other service providers are involved, there is no agency identified to offer transportation to youth clients. The program team adopted this role and made an effort to act as liaison with other systems.

Establishing sources of positive peer supports

Initiating new peer relationships or sources of positive peer support was challenging for youth. Although many expressed a strong desire for change in their current circumstances and decision-making, the influence of previous relationships involved in substance use or conflict with the law was identified as a potential risk factor. Separating from former peer influences represented a personal loss for youth along with the anxiety of establishing new sources of peer support.

What worked particularly well?

Partners emphasized that the Drug Intervention Program was the only community based service provider that offered outreach services in the community. Outreach was also provided to youth in custody, allowing youth interventionists to build relationships and act as a liaison and support when a youth was released from custody or faced other stressful changes.

There has been no staff turnover for the duration of the program. This continuity has contributed to strong team relationships and collaborations across all facets of the program. Team members emphasized that the program was flexible in ways that other programs were not. Most meetings with youth took place in community settings rather than in offices, and transportation was often part of supports that were offered. Team members occasionally worked on weekends if a youth so requested.

The voluntary aspect of the program was recognized as a critical factor in engaging youth in this service. Youth participants indicated that it was important to have the program housed in a drop-in center that provided some of the basic resources if youth were experiencing disconnection and increased self-reliance.

Activities were one-on-one and face-to-face, and included shared conversations on areas of common interest, as well as participation in joint recreational activities. These efforts were regarded as effective for building rapport and trust with youth. Overall, providing extended time or having multiple contacts with youth prior to program entry was viewed as beneficial for strengthening youths' motivation to become engaged at the outset of the program.

Guidance counsellors helped to facilitate meetings with youth and were generally supportive of program goals. Other service providers also coordinated their respective intervention efforts with the program team. Such partnerships emerged from positive relationships with the agencies, and operated without a formalized protocol in place.

What could/ could have been improved?

Program personnel and community stakeholders noted that it would be helpful to have increased connections with community recreation workers. The development of a liaison role to help clients identify and navigate potential opportunities for becoming involved with specific youth program supports or recreational activities was regarded as potentially beneficial.

In addition to youth interventionist training in youth care and choice theory, professional development activities for staff included orientation to brief intervention approaches, application of motivational interviewing techniques and the use of narrative approaches with clients. These evidence-informed practices were integrated into youth interventionists' work and contributed to increased youth engagement in the program and increased motivation to embrace positive lifestyle changes. Ongoing professional development in positive psychology and strength-based intervention methods should be provided to staff and potentially to other youth-serving agencies offering collaborative services with the Drug Intervention Program. Another area for potential development included increased emphasis in program planning on finding out and applying areas of strength or interest with youth.

Program personnel indicated that there is potential for partnerships to be further developed with probation officers as well as personnel at the substance abuse treatment and open custody facilities (Portage). Such partnerships could increase the level of involvement of the program team in discharge planning being carried out by partners.

Development of viable educational and career planning programs that address the unique needs of youth with problem substance use concerns should be undertaken. Preliminary discussions on the educational and career development needs of youth could be held with local districts and in collaboration with Post-Secondary Education. Integrating or linking current services from these government departments may be beneficial as a preliminary step for addressing the gaps that program youth encountered within educational services during their time in the program.

Outcome Findings

How successful was the project in reaching its intended target population?

Youth participants indicated that program services were accessible and that the outreach services provided by staff were effective in engaging them. Having program offices located as part of the drop-in center provided additional avenues of support for youth including basic need considerations, programming and counselling. Involvement in the program was voluntary; this not only supported the autonomy of youth, but also was regarded as contributing to increased engagement. Community partners emphasized that the outreach aspect of the program was very effective in reaching youth and lowering barriers for their participation in the program.

> "They reach that otherwise unreachable population. They offer services, not compelling participation beyond the initial meeting." (Community partner)

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Appendix B in this document provides a description of clients targeted and involved in the project, including referrals, admissions, and discharge information by gender and history of prior offences. In addition, see Appendix C for a description of clients' histories and descriptors at baseline and follow-up.

What were the project's immediate outcomes?

Please present your findings by the Project's Anticipated Outcomes found in the Project Logic Model. Please include the outcomes affecting the project's target population (e.g. behavioural change, changes in knowledge, skills) and/or community, as appropriate.

Following the project's logic model, there were three main outcomes that were proposed. Achievement of the project outcomes is described in the paragraphs below.

Outcome 1: Reduced risk behaviours

- Reduced problem substance use among program participants
- Decreased involvement in activities that conflict with the law

See paragraphs below under Youth Drug Treatment outcomes

Outcome 2: Increased engagement with community programs and supports

- Increased community awareness of the needs of youth with substance use problems
- Engagement of youth in educational and employment readiness activities
- Engagement of youth in community-based leisure and recreational activities

To increase community awareness of the needs of youth with substance use problems, partnerships with community stakeholders were developed and presentations were given to service providers and local educators on the nature of drug addiction, what they observed in clients, the project's intent, and the services provided through the program.

Community partners described the program as one that filled a previously existing gap in services provided via outreach. The Drug Intervention Program was represented on the community diversion committee that aimed to draw together supports from community partners and government based services.

Program team members indicated that one of their strengths was connecting with allied professionals. They had received written positive feedback and experienced a broadening of referral agents.

Outcome 3: Enhanced personal potential for positive change
- Increased awareness of the benefits of reduced substance use
- Increased youth self-efficacy to embrace plans and action for positive change
- Enhanced youth coping and problem-solving skills

Community partners observed and program participants reported that the Drug Intervention Program team had provided support to youth in making better decisions and choices. Community partners described how the drug intervention counselling efforts had diverted some youth from decisions to continue or expand their drug use and to consider positive new options for the future related to relationships, education and careers. During interviews, program participants were able to identify their networks of support (sometimes only the program team), describe their accomplishments since participating in the program, and list activities that were part of new positive choices. The youth described the counselling as contributing to reframing their perceptions and interpretations, as well as improvements in relationships and social connections.

> "… was honest with me, helped me be myself, cut drugs, be more confident." (Program participant)

> "I don't think the way I used to." (Program participant)

Community partners indicated that program youth asked for their specific program team member during times of crisis. They recognized that youth felt supported by their workers, and that team members would attend formal meetings with them and advocate on their behalf.

> "Never a bad word from the kids, who are otherwise not shy about letting you know." (Community partner)

Were there any other unintended impacts or outcomes?

The original intent of the program was to provide services to clients only in the Greater Moncton Area. The need to reach out to clients who were in open or closed custody led to opportunities to develop relationships with community partners in youth custodial centres. Similarly, partnerships with Addiction Services led to more coordinated efforts and avoided duplication of services.

What other organizational or environmental factors may help to explain the findings?

An important consideration in explaining some of the positive outcomes of the program include the history of collaboration among youth service providers in the Greater Moncton Region. The diversion team meetings provided an example of service providers coming together on a regular basis to encourage the implementation of integrative and coordinated service approaches for addressing the needs of youth with problem substance use. Challenges to program completion and involvement often included a range of circumstantial and personal barriers facing youth. These included lack of positive social supports, histories of witnessing or experiencing traumatic events, family crises, basic needs

concerns and unstable living situations, and the lack of timely access to mental health services or appropriate educational and career options.

How do the project's results contribute to the expected results of the Youth Justice Fund?

Improved the justice system's ability to rehabilitate and reintegrate young offenders

The Drug Intervention Program fills a gap in services to Moncton youth who are in custody given that the program team establishes and maintains connections with youth during their time away and assists them in reintegrating back into the community. This focus of program interventions is on promoting positive behaviour change and shifting choices and decisions that prolong problem substance use. In this regard, the program seeks to promote healthy lifestyle change through encouraging youth to learn and adopt new skills and decision making approaches that contribute to reduced conflict with the law and increased positive attachment within their school, work and community settings.

Provision of guidance and counselling support from program personnel to youth with a history of conflict with the law often included anger management discussions, assistance in regulating emotions and the development of strategies for reducing conflict and altercations with others. Such interactions were often engaged at timely points in the midst of conflicts, crisis or distress and provided windows of opportunity for promoting positive behaviours or readiness for change.

Increased the use of measures, outside the formal court process, that are often more effective in addressing less serious offending

With respect to less serious offending, the RCMP often used their discretion and referred youth to the program rather than laying charges. This often occurred when the police perceived that the youth were facing challenges and when drug use had motivated their crimes. Some youth received a lesser sentence or fewer community service hours because they were program participants.

The Drug Intervention Program leader participated in the monthly meetings of the Diversion Committee facilitated by the RCMP.

How do the project's results contribute to the expected results of the Youth Drug Treatment Component?

Capacity to Plan/Deliver a Range of Treatment Services/Programs:

- Research and best practices were integrated into the planning and implementation plans:

    Outreach and early intervention were recognized as best practices and formed the basis of the Drug Intervention Program. Strategies were evidence based and used motivational interviewing techniques within harm reduction approaches.

Program participants indicated that the voluntary aspect of the program enabled them to assume responsibility for making positive choices and changes in their lives. Youth described successes in reducing their drug use, managing their emotions, and dealing with past traumas.

> "They let clients take the lead, meet them and accept them where they are; they know when to approach and when to back off." (Program participant)

- Quality or range of services delivered was improved:

Community partners recognized that drug use often leads to a youth's first encounter with law enforcement. The Drug Intervention Program was represented on the Community Diversion Committee that aimed to draw together supports from community partners and government based services.

With respect to drug treatment, community partners recognized that youth typically require low threshold services, and also noted that non-governmental agencies may be more approachable and have the most success in building rapport with youth.

Community partners emphasized that while other service providers sometimes used screen-based communication; the services of the Drug Intervention Program were always offered face-to-face.

> "There is nothing else like it (the Drug Intervention Program) and it does not exist in many cities. It would be good to see it expand and be able to offer services to youth in satellite communities outside of the Greater Moncton Area." (Community partner)

Some youth described having met with a variety of service providers in the past but never forming a connection with them. They indicated that after participating in the program, they sought out services they had previously turned down.

