



PREP

PLANNED RE-ENTRY PROGRAM

**PROGRAM EVALUATION STUDY
2017-2018**

ANCHORING SUCCESS

Authors:

Dr. Morghan Vélez Young-Alfaro, Ph.D.

Kelvin Alfaro, MBA

Katie Kellett

AnchoringSuccess.com

Quick Summary of Results

Planned Re-Entry Program Evaluation 2017-2018

The Planned Re-Entry Program (PREP) is a collaboration between Focus Forward and the Fresno County Probation Department launched in 2016. The PREP team serves youth at highest risk of re-offending, and their households, with targeted re-entry services.

Youth Program Outcomes

Reduced Recidivism in Fresno County	Yes	PREP 11% (81 youths served in Year-2 and 9 recidivated)* 6% for Violation of Probation 5% for New Charges Fresno County 33%**
Reduced Recidivism with Control Group	Unknown	Control Group Unknown***
Increase Resiliency and Positive Youth Development Indicators	Yes	Measurable gains were made in these areas: <ul style="list-style-type: none"> • Education (p.4) • Life Skills (p.5) • Workforce (p.7)
Decrease Chronic- & Post-Traumatic Stress Indicators	Minimal	For 3/5 chronic- and post-traumatic stress indicators, slight gains were made (p.6): <ul style="list-style-type: none"> • 19% reduction with Indicator 1 • 4% reduction with Indicator 3 • 4% reduction with Indicator 5

Focus Forward staff deliver evidence- and research-based services to youth during and after custody in order to support successful transitions and to cultivate resiliency for youth and families while they continue to navigate ongoing challenges.

* Youths enrolled for 30+ days are calculated in order to count those who fully onboarded into PREP including completion of assessments and case plans.
 **In 2016, Fresno County Probation Department provided the annual recidivism rate for all youth in Fresno County.
 *** Control Group data on the number of youths in JJC Commitment during Year-2 without PREP enrollment was not provided by the Fresno County Probation Department, though it was requested on multiple occasions. Please see discussion in Recommendations on page 19.

Probation staff coordinate custody inside the Juvenile Justice Campus for the pod where PREP youth are housed and provide a PREP-specific Probation Officer to ensure probation stipulations are completed once youth are returned to the community.

Program Design and Process

Clients Served in Year-2 for 30+ days	81, Youth; 54, Household*
Youth Who Graduated/Completed PREP in Year-2	30%, N=24
Evidence- and Research-Based Services	Yes
Tracked Demographic Data	Yes
Tracked Service Delivery Data	Yes
Focus Forward staff members serving youth and families during custody and in the community	8
Probation staff members serving youth during custody and probation	12
Average service hours/month provided to each client by Focus Forward staff during custody and in the community	8-hrs, Youth 6-hrs, Household
Number of zip codes visited to serve clients	35

*Enrollment and services with households in community context requires more time than beginning programming with youth while in custody.

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2037 West Bullard Avenue Suite 156
Fresno, California 93711

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Who Successfully Completed PREP?

Before describing the successes of PREP youth and the program design, Table 1 displays the basic demographic information about the youth who successfully graduated from PREP during Year-2 spanning July 1, 2017 to June 30, 2018 (N=21 with a pre and post assessment completed).¹ The demographic information allows readers to visualize the group of graduates as well as review the factors involved in young people’s success with program outcomes following the demographic information.



In Table 1, notice that program graduates are almost entirely uniform in age, sex/gender, race/ethnicity, and Trauma & Chronic Stress Score. The program graduates vary in their PACT Scores and Urban and Rural Residences. Finally, also uniform across the group of youth is the quickness in which they access PREP once in custody.

Table 1. Demographics of Program Graduates

Demographics	Rates
Age	15-yrs, 5% 16-yrs, 5% 17-yrs, 24% 18-yrs, 66%
Sex/gender	Male, 100%
Race/Ethnicity	African-American, 14% Latino-American, 71% South Asian-American, 5% White-American, 5% Unknown, 5%
PACT Score	High, 57% Mod-High, 19% Low, 14% Unknown, 10%
Chronic- and Post-Traumatic Stress Score	10% Improvement on some indicators from start to end of program
Urban or Rural Residences	71% Urban 29% Rural

In order to increase the resiliency of the youth and positive youth development opportunities such as adult mentoring relationships and connectedness to school and employment, the PREP staff team implements evidence- and research-based programming in four areas, including the following: 1) academic education, 2) life skills, 3) medical and behavioral health, and 4) workforce.

Below are two tables for each of these four areas which depict the successes of the youth and secondarily speak to the design of PREP. It is important to understand that increasing resiliency and positive youth development opportunities reduces recidivism and increases likelihood of youth success (Lancaster et al., 2011; Greenbaum & Javdani, 2017; Woodson et al., 2012).

