



Another Choice Another Chance Child Trauma Treatment Center CalVIP Evaluation Report

What is the Child Trauma Treatment Center?

Another Choice, Another Chance (ACAC) founded the Child Trauma Treatment Center (CTTC) in 2012 to address youth trauma, with a focus on sex-trafficked youth, with funding provided by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Over the years and due to demand, the focus of the CTTC has shifted to trauma treatment related to community violence. In 2018, the funding provided by the Board of State and Community Corrections (BSCC) California Violence Intervention and Prevention (CalVIP) enabled ACAC to expand their CTTC services, directing services to African American youth in high-risk communities by providing services in those community.

How is the Trauma Treatment Implemented?

ACAC offers mental health, substance abuse, co-occurring disorder, and trauma treatment services for youth and adults. Youth enter ACAC programs by referral – including self-referral, referral from another agency, or referral from the criminal justice system. At intake, youth complete several assessments, one of which is a screening for exposure to trauma and an assessment of PTSD symptoms. If this assessment identifies trauma, they are referred to the trauma treatment program.

The CTTC has a menu of four evidenced-based trauma treatment programs that therapists can select, depending on client needs and fit. The four evidence-based program (EBP) options include:

Trauma Focused Cognitive Behavior Therapy (TF-CBT) uses a conjoint child and parent psychotherapy approach for children and adolescents who are experiencing significant emotional and behavioral difficulties related to traumatic life events. Together, children and parents/guardians learn skills to help process thoughts and feelings related to trauma; manage and resolve distressing thoughts, feelings, and behaviors; and enhance safety, growth, parenting skills, and family communication. This program consists of 10 components the youth and clinicians work through during appointments.

Seeking Safety uses a “coping skills” approach to help youth attain safety from trauma and/or addiction. The program is present-focused and designed to be safe, optimistic, and engaging. Seeking Safety is highly flexible and can be conducted in a group or individual format, in any treatment setting, and with any type of trauma and/or addiction. This program consists of up to 26 treatment topics that the youth and clinician select, providing flexibility to the treatment plan.

About ACAC

Another Choice, Another Chance is a behavioral healthcare organization dedicated to reducing the harm caused by alcohol and drug addiction and mental health disorders among youth, adults and families.

History

Another Choice, Another Chance was founded in 1987 to improve the quality of life for youth and families. For the first 10 years, ACAC worked primarily with youth involved with alcohol and drugs, in the criminal justice system, and who had been suspended or expelled from mainstream schools. In 2001 ACAC added mental health and dual diagnosis treatment services for their youth and families. ACAC staff understand and specialize in the relationship of mental health and addiction, and how it interferes with daily life functions. To further enhance the quality of life for the youth and families they serve, ACAC now provides adult addiction treatment services which includes clean and sober living, partial hospitalization services and intensive outpatient services.

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Trauma Affect Regulation: Guide for Education & Therapy (TARGET) uses an educational and therapeutic approach for the prevention and treatment of post-traumatic stress disorders (PTSD). TARGET provides a seven-step sequence of skills (the FREEDOM Steps) that is designed to enable youth and adults to understand and gain control of trauma-related reactions triggered by current daily life stresses. This program consists of 9 components the youth and clinician work through during appointments.

Hip Hop Heals uses a structured one-hour group session utilizing rap music and hip-hop culture to promote an in-depth yet safe discussion of issues faced by youth. The program is flexible and easy to implement, while promoting positive development and helping young people find the will for personal growth and necessary change. Groups typically meet for 12 sessions. Hip Hop Heals is new to ACAC, and they have trained staff, but not yet using it.

In addition to trauma treatment, ACAC works to raise awareness of trauma by training individuals in the community, including ACAC staff, who work with youth. The CTTC uses Think Trauma to educate the community at large:

Think Trauma imparts a common understanding of trauma and its impacts. This evidence-based program teaches an understanding of: (1) how exposure to traumatic events affects thoughts, feelings, and behaviors, (2) how trauma can derail normal childhood and adolescent development and affect a young person's ability to adapt to and cope with challenging situations, (3) the behaviors youth develop to survive traumatic events, and what happens when these ways of coping are no longer appropriate, and (4) self-care strategies for individuals working with youth experiencing trauma.