- Access or availability of service was increased:

The program provided low threshold access to service by housing it in a youth drop-in centre, and by offering outreach services to clients, including those not involved in the regular school system. Program team members also noted that referral sources were diverse, and many participants were not otherwise involved with their host agency (Youth Impact).

Community partners described a significant wait time for other mental health and addiction counselling services provided by social workers and psychologists. They recognized that although there were many services and resources available, youth needed assistance to locate and access those services. In this regard, community partners indicated that the program team actively helped to connect youth with service providers. They also noted that the Drug Intervention Program is the only youth-serving program that actively reaches out to youth that are disconnected from school or community.

> "We need more people connecting; they are excelling in that role." (Community partner)

Program participants described the personnel working within the Drug Intervention Program as available and accessible. Participants noted that they could text or message their counsellor (interventionist) at any time, including evenings and weekends.

> "The people here are kind, they don't judge, they offer choices and help in practical ways." (Program participant)

Impacts on Drug Use Risk Taking Behaviours of Youth in Conflict with the Law:

There was consensus among community partners that the Drug Intervention Program effectively reached its target population and had some success in reducing drug use among its participants. Community partners noted that several youth known to their agency were making good progress in addressing their substance use and ameliorating related life problems.

Youth who were interviewed cited reduced drug use as one accomplishment achieved during their time in the program. They observed that the team had provided support to them in making better decisions and choices.

> "The program provides some extra support that they may not have had otherwise; it is instrumental in how the youth may succeed later or maintain their treatment gains." (Community partner)

> "GED, Portage, Detox, methadone clinic, resumes and jobs; everything good in my life is through this program." (Program participant)

What are the key lessons that can be learned from this project that could be shared with others to improve the response to youth justice issues?

The outreach aspect of the program was adopted as best practice to effectively reach youth who were in custody or living in circumstances where they experienced disconnection from community or in relationships with adults. Through outreach, the youth interventionists were able to build relationships and act as liaisons and supports when youth were released from custody or changed their living situation.

Activities were one-on-one and face-to-face, and included shared conversations on areas of common interest, as well as participation in joint recreational activities. These efforts were regarded as effective for building rapport and trust with youth. Overall, providing extended time or having multiple contacts with youth prior to program entry was viewed as beneficial for strengthening youths' motivation to become engaged at the outset of the program.

> "To offer services that meet the needs of the youth, it is necessary to keep an open mind, to be ready to adjust and adapt, and to avoid using a set plan or singular approach." (Program personnel)

The program was guided by clearly stated goals and strategies. The voluntary aspect of the program was recognized as a critical factor in engaging youth in the program. Youth interventionists were trained in offering individually tailored counselling to each participant, and actively built community partnerships to enable them to locate appropriate services for their clients. Key partners included the RCMP as well as both custody centres in the province.

> "We are hoping it will provide a support to prevent relapse and recidivism, they are a neutral support, not an authority, hoping to provide a hook. They are sometimes the sole support system, providing drives, accompanying them at difficult meetings." (Community partner)

> "We know that healthy development often depends on a positive connection with at least one adult. They provide that." (Community partner)

For the program, relationships with youth, families, community partners, and the program team were a clear priority. Qualities that contributed to positive and functional relationships/interactions included being open, honest, respectful, and sharing. Youth especially appreciated small acts of kindness, and recognized that the team worker often used their own resources to buy coffee or meals. In an effort to build engagement with all partners, the team often went beyond their mandates and protocols to provide flexible and timely support to youth.
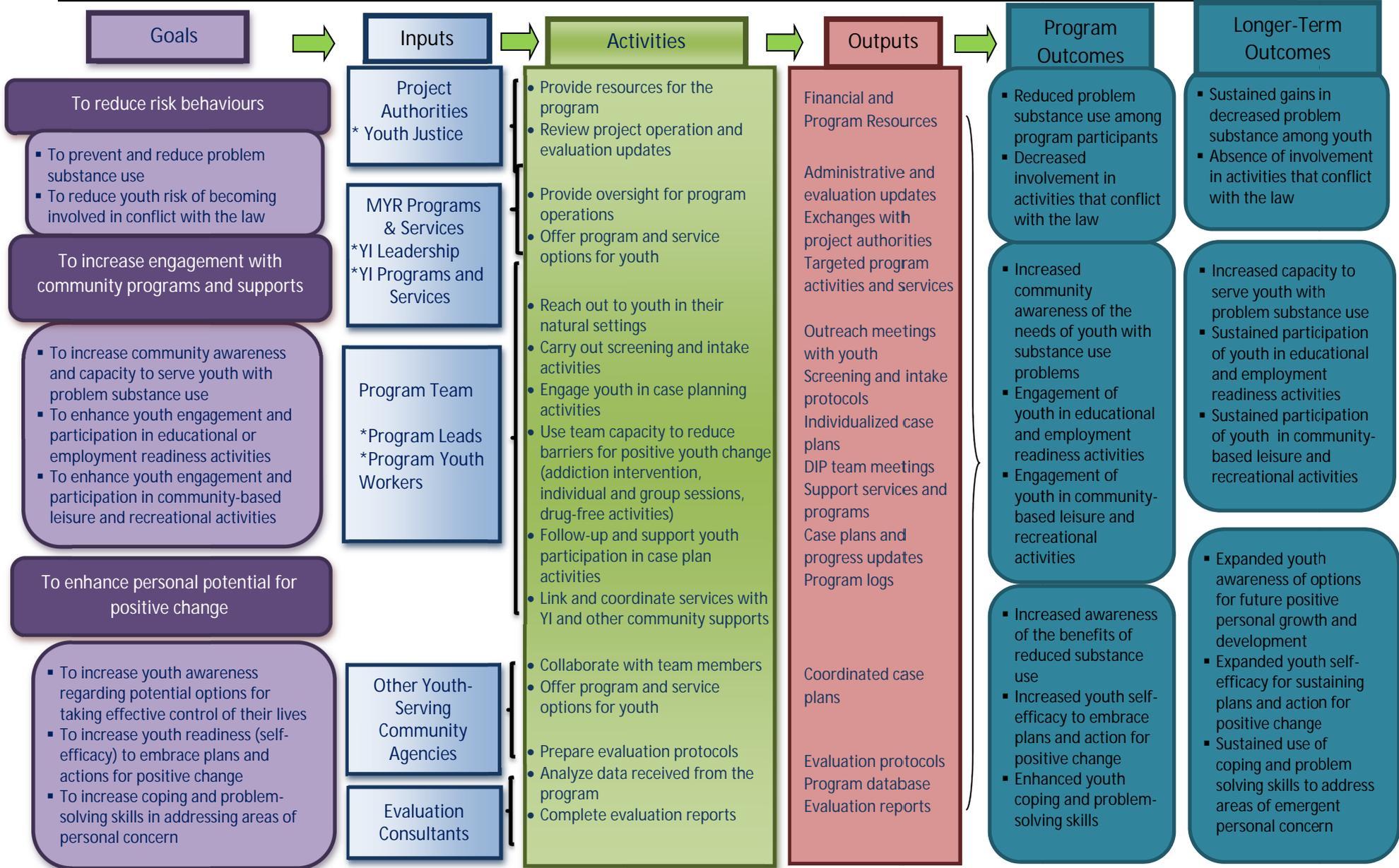
> "In order to make changes, you must build relationships. That is what they do." (Community partner)

List of Appendices:

A. Logic Model

B. Referral, Admissions, and Discharge Tracking

C. Client Case Histories at Baseline and Follow-Up

D. Pre-Post Analysis - Child Behaviour Check List

E. Retrospective Team Feedback at Client Discharge

Appendix A: Logic Model: Moncton Youth Residence's Drug Intervention Program

Philosophy: Strength-focused interventions, readiness for change theory, positive community attachments, enhanced youth self-efficacy, team-based capacity, and coordinated service plans

Goals

To reduce risk behaviours

- To prevent and reduce problem substance use
- To reduce youth risk of becoming involved in conflict with the law

To increase engagement with community programs and supports

- To increase community awareness and capacity to serve youth with problem substance use
- To enhance youth engagement and participation in educational or employment readiness activities
- To enhance youth engagement and participation in community-based leisure and recreational activities

To enhance personal potential for positive change

- To increase youth awareness regarding potential options for taking effective control of their lives
- To increase youth readiness (self-efficacy) to embrace plans and actions for positive change
- To increase coping and problem-solving skills in addressing areas of personal concern

Inputs

Project Authorities
* Youth Justice

MYR Programs & Services
*YI Leadership
*YI Programs and Services

Program Team
*Program Leads
*Program Youth Workers

Other Youth-Serving Community Agencies

Evaluation Consultants

Activities

- Provide resources for the program
- Review project operation and evaluation updates
- Provide oversight for program operations
- Offer program and service options for youth
- Reach out to youth in their natural settings
- Carry out screening and intake activities
- Engage youth in case planning activities
- Use team capacity to reduce barriers for positive youth change (addiction intervention, individual and group sessions, drug-free activities)
- Follow-up and support youth participation in case plan activities
- Link and coordinate services with YI and other community supports
- Collaborate with team members
- Offer program and service options for youth
- Prepare evaluation protocols
- Analyze data received from the program
- Complete evaluation reports

Outputs

Financial and Program Resources

Administrative and evaluation updates
Exchanges with project authorities
Targeted program activities and services

Outreach meetings with youth
Screening and intake protocols
Individualized case plans
DIP team meetings
Support services and programs
Case plans and progress updates
Program logs

Coordinated case plans

Evaluation protocols
Program database
Evaluation reports

Program Outcomes

- Reduced problem substance use among program participants
- Decreased involvement in activities that conflict with the law

- Increased community awareness of the needs of youth with substance use problems
- Engagement of youth in educational and employment readiness activities
- Engagement of youth in community-based leisure and recreational activities

- Increased awareness of the benefits of reduced substance use
- Increased youth self-efficacy to embrace plans and action for positive change
- Enhanced youth coping and problem-solving skills

Longer-Term Outcomes

- Sustained gains in decreased problem substance among youth
- Absence of involvement in activities that conflict with the law

- Increased capacity to serve youth with problem substance use
- Sustained participation of youth in educational and employment readiness activities
- Sustained participation of youth in community-based leisure and recreational activities

- Expanded youth awareness of options for future positive personal growth and development
- Expanded youth self-efficacy for sustaining plans and action for positive change
- Sustained use of coping and problem solving skills to address areas of emergent personal concern

Appendix B: Referral, Admissions, and Discharge Tracking

As part of program operations and project reporting, the project coordinator completed the Youth Justice Referral Report that contains descriptive information on clients and ratings of several areas of interest, including referral sources, available supports, community involvement, school attendance, program involvement and participation. Data were collected until June 30 2016.

