



Starlight Community Services

★ Aftercare Program ★

BRIEF REPORT from the Department of Research and Program Practices

For more information contact: Karyn Dresser, Ph.D. 510-635-9705 x207 **February 16, 2015**

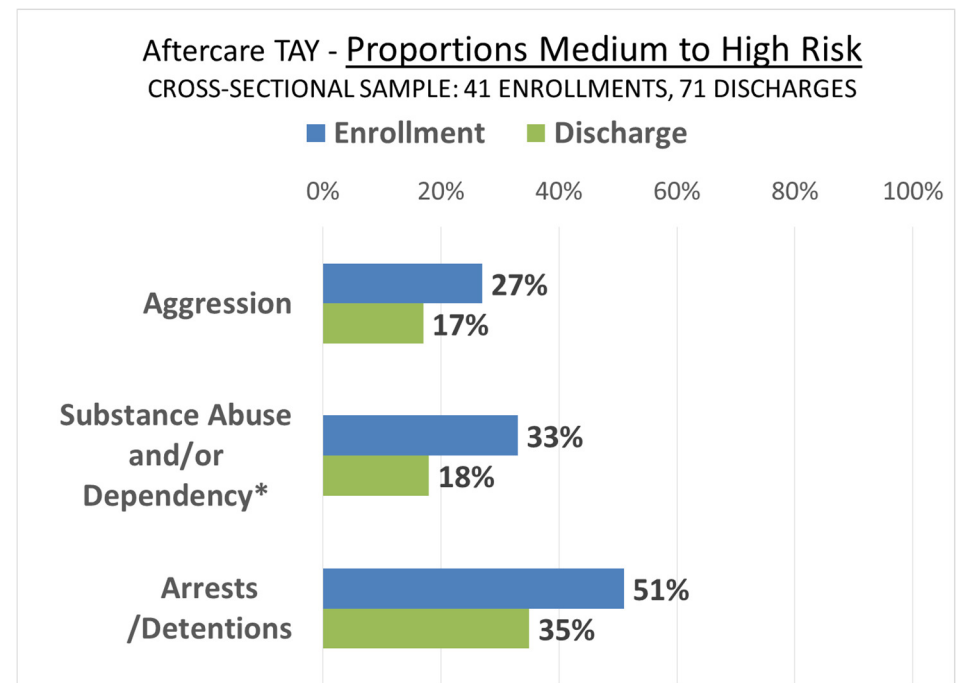
Starlight Community Services' Aftercare Program offers mental health services and supports to youth and young adults exiting Santa Clara County detention facilities so that they might transition successfully to home, school and community settings. The program focuses on enhancing each youth's strengths, resiliencies and protective factors while reducing high risk behaviors that could otherwise lead to more problems with the law. Most (85%) of the youth are referred from Santa Clara County Probation and James Ranch and the program sponsors staff to work closely with youth and their families in the community once youth leave detention. Interventions are based on the Transition to Independence Process (TIP)ⁱ model, with staffs also trained in A-CRAⁱⁱ and TF-CBTⁱⁱⁱ. On average, youth receive services over a period of eight months. This **BRIEF REPORT** shares aggregate outcomes for those served July 2011 thru Dec 2014^{iv}.

Youth and Family Profile

Since 2008, Starlight's Aftercare Program served approximately 50 youth and young adults annually, ages 14-23 (average and median is 17 yrs.). The youth are predominately male (84%); with many Latinos (78%) served, along with Caucasians (9%), African Americans (7%), and Asian Americans (6%).

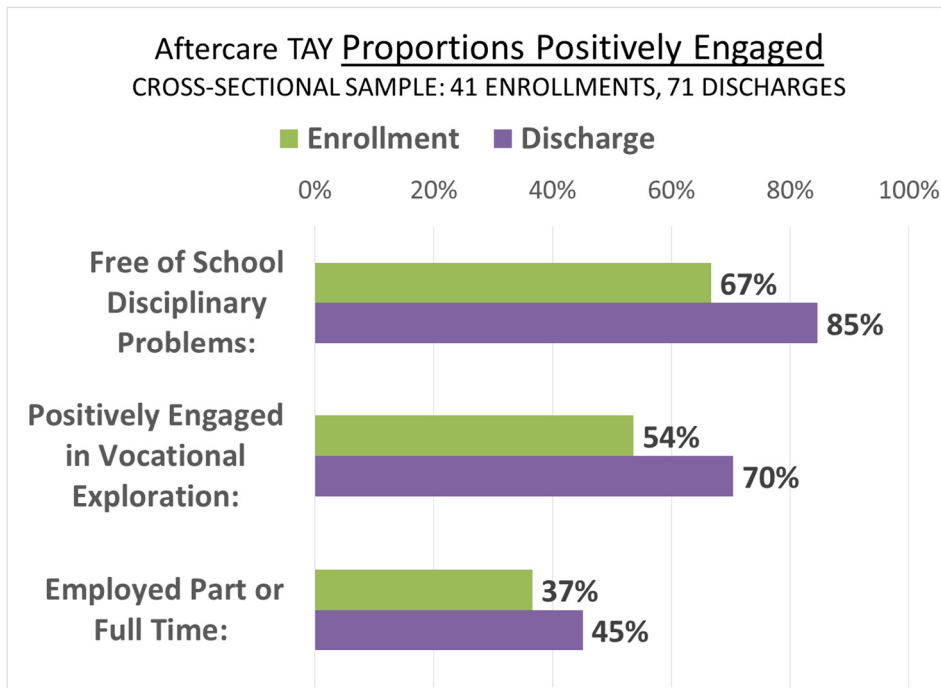
- While many (88%) live with a family when they start the program, they are in **developmental transition toward independence** (72% are with family, 8% independent by discharge, the rest in treatment or detention settings).
- **Home and family is often troubled:** high proportions (60%) have caregivers with at least one significant challenge; and, 40% experience no family support, or their relationships are characterized by negativity and interpersonal conflict.
- A majority (90%) have had at least one **traumatic life event** (12% recently), including being subjected to childhood maltreatment (78%), primarily emotional and physical abuse.
- **Completing schooling is often problematic:** 68% have not yet finished high school, yet 42% are not enrolled in school. Many of those who are enrolled are not achieving passing grades (42%) and/or they have school disciplinary problems (33%).
- The youth often **perceive or experience barriers to making progress** in life free of criminal entanglements: on average 1.5 significant barriers are identified on a check list of 8 types, including poverty, stigma, and practical dilemmas (e.g., lack of transportation, lapsed health insurance).