How was Program Effectiveness Measured?

The evaluation design for this funding was a process and outcome evaluation to: 1) inform continuous quality improvement, 2) be flexible to program changes, and 3) assess outcomes in youth receiving CTTC services. The evaluation focused on tracking program implementation and comparing intake and exit assessment scores to measure change in trauma symptomology as a result of treatment. All data was collected by ACAC staff at intake, exit, and various points throughout treatment. ACAC staff also documented treatment progress in their internal database and tracked outreach and trainings in Google. LPC Consulting Associates, Inc. (LPC) was contracted to develop the evaluation plan, pull data for quarterly reports, and analyze data provided by ACAC staff, and summarize findings in this final evaluation report.

Program Objectives

ACAC identified the following program objectives for this funding:

1. To increase access to evidence-based treatment to address the unique biopsychosocial needs of African American youth who have been traumatized due to sexual exploitation, abuse and community violence, by:
 - Implementing culturally-sensitive, trauma focused treatment tailored to the unique needs of African American youth in satellite offices, juvenile detention facilities, and through home visits.
2. Increase the number of youth trauma victims who are engaged in and complete treatment, by:
 - Providing 3-6 months of treatment to 75 youth utilizing TF-CBT, addiction counseling and aftercare.
 - Providing parent counseling and education to 50 families.
 - Creating marketing materials targeted to African American youth and families.
3. Increase awareness of trauma as a result of sexual exploitation, abuse, and community violence, by:
 - Teaching 100 therapists, counselors, family members, service providers and African American youth on *Think Trauma* curricula, who will then share information with peers.

Research Questions

The evaluation of the program was guided by the following research questions:

| Research Questions | Process | Outcomes |
|---|---------|----------|
| 1. What are the demographic characteristics and types of trauma of youth being served? | X | |
| 2. What type of treatment are youth receiving? | X | |
| 3. Are trauma symptoms and PTSD decreasing as a result of treatment? | | X |
| 4. How are parents engaged in their child's treatment? | X | |
| 5. Who in the community is being reached with Think Trauma training? | X | |
| 6. Is there a reduction in recidivism for gang related activities, sexual exploitation and addiction? | | X |

Evaluation Overview

How was the Data Collected and Analyzed?

The evaluation built upon ACAC's existing data collection framework, to generate process and outcome measures for analysis and evaluation reporting. The data facilitated an understanding of (1) who was served, (2) what services were provided, and (3) what difference the services made. The evaluation plan was to use existing data collection tools to assess program outcomes (with pre- and post-measures), which included data from:

UCLA PTSD Reaction Index | The University of California, Los Angeles - Post-Traumatic Stress Disorders Reaction Index (UCLA PTSD RI) for DSM-5 provided a structure for ACAC to make a comprehensive assessment of trauma history and the full range of DSM-5 posttraumatic stress symptoms among youth. ACAC staff were to administer the UCLA PTSD RI at program intake and exit to identify whether a client has PTSD, help identify the type of treatment needed, and monitor change after treatment. Depending on the needs of the client, ACAC used two versions of this assessment, the Adolescent Version which was completed by the youth, and the Parent/Caregiver Version which parents or caregivers completed about the youth. The UCLA PTSD RI was entered and scored by ACAC's Program Database which prepared a summary report for the client record. The evaluation plan was to compare intake and exit assessment scores to measure change in trauma symptomology as an evaluation outcome. This tool is among the most widely used and researched measure for assessing trauma in children and adolescents, with reliability ranging from 0.73 to 0.84.

The Child and Adolescent Needs and Strengths (CANS) | The CANS is a multi-purpose assessment tool developed for children service agencies to support decision making, including level of care and service planning, and to allow for the monitoring of outcomes of services. This tool is a widely used open-source tool used by Sacramento County Department of Health Services and facilitates linkages between the assessment process and the design of individualized service plans. ACAC staff were to administer the CANS to all youth entering mental health treatment and again at program exit, and enter the assessment into the county system, which scores the assessment. The evaluation plan was to compare intake and exit assessment scores to measure change in specific domains: Life Functions, Youth Strengths, Youth Behaviors and Emotional Needs, Youth Risk Behaviors. The CANS has demonstrated reliability (average reliability of 9.0 with live cases) and validity (CANS dimension scores have been shown to be valid outcome measures in residential treatment, intensive community treatment, foster care and treatment foster care, community mental health, and juvenile justice programs).