Referrals, Admissions and Discharges

Referrals by Gender

Gender	Age	History of Prior Offences	Referral Sources
Males (N=92)	Range: 12-23 years Mean: 16.9 years	69 (75%)	26 (28%) Alternative Education Site 17 (18%) Self-referred or friend 12 (13%) NBYC or Portage 4 (4%) RCMP or Probation 10 (11%) Host agency group home 9 (10%) Parent 5 (5%) High schools and Addiction Services 3 (3%) Host agency youth drop-in centre 3 (3%) Host agency education or housing program 3 (3%) Department of Social Development
Females (N=45)	Range: 14-23 years Mean: 17.8 years	41 (58%)	14 (31%) Alternative Education Site 5 (11%) Self-referred or friend 1 (2%) NBYC or Portage 1 (2%) RCMP or Probation 3 (7%) Host agency group home 2 (4%) Parent 2 (2%) High schools and Addiction Services 9 (20) Host agency youth drop-in centre 4 (9%) Host agency education or housing program 2 (4%) Department of Social Development 2 (4%) Other

Admissions by Gender

Of the 137 clients referred, 76 (55%) became program participants. None of the participants had any history of gang affiliation, but 64 (84%) had a history of prior offences.

Gender	Age	History of Prior Offences	Referral Sources
Males (N=53)	Range: 14-22 years Mean: 16.9 years	47 (89%)	10 (19%) Alternative Education Site 11 (21%) Self-referred or friend 9 (17%) NBYC or Portage 2 (4%) RCMP or Probation 6 (11%) Host agency group home 5 (9%) Parent 3 (6%) High schools and Addiction Services 2 (4%) Host agency youth drop-in centre 3 (6%) Host agency education or housing program 2 (4%) Department of Social Development
Females (N=23)	Range: 14-24 years Mean: 17.1 years	17 (74%)	6 (26%) Alternative Education Site 1 (4%) Self-referred or friend 1 (4%) NBYC or Portage 3 (13%) Host agency group home 2 (9%) Parent 2 (9%) High schools and Addiction Services 3 (13) Host agency youth drop-in centre 3 (13) Host agency education or housing program 1 (4%) Department of Social Development 1 (4%) Other

Discharges by Gender

Program Completion

Gender	Age	History of Prior Offences
Males (N=26)	Ages 14 -22 years	24 (92%)
Females (N=12)	Age 14-24 years	10 (83%)

Client Left Program

Gender	Age	History of Prior Offences
Males (N=18)	Ages 14 -21 years	15 (83%)
Females (N=9)	Age 15-23 years	6 (67%)

At the time of the report, there were 11 clients continuing in the program.

Referral to Admission Interval

The program team members were available to meet with youth at any time; there were no wait times or wait lists for a youth to access their services. First meetings were usually scheduled within a few days, according to youth availability. Sometimes youth requested that meetings be rescheduled, or for their participation to be delayed for several weeks or months. Sometimes there were multiple meetings with youth prior to their decision to enter the program. Approximately half of the youth entered the program within the same week that they had contacted the service.

Supports and Resources

Program personnel rated the extent to which clients received support from their families and communities. Support from families was rated as "low" for 29% of the sample, "medium" for 38%, and "high" for 33%. The level of community supports was rated as "low" for 36%, "medium" for 47%, and "high" for 17%.

Community and School Involvement

The extent of community involvement was also rated by program personnel. Examples included participation in structured recreational activities and volunteering with community agencies. The extent of involvement with the community was rated low for 79%, and medium for 21%. With respect to attending school or being employed, the following range of responses was observed:

School or Work Involvement	Percent
Attends school	32%
NBYC/Portage school	10%
Part time school	10%
Both school and work	10%
Work but not school	8%
Neither attends school nor works	30%

Engagement in Program

Program personnel noted the extent to which a youth participant was involved in the Drug Intervention Program. With respect to program status, nearly 50% had completed the program, 36% had left the program, and 14% were still actively participating. Their level of participation while in the program was also rated, with 41% rated as "low", 31% as "medium," and 28% as "high".

Observed Outcomes

Various outcomes were tracked as part of reporting to the Department of Justice. These are presented in the table below, listed according to frequency observed based on personnel feedback. Personnel provided data on all 76 clients admitted to the program between October 2013 and March 2016.

Description of Outcome	Percent (N=76)
Increased drug awareness and information on substance use	78%
Decreased substance use	75%
Employment readiness	68%
Improved relationships	63%
Engaged in learning	59%
Decreased justice involvement	58%
Increased connection to community resources	55%
Increased program participation	52%
Decreased rule breaking, anger	51%
Decreased anxiety/depression	49%
Improved school attendance	46%

Appendix C: Client Case Histories at Baseline and Follow-Up

Introduction

The data presented in this section of the report were collected from clients who participated in the Drug Intervention Program between October 2013 and June 2016 and who completed both a case history form at intake and a shorter version at follow-up. Follow up data were collected after at the first three months, and periodically afterwards. Some clients had multiple follow-up data, in which case only the most recent record was used.

Data were gathered on clients' gender and age, as well as areas related to education/employment, their relationships with peers and others, their interests and skills, drug use, legal issues, and mental health.

Differences at Baseline

Of the 38 clients who completed the program, 21 (55%) completed history forms both at intake and follow-up. To ensure that this subgroup was representative of the larger sample, they were compared (using the Mann-Whitney U test) to the remaining group without follow-up data on all variables referred to here. The subgroup was different from the remaining group on only two variables. These items related to statements in which they described themselves through rating their agreement with the statements: "I feel supported by my friends", and "My friends stand by me during difficult times." In both variables, the subgroup had significantly higher baseline ratings of endorsement than the remaining group.   With the exception of these two variables, the subgroup can be considered representative of the larger sample.

Methods and Analysis

Baseline and follow-up case history forms were available on 21 clients. Categorical data (yes/no) and ordinal data (rating scales) were entered into a project database, and analysed using nonparametric statistics (Wilcoxon matched pairs test) to indicate whether there were significant changes within the sample from baseline to follow-up.   The level of significance for these analyses was p<.05, and the effect size was reported as a Z statistic or standardized score.

In any statistical analysis, sample sizes of fewer than 10 are referred to with caution. In the current samples there are three female youth; these data are insufficient to proceed with a gendered analysis of effects.

Gender and Age

Of the 21 youth who completed both forms, three (14%) were female and 18 (86%) were male. The mean age of clients at intake was 16.2 (standard deviation 2.0) years; ages ranged from 14 to 24 years.

Education/Employment

At baseline, 17 (81%) were attending regular school or alternative sites, and 12 (57%) had plans to further their education. Five clients (24%) were employed, and 16 (76%) participants had a resume prepared. The average rating of their comfort level in completing job applications and interviews was 3.6/5, or "somewhat comfortable." No significant changes were observed at follow-up with these areas of inquiry.

Relationships

At baseline, approximately half (47%) of the youth were living "at home". Youth participants were asked to rate, on a five-point scale, their relationships with their families. Significant differences were observed at follow-up, with median scores of 3 (fair) at baseline and 4 (good) at follow-up (N=15, Z=2.47, p<.05). This shift in ratings is pictured below.

Ratings of relationships with family
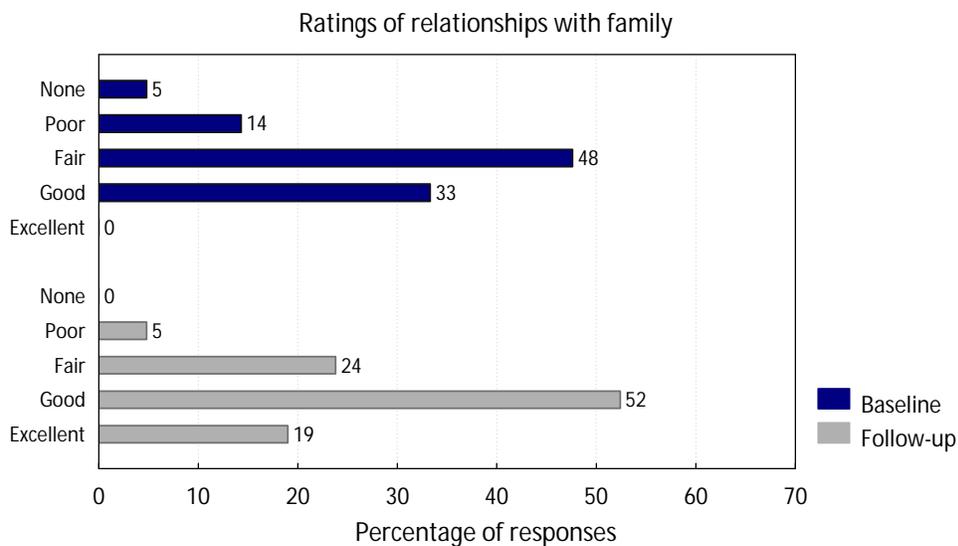
Youth were asked to rate how many of their friends engaged in various behaviours. Rating categories were "none", "1 or 2", "3 to 5" and "all". The following table presents the baseline results of the percent of the participants' responses in each rating category. There were no significant changes at follow-up for any of these ratings.