- On a separate indicator, 30% are rated by staff as having **medium to high risk of juvenile gang involvement**, reflecting both potential interest and opportunity/recruitment in their area. The youth's difficulties in home, school and community highlights the importance of receiving focused attention to overcome challenges and experience success, starting by **reducing high risk behaviors**.



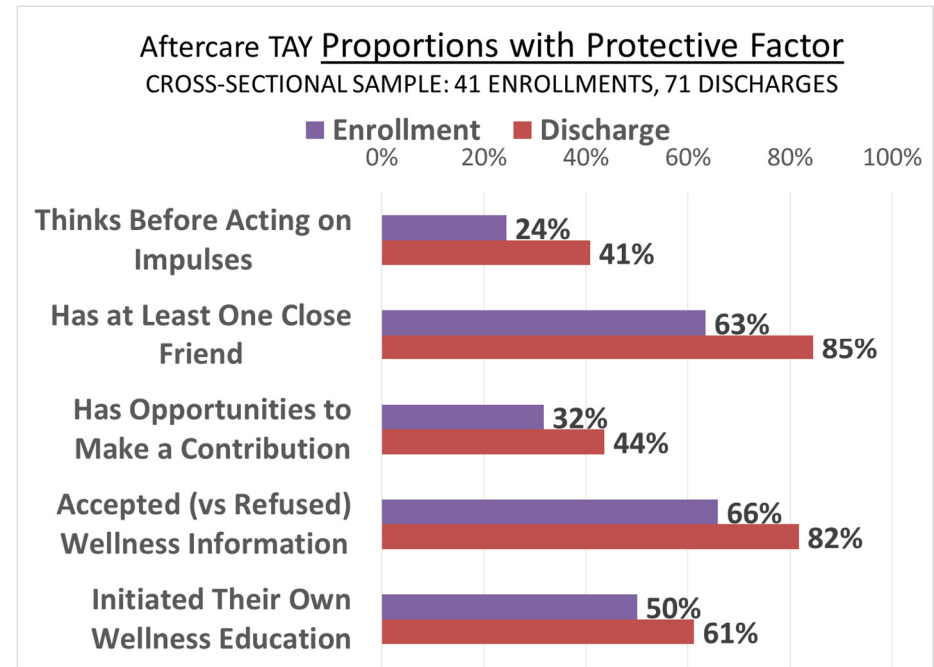
Enhancing Strengths, Resiliencies and Protective Factors

- The Aftercare team focuses on motivating youth to return to and/or persist with and **complete schooling**: by discharge, 15% more had achieved high school graduation, GED completion, or a two year AA level degree.
- The subset (68%) not yet beyond high school at the time of starting Aftercare are assisted to **reduce truancies, suspensions and expulsions** - shown in the graph below as proportions “free of school disciplinary problems”.
- With others, the focus is on **supporting vocational exploration**. The team engages 16% more in vocational exploration activities such as using on-line or community resources to search opportunities, writing resumes, developing and submitting applications to vocational/trade schools and/or jobs, and interviewing for such.
- As a result, **more are employed** by program’s end.



Aftercare staff address many aspects of youth’s overall wellness by strengthening that which developmental research demonstrates

improves resiliencies and provides protection for persons faced with risk, stress, and hardship. This includes psychoeducation and treatment of trauma; wellness education and motivational counseling on various topics (e.g. 16% of the youth are themselves parents, many use substances, and/or lack basic information about health and mental health) and improving **hopefulness and a prosocial support network**. Examples of Aftercare results in these areas are shown below:



Our goal is that youth with mental health problems, troubled past and/or current family lives, and problems in schooling, move forward toward wellness and life success without succumbing to substance abuse, gangs and criminal activity. The majority, **90% meet some or all of their treatment goals by exit**, demonstrating that Aftercare youth and young adults are more than willing to try and that programming and support makes a big difference.

ⁱ TIP model information is available at: <http://www.tipstars.org/>.

ⁱⁱ A-CRA = Adolescent Community Reinforcement Approach, an evidence-based practice that addresses environmental contingencies that foster alcohol or drug use by replacing them with prosocial activities and behaviors that support wellness and recovery. See: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=41>.

ⁱⁱⁱ TF-CBT = Trauma-Focused Cognitive Behavioral Therapy, an evidence-based practice of psychosocial supports and treatment to youth with post-traumatic stress symptoms and other trauma-related dysfunction, along with psychoeducation and interventions with family members on the youth's behalf. <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=135>.

^{iv} In mid-2012, the Aftercare Program began data collection using the SBHG Transitional Age Youth (TAY) Client Outcomes Report (COR), which means data samples are building up incrementally over time. We share preliminary results on available admission and discharge records: more discharge records available due to prospective implementation, 23 matched pairs with both admission and discharge records are embedded in this sample. Data collection using the Child and Adolescent Needs Scale (CANS) has also commenced (insufficient volume of records to report findings at this time).