CTTC Activity Report Form | A CTTC Activity Report form was developed in Google for staff to track CTTC trainings, outreach, and group meetings conducted by the agency, including type and audience.

The evaluation had several challenges, which included multiple changes in leadership, missing process data, and lack of outcome data (details are in the Outcomes section of this report).

Evaluation Findings

What were the Evaluation Findings?

Process Findings

With this funding, ACAC identified several implementation goals. This section discusses progress toward these goals.

Outreach

One of ACAC's goals was to use this funding to expand their trauma treatment program to reach gang and criminal justice-involved African American youth. To do this, ACAC conducted outreach and education in the community and developed partnerships with community-based organizations and schools.

During the two years of funding, ACAC conducted a total of 31 education and outreach activities and events reaching a total of 752 parents, youth, community members, and service providers with information about their services. They also established 31 partnerships with county agencies, community-based organizations, schools, and grass-roots groups. These partnerships included:

Partnerships and Collaborations

| | |
|--|--|
| Alice Birney Waldorf Methods K-8 School | Oak Park Community Center |
| Awaken Now! | Pine Cove Tavern |
| Birth and Beyond | City of Sacramento's Gang Prevention Intervention Task Force |
| Black Child Legacy Campaign, Fruitridge Stockton | Priceless on Purpose |
| California Lifeline | Sac Cultural Hub |
| Emotional Emancipation Circle | Sacramento Children's Home |
| FemWinism | Sacramento City Unified School District |
| Fruitridge Community Collaborative | Sacramento County Alcohol and Drug Services |
| Hiram Johnson High School | Sacramento County Behavioral Health Services |
| Hooked on Fishing/ We Can Work it Out | Sacramento Horseman Association |
| Job Corp | Sam Panel Community Center |
| John Still K-8 School | Sierra Vista Hospital |
| Laguna High School | Success Academy Community Day School |
| Leonardo da Vinci K-8 School | The Hawk Institute |
| Meadowview Family Resource Center | This is Pentecost Fellowship Ministries |
| Mindsets Counseling and Coaching Center | |

Youth Served

ACAC's goal was to provide trauma treatment to 75 African American youth in the highest need communities.

Implementation Goal: Provide evidenced-based trauma treatment to 75 African American gang and criminal justice involved youth (aged 7-21) from three Sacramento County neighborhoods with the highest rates of African American child death (Fruitridge/Stockton Blvd, Meadowview, and Valley Hi).

Implementation Goal: Provide services in satellite offices, juvenile detention facilities, and through home visits to reach target population.

Characteristics of Youth Served

ACAC provided CalVIP-funded services at schools where their priority population attend, such as Luther Burbank High School, in the youth's home during home visits, and in their agency serving a total of 64 youth with CalVIP funded services, which was 85% of the implementation goal of 75 youth. Most of the youth were male (67%), Hispanic/Latino (37%) or African American (33%), between the ages of 15 and 18 (66%), ranging from 7 to 22 years of age. Of these 64 youth, 29 (45%) were identified as being involved with the criminal justice system.

| Gender | # | % | Age | # | % | Race | # | % |
|-------------------------|----|-----|-------|----|-----|----------------------------------|----|-----|
| Female | 20 | 31% | ≤ 10 | 2 | 3% | Black/African American | 21 | 33% |
| Male | 43 | 67% | 11-12 | 3 | 5% | Hispanic, Latino, or Spanish | 23 | 37% |
| Nin-binary/third gender | 0 | 0% | 13-14 | 10 | 16% | White | 6 | 10% |
| Prefer to self-define | 0 | 0% | 15-16 | 19 | 30% | Asian | 5 | 8% |
| Prefer not to state | 1 | 2% | 17-18 | 23 | 36% | Native Hawaiian/Pacific Islander | 1 | 2% |
| | | | 19-21 | 6 | 9% | More than one race/ethnicity | 7 | 11% |
| | | | 22-25 | 1 | 2% | | | |
| <i>n</i> = | 63 | | | 64 | | | 63 | |