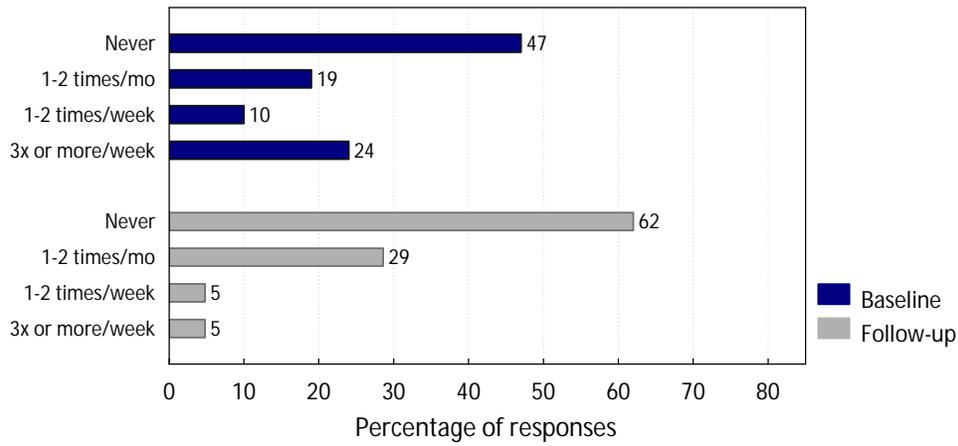| How many friends...	None	1 or 2	3-5	All
Drink alcohol	10	5	24	62
Use drugs	10	5	35	50
Break the law	14	19	38	29
Attend school	5	10	43	43
Have a job	19	24	54	5
Extracurricular Organized activities	24	43	14	19

Drug Use

Youth were asked to reflect on their drug use in the last three months. Various substances are described below according to frequency of use. Cannabis was used by 90%, while Tobacco/nicotine was used by 81% of participants. These were also consumed with higher frequency than other substances. The following table lists the various drugs in order of most used, and provides the percent responding in each frequency category.

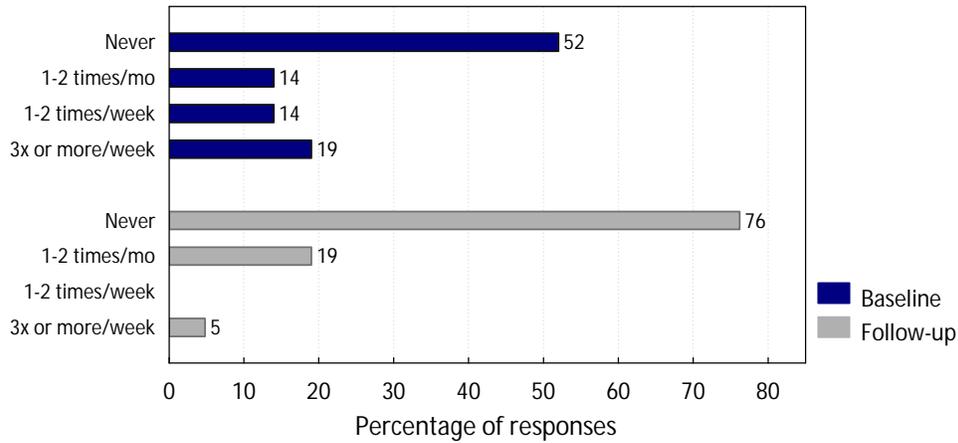Drug use in last three months (percent responding)

Substance	Never	1x-2x/month	1x-2x/week	3+x/week
Cannabis	10	5	5	80
Tobacco	19	5		76
Caffeine	5	19	29	48
*Barbiturates	47	19	10	24
*Amphetamine	52	14	14	19
Alcohol	33	29	19	14
Cocaine/crack	57	24	5	14
Ecstasy/MDMA	57	24	5	14
Pain (narcotic) meds	62	24		14
Benzodiazepines	71	14		14
*Hallucinogens/ Psychedelics	48	48	5	
Opiates	76	19		5
Inhalants	81	14		5
Steroids	95	5		

At follow-up, significant reduction had occurred for three substances: barbiturates, amphetamines, and hallucinogens (barbiturates: N=12, Z=2.0, p<.05; amphetamines N=9, Z=2.43, p<.02, and hallucinogens N=9, Z=2.1, p<.04).
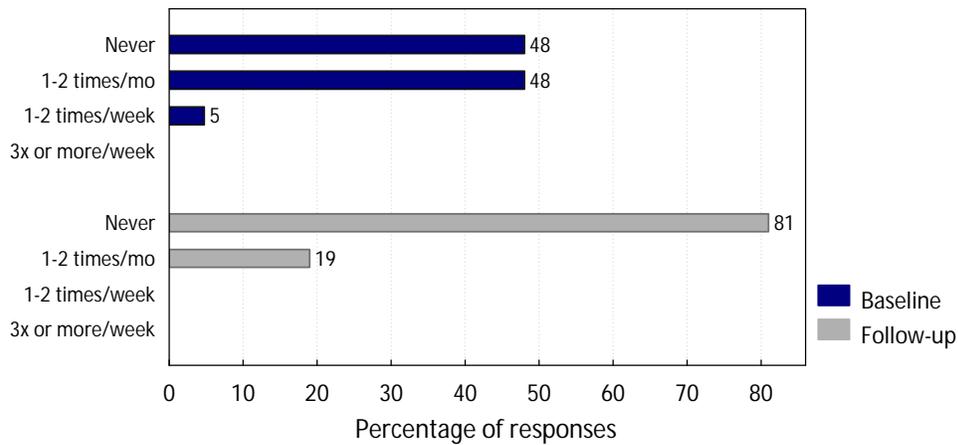
Frequency of using Barbiturates in past three months

Category	Baseline	Follow-up
Never	47	62
1-2 times/mo	19	29
1-2 times/week	10	5
3x or more/week	24	5

Percentage of responses

Frequency of using Amphetamines in past three months

Category	Baseline	Follow-up
Never	52	76
1-2 times/mo	14	19
1-2 times/week	14	
3x or more/week	19	5

Percentage of responses

Frequency of using Hallucinogens in past three months

Category	Baseline	Follow-up
Never	48	81
1-2 times/mo	48	19
1-2 times/week	5	
3x or more/week		

Percentage of responses

Clients were asked whether they "have a drug problem" and whether they had previously received treatment for substance use problems. There were no significant changes between baseline and follow-up.

	No treatment	Received Treatment
Drug problem – No	38%	19%
Drug problem - Yes	19%	24%

Using a five-point scale ranging from "not at all" (1) to "very much" (5), clients reported on the extent to which they were motivated to change their patterns of substance use. Clients' average rating was 3.6/5, with no significant change between baseline and follow-up. Clients were also asked to rate the extent to which they were informed about the effects of drug use on their life. The average client rating was 4.0/5. Again, there were no significant changes between baseline and follow-up.

Drug Use Impact

When asked what substances had caused the most problems in their life, 62% of participants indicated stimulants (cocaine, Ecstasy, or amphetamines). Other substances noted by participants as causing problems in their life included cannabis (33%), alcohol (10%) and opiates/narcotics (10%). There were no significant changes between baseline and follow-up.

Using a five-point scale ranging from "not at all" to "very much", youth were asked to rate the extent that substance use problems had disrupted their relationships in the past six months. Ratings averaged between "not at all" (1) and "very much" (5) for each relationship category.

Extent disruption of relationships with:	Baseline Median (Mean) Rating	Follow-up Median (Mean) Rating	Significant Difference
Family	4 (3.5)	1 (1.9)	N=16, Z=3.15, p<.01
Friends	2 (2.2)	1 (1.5)	N=12, Z=2.0, p<.05
Boyfriend/ Girlfriend	1.5 (2.3)	1 (1.5)	

Using the same five-point scale, youth were asked to rate the extent that substance use problems had disrupted various life areas in the past six months. Youth ratings were slightly higher for impact on self-esteem and physical health.

Extent of disruption in life area:	Baseline Median (Mean) Rating	Follow-up Median (Mean) Rating	Significant Difference
Employment	1 (1.6)	1 (1.2)	
Financial Security	1.5 (2.4)	1 (2.0)	
Confidence	1 (2.0)	1 (1.8)	
Self-esteem	2 (2.4)	1 (1.7)	
Physical Health	3 (3.2)	2 (2.2)	N=14, Z=2.8, p<.01

Clients also provided ratings of the frequency with which they engaged in other risk taking or illegal behaviours (including "broke the law, other than by using illegal drugs"). Nearly two thirds (62%) reported engaging in unprotected sex in the last three months. Five individuals (24%) reported gambling. No significant differences were observed at follow-up.

With respect to frequency of breaking the law within the past three months, significant reductions were observed at follow-up, where more than half the sample reported "never".

Frequency of breaking the law in past three months
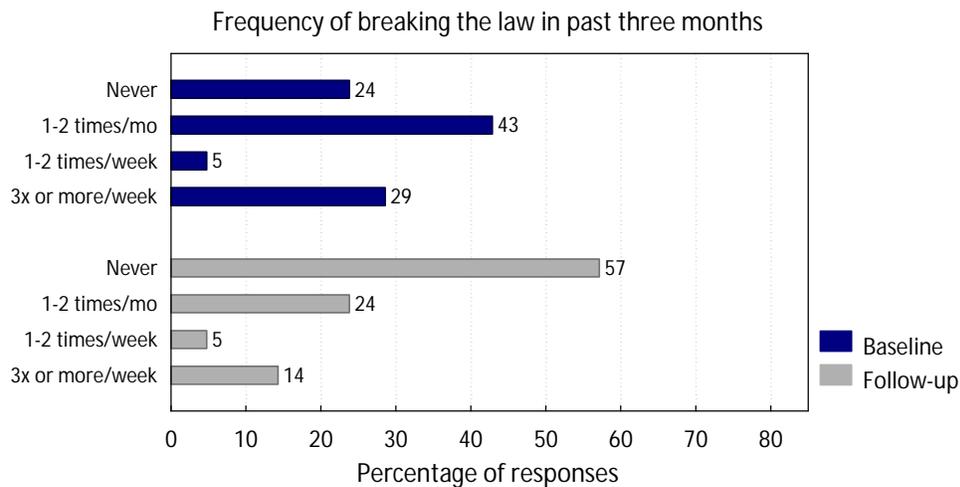
Legal Issues

Level of Involvement

At baseline (but not follow-up), participants were asked to describe the nature of their contact with the law. In this area of inquiry, multiple responses were possible.


Nature of Involvement with the Law
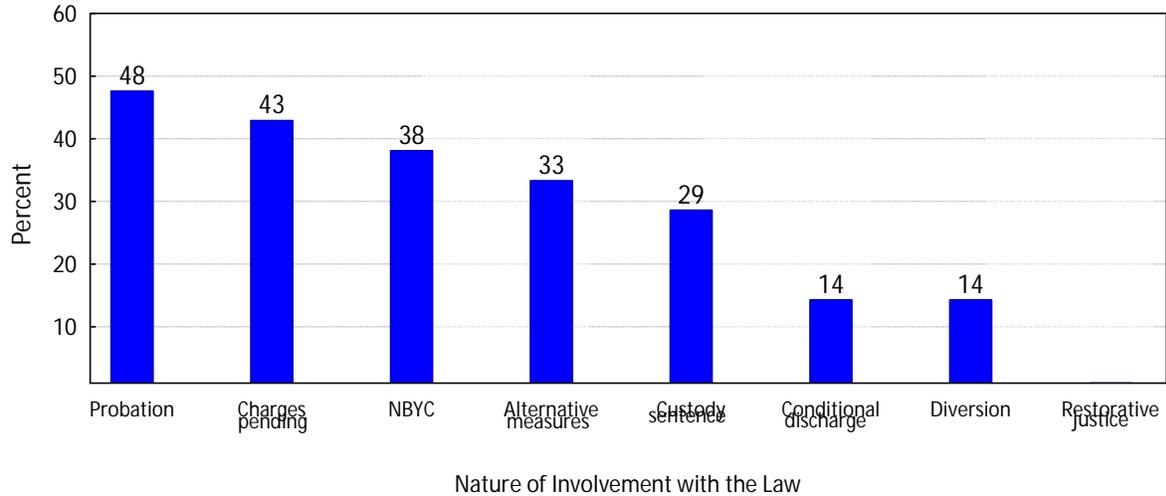
Nature of Offences

At baseline (but not follow-up), participants were asked to specify the nature of their offences. Several clients indicated theft, assaults and destruction of property. Multiple responses were possible, with up to seven categories of offences listed. Clients reported between zero and six offence categories, with an average of 2 categories checked. They also noted that, on average, they had been involved with the law twice in the past year.

Nature of Offences
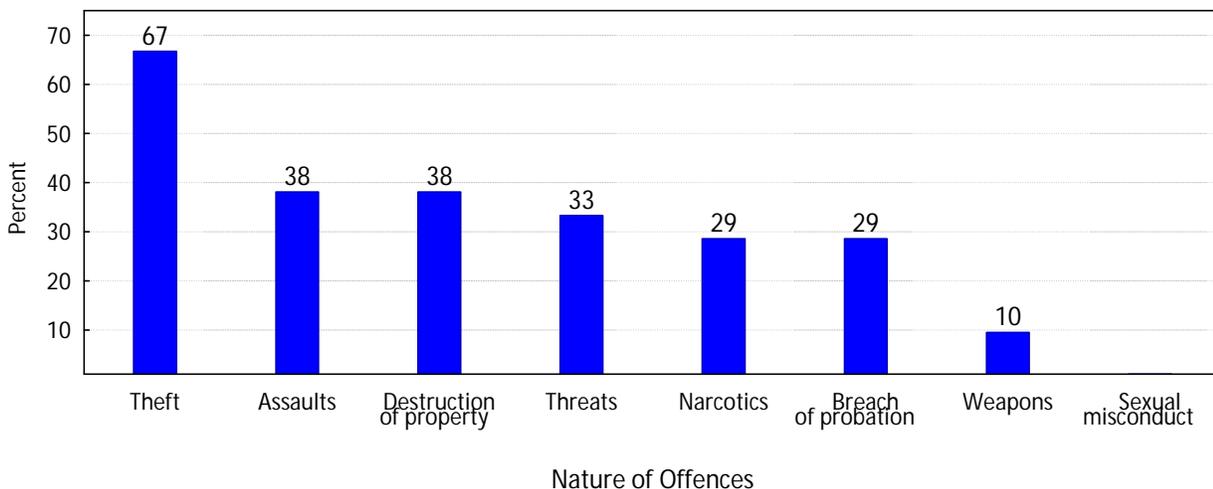
Pro-social Strengths

Youth were asked various questions to assess their areas of interest, strength and engagement. They were presented with statements reflecting areas of positive social strength, and asked to indicate the extent that the statements described them. These questions were repeated at follow-up. The following table displays the responses by the youth, ordered according to average rating at baseline.
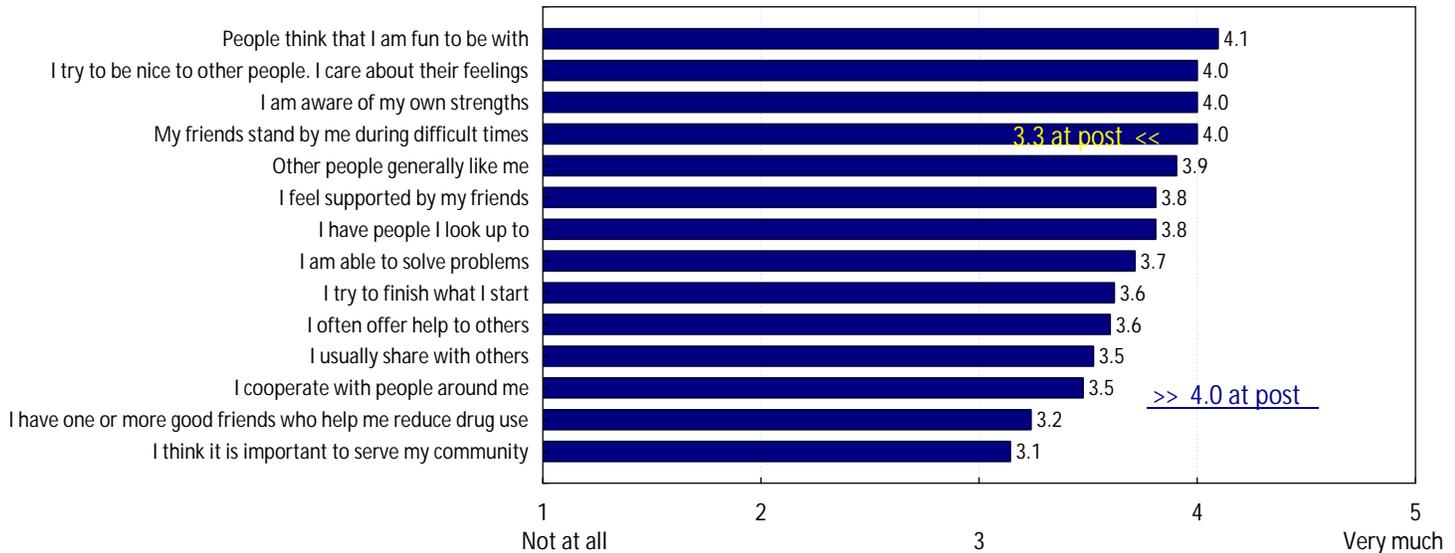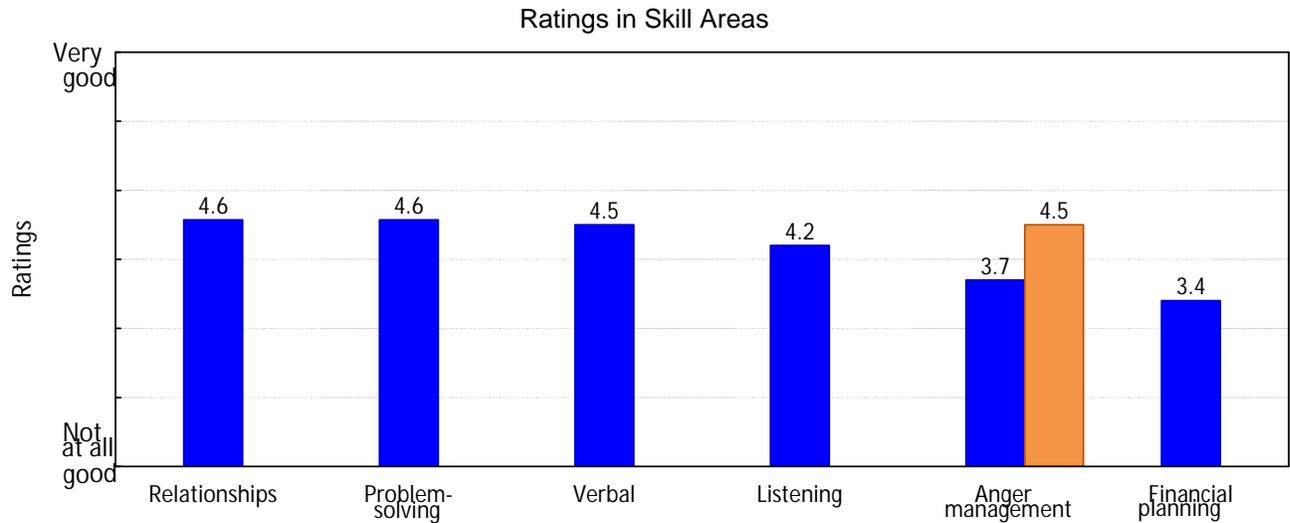

Significant changes noted in the figure above were observed in ratings of two of the 14 statements. The statement "My friends stand by me during difficult times" had high ratings at baseline, and decreased at follow-up (N=14, Z=2.29, p<.05).   Recall that at baseline, this subgroup had higher initial ratings than the remaining group. Their drop in ratings from 4.0 to 3.3 may be a statistical regression towards the mean, or a tendency to approach the average of the overall group (3.3/5).