With CalVIP-funding, ACAC prioritized services in three neighborhoods with the highest rates of African American child death due to violence: Fruitridge/Stockton Blvd/Oak Park, Meadowview, and Valley Hi. Of the CalVIP served youth served, 65 percent were from these neighborhoods (46% from Valley Hi, 11% Meadowview, 8% Fruitridge/Stockton, Oak Park).

| Neighborhood | # | % |
|------------------------------|----|-----|
| Valley Hi | 29 | 46% |
| Elk Grove | 11 | 17% |
| Meadowview | 7 | 11% |
| Fruitridge/Stockton/Oak Park | 5 | 8% |
| North Sacramento | 5 | 8% |
| Rural | 3 | 5% |
| Other | 3 | 5% |

Trauma Experienced by Youth Served

ACAC used the UCLA PTSD-RI as a tool for ACAC staff to screen youth for trauma. Staff were to administer this assessment to all youth beginning services at ACAC, to identify if they had trauma and to help determine which program best suited their needs. During the two years of CalVIP funding (May 1, 2018 to April 30, 2020) ACAC screened a total of 248 youth with the UCLA PTSD-RI, of which 170 (69%) youth had a score that identified trauma.

In total, ACAC served 64 youth through CalVIP-funded services, and of these 52 youth (81%) completed a UCLA PTSD-RI screen at intake, of whom 34 (65%) had a score that identified trauma. Of those with trauma, 28 identified the type of trauma (6 did not identify the trauma type). Types of trauma reported by the youth served varied and are displayed in the table below. The most reported trauma included: seeing someone close die (14%), seeing or hearing about the violent death or serious injury of a friend or loved one (14%), parent or caregiver abandonment or feeling unsupported, unloved, or unsafe (14%), and seeing someone beaten-up, shot, or killed (14%).

| Main Trauma Type | # of youth (n=28) | % of youth |
|---|-------------------|------------|
| Someone close to you died | 4 | 14% |
| Saw or heard about the violent death or serious injury of a loved one or friend | 4 | 14% |
| Parent/caregiver abandonment or felt unloved/unsupported/unsafe, in a way that affected emotional wellbeing | 4 | 14% |
| Saw someone who was beaten up, shot or killed | 4 | 14% |
| Involved in a bad accident, like a serious car accident or fall | 3 | 11% |
| Had a painful or scary medical treatment when very sick or badly injured | 2 | 7% |
| Pressured and/or forced to engage in sex or sexual acts against will | 2 | 7% |
| In a disaster, such as earthquake, wildfire, hurricane, tornado or flood | 1 | 4% |
| In a place where a war was going on | 1 | 4% |
| Someone touched private parts when they did not want them to (excluding doctor) | 1 | 4% |
| Saw a family member being hit, punched or kicked very hard at home | 1 | 4% |
| Other | 1 | 4% |
| Missing | 6 | na |

Evidenced-based Trauma Treatment Services Received

ACAC staff worked with youth and their families to identify the best trauma treatment program for youth in their care (TF-CBT, Seeking Safety, TARGET, Hip Hop Heals). The EBP most used was TARGET, which had 73 youth participate (which is a duplicated count since youth were able to participate in TARGET more than once). On average, youth completed 5.9 of the 9 components. Other EBP participation included 21 youth participating in TF-CBT, completing an average of 4.5 of the 10 components; and 10 youth participating in Seeking Safety, completing an average of 6.1 of the up to 26 components offered. Hip Hop Heals did not begin before this funding ended, so no youth participated in this EBP.