The statement "I cooperate with people around me" showed significantly increased ratings at follow-up, from 3.5 to 4.0 (N=10, Z=2.34, p<.05).

Interests and Skills

Youth were asked to rate their skill levels in various areas on a scale from "not at all good" (1) to "very good" (7). Ratings were in the moderate level for most areas, with the lowest averages apparent in financial planning skills. Their highest ratings were in the areas of relationships and problem-solving. Significant increases in ratings were apparent at follow-up in the skill area of anger management (mean ratings of 3.7 at baseline and 4.5 at follow-up), N=17, Z=2.08, p<.04.

Ratings in Skill Areas

	Relationships	Problem-solving	Verbal	Listening	Anger management	Financial planning
	4.6	4.6	4.5	4.2	3.7 / 4.5	3.4

Mental Health

Negative Affect and Behavioural Problems

Youth were presented with a list of potential problems areas they might have faced in the past year. They indicated the extent to which each had been a problem area for them on a five-point scale ranging from "not a problem" to "major problem". Their averaged responses are presented below, in the order of most problematic (impulsivity and anger).

Extent of problem areas in mental health

	Impulsivity	Anger	Aggression	Depression /Discouragement	Inattention	Anxiety	Hyperactivity	Suicidal Thoughts
	4.0 / 3.1	3.6	3.2	3.0 / 2.1	2.9	2.9	2.9	2.1 / 1.3
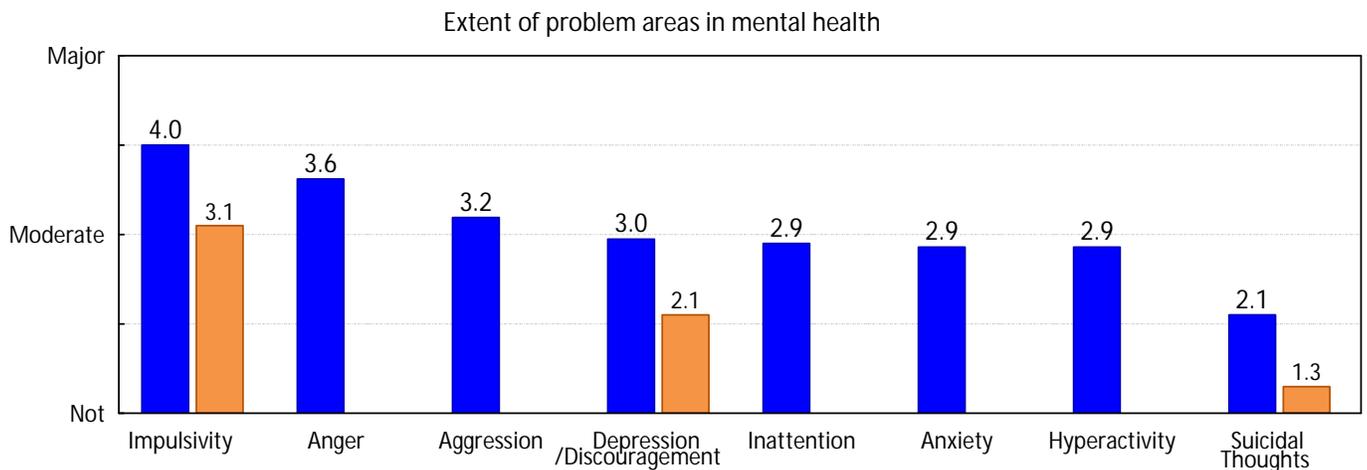
Significant reductions were observed at follow-up in three problem areas: impulsivity, depression, and suicidal thoughts (impulsivity: N=16, Z-=2.53, p<.02; depression: N=16, Z=2.04, p<.05; suicidal thoughts: N=9, Z=2.67, p<.01).

Protective Factors and Positive Affect

A potential protective factor for youth is involvement in structured community activities, extra-curricular activities, or organizations. When asked whether they were involved in such community activities, 7 (33%) of the participants responded "yes". No significant changes were observed at follow-up.

Clients were asked to rate on a five-point scale how happy they were, in general, and how optimistic they were, ranging from "1 - not at all" to "5 - very much". Their baseline responses for levels of happiness and optimism ranged from one to five, with means respectively 3.2 and 3.5. No significant changes were observed at follow-up.

Appendix D: Pre-Post Analysis - Child Behaviour Check List

Introduction

This aspect of the report focuses on the emotional and behavioural questionnaire completed by youth and by program personnel as they reflected on clients. The data consist of information reported on the youth's behaviour and functioning. Baseline data were gathered in October 2013 through June 2016. Respondents completed the questionnaires during the preliminary weeks of the program, and repeated the assessment after four to six months.

Standardized Testing

Respondents were asked to assess clients' emotional and behavioural functioning by completing the Child Behaviour Check List (CBCL). The CBCL is a standardized questionnaire that provides normative data for comparison to girls or boys between the ages of 6-18 years of age. Youth provided ratings using a self-report form, and youth interventionists used a teacher report form for girls or boys between the ages of 6-18 years of age.

The CBCL provides aggregate scales for Internalizing and Externalizing, as well as Total Problems. In addition, subscale scores help identify more specific problem areas. The aggregate Internalizing scale is comprised of three subscales: Anxious, Withdrawn, and Somatic Complaints, while Externalizing is derived from the two subscales Rule Breaking and Aggressive Behaviour.

Sample Demographics

Most of the youth included in this pre-post analysis were between the ages of 15-18, with a few individuals extending the range to 14-24 years of age. A gender breakdown indicated the data were more available for males (N=23, 70%) than females (N=10, 30%).

Methods and Analysis

Youth and program personnel completed the checklist at baseline and again after approximately three months. Pre-post data were available on clients from 28 worker/teacher response forms and 21 youth self-report forms. CBCL protocols were scored, converting raw data into standardized T-scores and categories of severity: normal, borderline, and clinical. Ordinal data were entered into a project database.

In any statistical analysis, sample sizes of fewer than 10 are referred to with caution. In the current samples there are 5 female youth self-reports and 8 female clients described by youth interventionists; these data are insufficient to proceed with a gendered analysis of effects.

Ordinal data were analysed using nonparametric statistics (Wilcoxon matched pairs test) to indicate whether there were significant changes within individuals from baseline to follow-up. The level of significance employed in these analyses was $p<.05$.

Pre-Post Results

Table 1, below, lists the aggregate scales and results from the statistical analysis.   For the youth self-report data, each of the aggregate scales (Internalizing, Externalizing, and Total problems) show a statistically significant change between baseline and follow-up.   Data from youth workers showed significant changes on the Externalizing aggregate scale as well as its subscale on rule-breaking behaviour.

Table 1: Total Group, Pre-Post Comparison – Wilcoxon Matched Pair Analysis

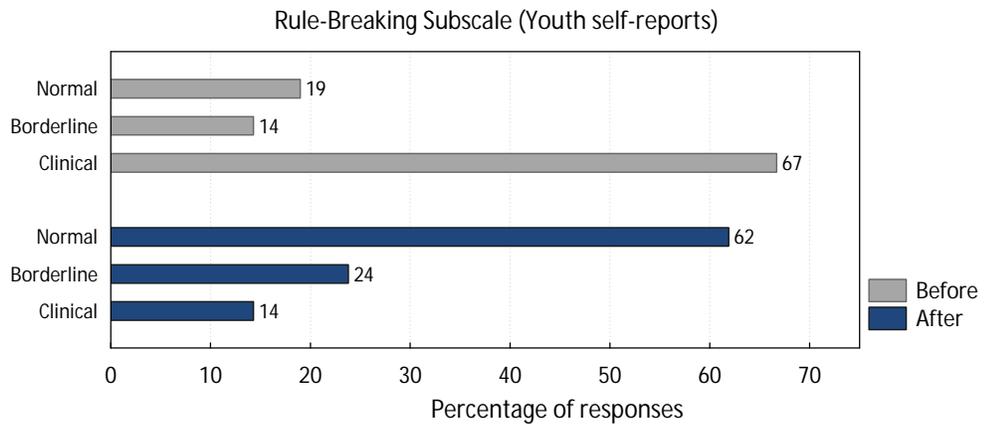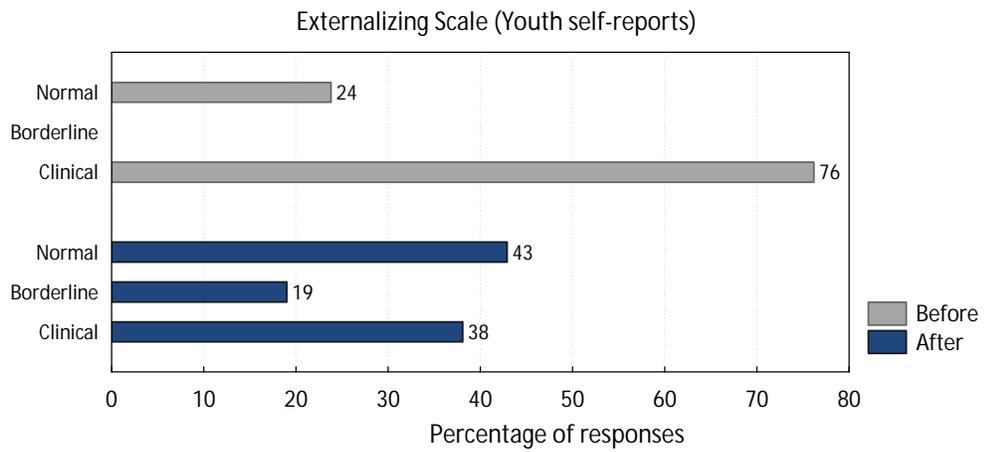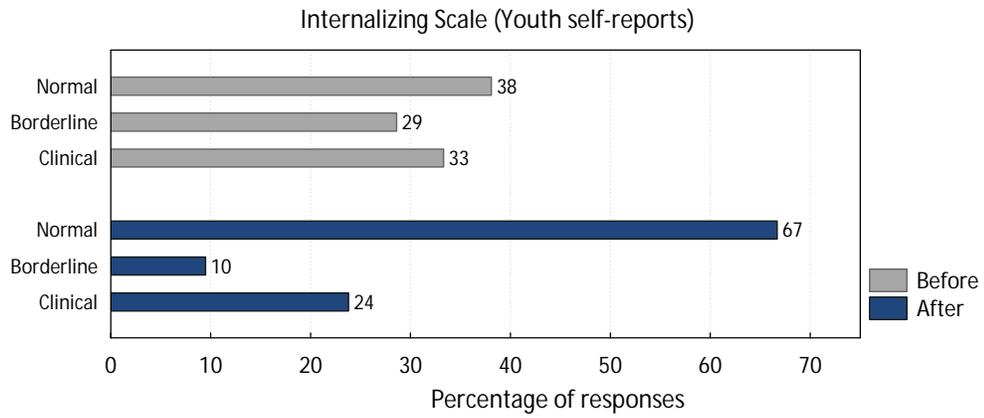| Problem Scales	Youth Self Reports (N=21)			Youth Interventionists (N=28)		
	Valid number	Z statistic	p<0.05	Valid number	Z statistic	p<0.05
Internalizing Total	8	2.03	< 0.05			
Externalizing Total	8	2.52	<0.02	15	2.39	>0.02
Rule-Breaking Behaviour	14	3.07	<0.01	13	2.03	<0.04
Total Problems	10	2.40	<0.02			

Each of the significant changes is in a direction towards more normal scores, as is specified in Table 2, below.

Table 2: Total Groups, Pre-Post Comparison – Median Scores

Problem Scales	Youth Self Reports (N=21)		Youth Interventionists (N=28)	
	Median Pre	Median Post	Median Pre	Median Post
Internalizing Total	Borderline	Normal		
Externalizing Total	Clinical	Borderline	Clinical	Borderline
Rule-Breaking Behaviour	Clinical	Normal	Clinical	Borderline
Total Problems	Clinical	Borderline		

The following frequency distribution graphs below illustrate the shift in categories in the pre and post conditions. Overall, the outcomes are in the expected direction of improvement in all areas.

Youth Self-Reports

Internalizing Scale (Youth self-reports)

Category	Before	After
Normal	38	67
Borderline	29	10
Clinical	33	24

Percentage of responses

Externalizing Scale (Youth self-reports)

Category	Before	After
Normal	24	43
Borderline		19
Clinical	76	38

Percentage of responses

Rule-Breaking Subscale (Youth self-reports)

Category	Before	After
Normal	19	62
Borderline	14	24
Clinical	67	14

Percentage of responses

Total Problems Scale (Youth self-reports)

Category	Before	After
Normal	14	43
Borderline	24	19
Clinical	62	38

Percentage of responses
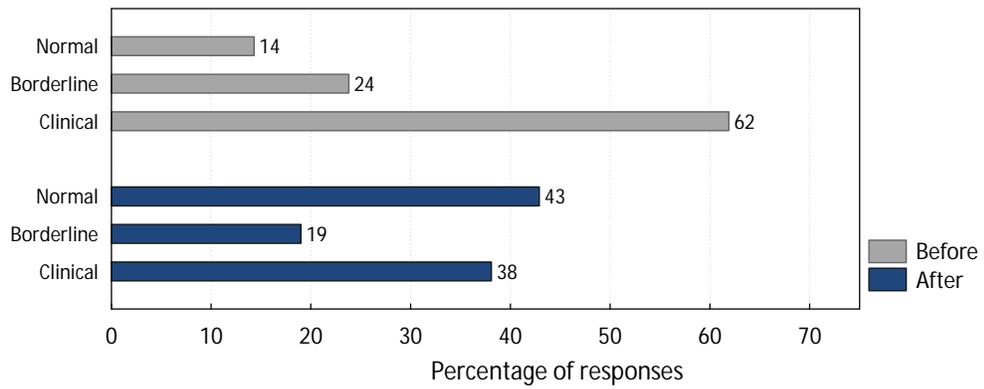
Youth Worker Reports

Externalizing Scale (Youth worker)

Category	Before	After
Normal	4	36
Borderline	29	14
Clinical	68	50

Percentage of responses
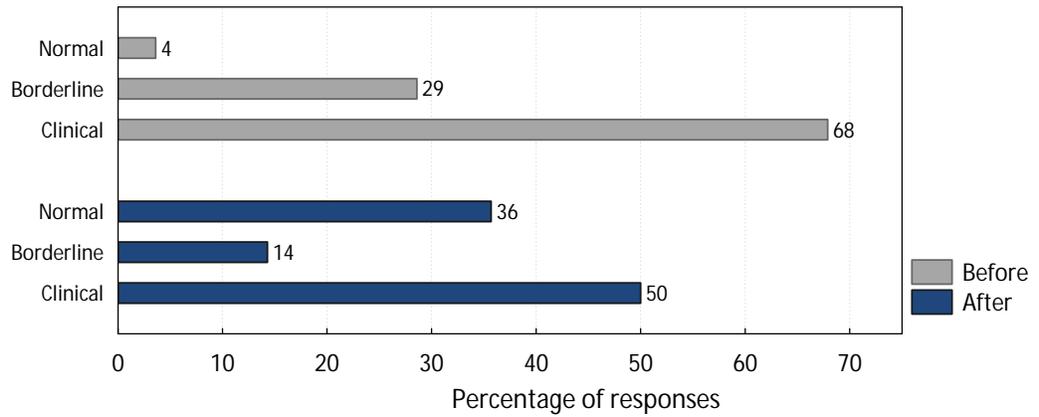
Rule-Breaking Subscale (Youth workers)

Category	Before	After
Normal	4	18
Borderline	29	36
Clinical	68	46

Percentage of responses
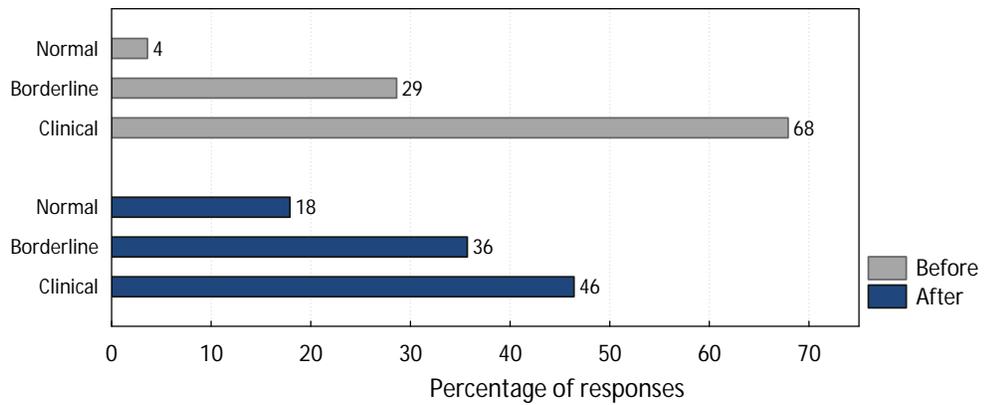
Appendix E: Retrospective Team Feedback at Client Discharge

Introduction

This aspect of the report focuses on feedback provided by the program team members as they reflected on clients who had been discharged from the program. The team met with the intent of reviewing all client discharges and achieving consensus ratings of the extent of clients' progress at the time of program completion.

Of the 76 program participants, 38 (50%) clients completed the program. This included youth who completed the usual program and those who mutually agreed on program closure (meaning the youth and interventionist decided together that program activities to this point were positive, but continuation of the program was not considered in light of existing needs or changes in youths' location or status).

For all discharged clients, demographic data were gathered on age, gender, and time spent in the program. Rating scale data were gathered on nine life areas: education, employment, peer relationships, family relationships, internal capacity and strengths, physical health, mental health, drug use, and legal conflicts.

Methods and Analysis

The rating scale used by the team ranged from -2 to +2, with -2 indicating significant regression, 0 indicating no change, and +2 indicating significant progress. This scale provided ordinal data for analysis with nonparametric statistics (Mann Whitney U test for differences between groups defined by gender and by discharge category). Frequency distributions of the ordinal data are presented according to area of interest.

Sample Demographics

Discharge Category

Of the 38 clients who completed the program, (N= 19 program completers and 19 mutual program closure).

Age and Gender

The youth included in this retrospective analysis were between the ages of 15-22 years.

A gender breakdown indicated that more data were available for males (N=26, 68%) than females (N=12, 32%). There were no differences between male and female groups on any of the rating scales or the demographic information.

Time in Program

The amount of time clients spent in the program extended up to two years. The average (median) number of months spent in the program for regular program completers was 12 months, and five months for mutual program closure clients.

Results

Program Planning Areas

Not all planning areas were included as part of a client's program plan. Rating scales were completed by the program team only if the area was applicable to the youth. The areas are presented below according to frequency of applicability to the youth.