ACAC also provided Substance Misuse and Addiction Counseling to 30 youth, with youth completing an average of 5.3 sessions.

| EBP | # of youth receiving EBP | Average # of EBP sessions | Minimum # of EBP sessions received | Maximum # of EBP sessions received |
|---------------------------------------|--------------------------|---------------------------|------------------------------------|------------------------------------|
| TARGET | 73 | 5.9 | 1 | 31 |
| TF-CBT | 21 | 4.5 | 1 | 23 |
| Seeking Safety | 10 | 6.1 | 1 | 10 |
| Hip Hop Heals | 0 | - | - | - |
| Substance Misuse/Addiction Counseling | 30 | 5.3 | 1 | 21 |

Parent and Family Education

Implementation Goal: Provide parent counseling and education to 50 families.

ACAC's plan was to engage parents, caregivers, and families into the youth's treatment, through group counseling or specific components of the EBP. During the two years of this project, ACAC provided parent counseling and education to six parents and/or family members, 12% of the implementation goal.

Raising Trauma Awareness in the Community

With CalVIP funding, ACAC planned to raise community awareness of trauma, by providing education on the effects of trauma and recognizing signs of trauma.

Implementation Goal: Teach 100 therapists, counselors, family members, service providers and African American youth on Think Trauma curricula, who will then share information with peers.

During the two years of CalVIP funding, ACAC conducted eight (8) Think Trauma trainings, reaching a total of 86 people (86% of their implementation objective):

- 62 parents and caregivers
- 19 ACAC staff members
- 3 community therapists and counselors
- 2 staff from community-based organizations

ACAC also conducted several other community trainings and educational events, such as:

- Using hip-hop music to help heal – 3 trainings reaching 25 community therapists/ counselors, 22 youth, 20 ACAC staff, and 2 parents.
- General trauma trainings – 2 training reaching 10 community therapists/ counselors and 4 youth
- Trauma and addiction – 1 training with 9 ACAC staff
- Evidenced-based program trainings, such as:
 - TARGET – 10 trainings with 40 ACAC staff, 6 counselors and 6 community service providers attending
 - TF-CBT trainings – 3 trainings with 9 ACAC staff and 7 community therapists/ counselors attending
 - Seeking Safety – 4 trainings with 6 ACAC staff and five community therapists/counselors attending
 - Dialectical Behavior Therapy (DBT) – 1 training with 3 ACAC staff and 4 community therapists/counselors attending

Outcome Findings

The evaluation plan was to measure changes in trauma scores comparing baseline and exit scores from the UCLA PTSD-RI and CANS and probation recidivism data related to gang-related activities, sexual exploitation and addiction comparing program participants to nonprogram participants. These data were not available for the final analysis, so there are no outcome findings for this report. The reasons for lack of outcome data include:

- Outcome Data | Data collection was an ongoing challenge for the evaluation. This was most likely due to high staff and leadership turnover during the two years of this funding. During this time, ACAC had four changes in leadership, as well as other changes in staffing. These changes caused inconsistent communication with the evaluator, inconsistent data collection with clients served, and changes to processes and forms that did not align with the evaluation plan. All of these issues made evaluating this program a challenge.
- CANS data | ACAC no longer has a contract to provide Sacramento County-funded services to youth. The CANS was the county assessment that all youth completed upon program entry. With the loss of the contract, ACAC lost the ability to access the CANS data for this report.
- Recidivism data | The original plan was for ACAC staff to coordinate collecting this sensitive data. However, when this proposal was written and the evaluation plan developed, the executive director of ACAC was an ex-probation officer who was going to collect this information himself. However, this person is no longer with the ACAC, and an MOU with the probation department was not acquired before he left. Therefore, there was no method to collect this sensitive data.

Results and Conclusion

As previously stated, multiple changes in ACAC leadership and staff, missing process data, and lack of accessible outcome data resulted in challenges for both program implementation and evaluation. By the end of two years, ACAC had partially met their implementation objectives: 85% of individual service delivery and 86% of community trainings. However, due to the lack of available outcome data (CANS and recidivism), there are no outcome results available for this report: neither project or evaluation staff can obtain data to determine whether trauma symptoms and PTSD decreased as a result of treatment, or whether there was a reduction in recidivism for gang related activities, sexual exploitation and addiction. In summary, evaluation findings for this project are inconclusive.