Applicable Areas of Program Planning
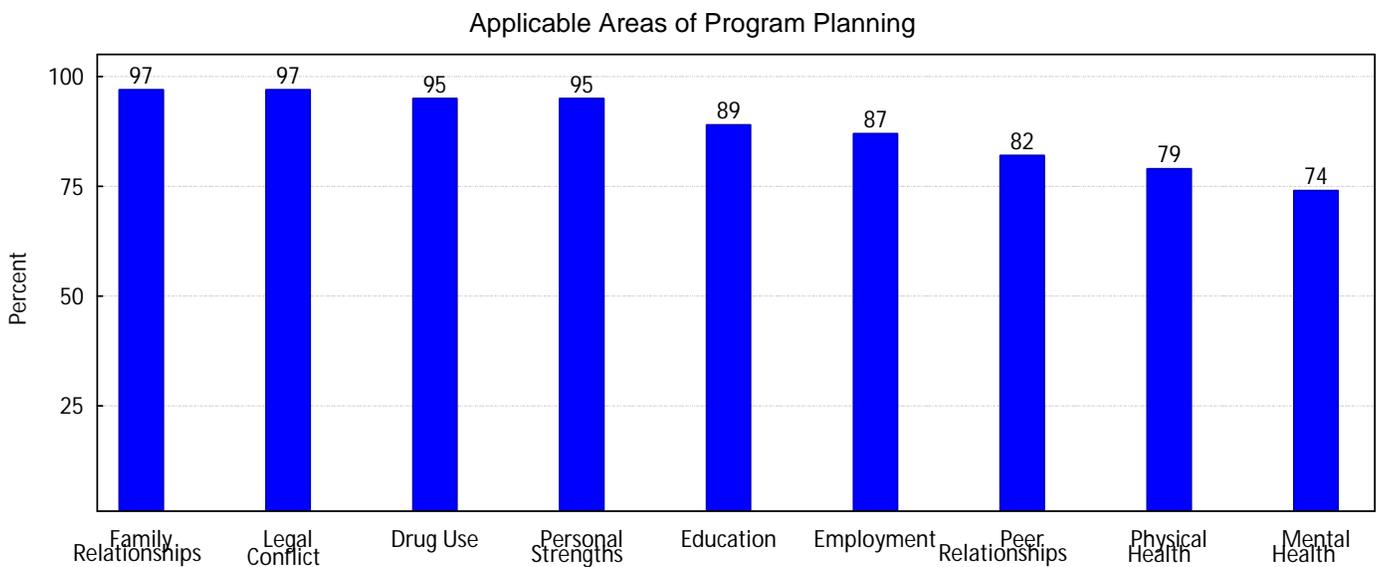
Table of Median Responses

Rating Scale: -2 ------- 1 ----- - - - 0 - - - ----- 1 -------- 2

         Regression   no change   Progression

Area of Program Planning	Median Rating
Education	1.0
Employment	1.0
Peer Relationships	0.5
Family Relationships	1.0
Personal Strengths	0.25

Physical Health	1.0
Mental Health	0.25
Reducing Drug Use	2.0
Reducing Legal Conflict	1.0

The frequency distributions of team ratings are presented for each area, along with the median or middle score.

Progress in Education Goals

Progress in Employment Goals
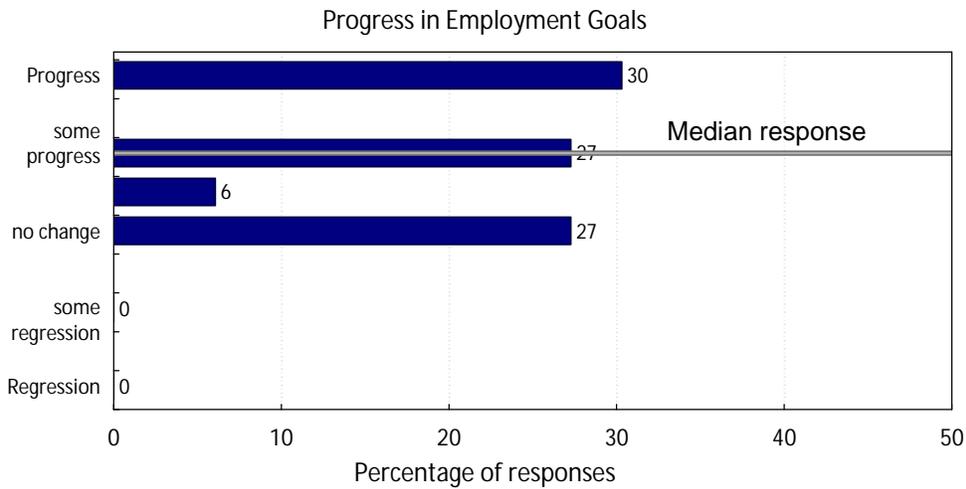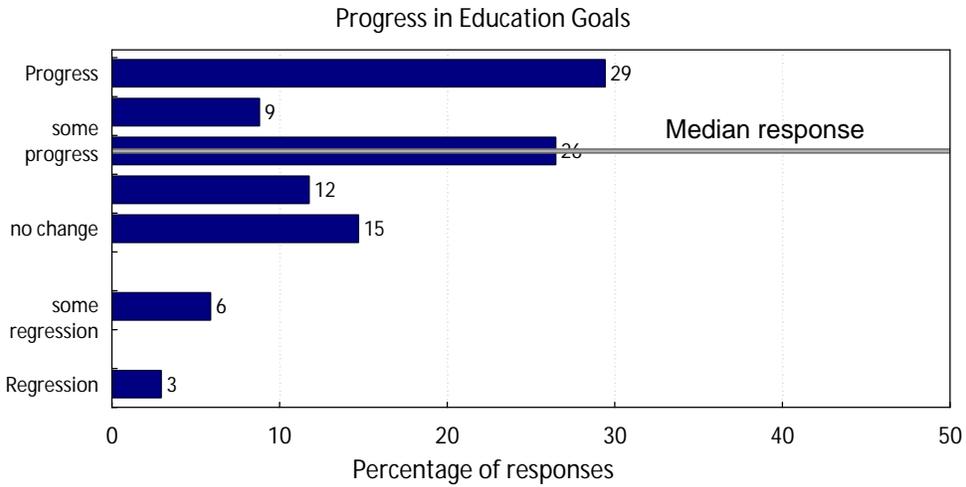
Progress in Peer Relationship Goals

Horizontal bar chart with categories Progress, some progress, no change, some regression, Regression. Values: Progress 0, 6; some progress 23, 6; no change 39; some regression 6; Regression 19. Median response line indicated. X-axis: Percentage of responses (0 to 50).
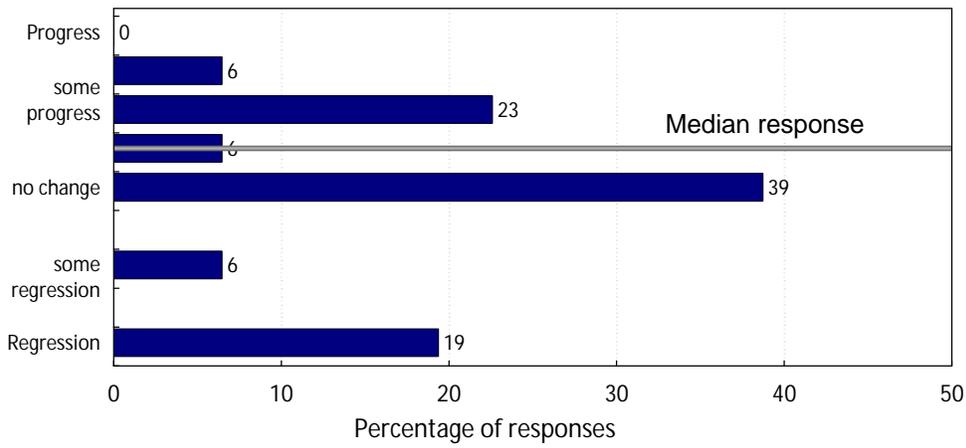
Progress in Family Relationship Goals

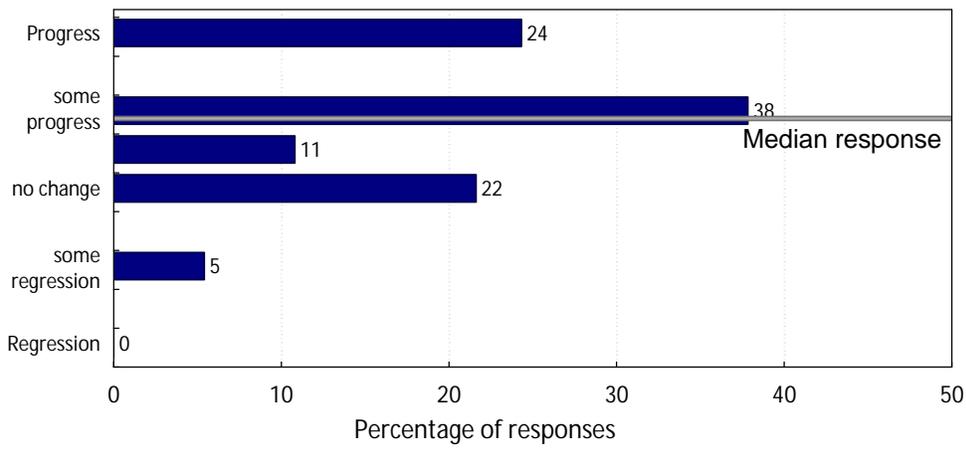Horizontal bar chart with categories Progress, some progress, no change, some regression, Regression. Values: Progress 24; some progress 38, 11; no change 22; some regression 5; Regression 0. Median response line indicated. X-axis: Percentage of responses (0 to 50).

Progress in Development of Personal Strengths

Horizontal bar chart with categories Progress, some progress, no change, some regression, Regression. Values: Progress 11, 8; some progress 25, 6; no change 50; some regression (none); Regression 0. Median response line indicated. X-axis: Percentage of responses (0 to 70).

Progress in Physical Health Goals

Progress in Mental Health Goals

Progress in Reducing Drug Use

Progress in Reducing Legal Conflict

Median response

Category	Percentage
Progress	35
	5
some progress	24
	5
no change	11
	3
some regression	14
Regression	3

Percentage of responses