 In the Tables below, happy faces indicate success as set by the PREP team. In alignment with the original Program Evaluation Plan (refer to the Appendix), the intended outcomes and outcome indicators include four measurements that PREP was designed around: youth co-create their case plan goals in the four program areas; youth complete case plan goals in the four program areas; youth decrease risky behavior in the four program areas; and youth increase resiliency in the four program areas. Hence, a happy face indicates that the outcome indicators were reached or exceeded as expected.  The wry faces

¹ Number of youths who graduated = 24, but number of youths with both pre- and post-assessments completed = 21. In order to uniformly evaluate growth and gains made by youth, we compared pre and post data only from those with complete pre- and post-assessments.

indicate no or minimal progress made with the outcome indicators. These wry faces are set by the PREP staff team who are eager to make progress in all areas, but must also contend with the serious challenges² faced by the youth and their households.

EDUCATION

In the Education data below in Table 2, readers see the youth who start in PREP bring several challenging experiences that are addressed through the process of case management with PREP staff and targeted educational supports.

Table 2. Educational Experiences of Program Graduates, Before PREP

Experiences	Youth Who Agree
Youth who have a disability that impacts academics	24%
Youth have been suspended or expelled from school	86%
Youth who have attended an alternative school outside the JJC	81%
“Completing high school diploma or GED is important to my life.”	95%

Table 3. Education Successes in PREP During Custody & Community Phases

Strength Areas	At the Point of Completing PREP in the Community	At the Start of PREP in Custody
Completed Educational Goals*	At program completion, 86% of youth focused on educational goals. 😊	Refer to Table 2
“I’m smart enough finish my educational goals.”	At program completion, 100% of youth hold this stance. 😊	14% of youth did not feel this way at the start of PREP. All youth who did not feel this way at the start of PREP changed to always feeling this way.
“I have had bad relationships with school adults.”	At program completion, 57% of youth had such experiences in the last month of PREP. 😊	52% of youth agreed with this statement at the start of PREP. 33% changed their experience from “sometimes” to “never” during the last month of PREP.
“I can’t figure what takes finish my educational goals.”	At program completion, 9.5% of youth feel this way in the past month who had not felt this way at the start of PREP. 😊	All youth who agreed with this statement at the start of PREP changed their experience to “never” during the last month of PREP.
SUSTAINABILITY & SELF-SUFFICIENCY “I know about community resources to support my Educational goals.”	At program completion, 95% of youth confirm this. 😊	At the start of PREP, 14% of youth stated “I’m not smart enough finish my educational goals.” At the start of PREP, 24% of youth stated “I can’t figure
SUSTAINABILITY & SELF-SUFFICIENCY “If I need to in the future, I will use community resources to accomplish my Educational goals.”	At program completion, 95% of youth confirm this. 😊	

² Serious, ongoing challenges for youth and their households include living in unsafe neighborhoods, low quality education, food scarcity, homelessness, untreated chronic- and post-traumatic stress, and unemployment/underemployment.

Strength Areas	At the Point of Completing PREP in the Community	At the Start of PREP in Custody
		what takes finish my educational goals.”

*Example: “Complete my GED.”

LIFE SKILLS

In the Life Skills data below in Table 4, readers see that the youth who start in PREP bring several challenging experiences. In Table 5, readers see the growth and gains made by those youth who successfully graduate from PREP. Refer to page 4 to confirm the happy and wry face symbols.

Table 4. Life Skills Experiences of Program Graduates, Before PREP

Experiences	Youth Who Agree
“I have friends who committed a crime in past year.”	95%
“I have friends who are involved with gangs.”	76%

Table 5. Life Skills Successes in PREP During Custody & Community Phases

Strength Areas	At the Point of Completing PREP in the Community	At the Start of PREP in Custody
Completed Life Skills Goals*	At program completion, 86% of youth focused on life skill goals. 😊	Refer to Table 4
“I have friends who make me feel good myself.”	At program completion, 81% of youth have such friends in the past month. 😊	33% of youth did not have such friends at the start. 14% of youth who did not have such friends at the start had a change by the last month of PREP.
“I have friends who encourage me to drink and/or use drugs.”	At program completion, 48% of youth have no such friends in the past month. 😊	66% of youth had such friends at the start. 14% of youth who agree with this statement at the start changed by the last month of PREP.
“I have little control over things that happen to me.”	At program completion, 62% of youth fully disagree with this statement. 😊	66% of youth agreed with this statement at the start. 29% of youth who agreed, changed their perspective by the last month of PREP.
SUSTAINABILITY & SELF-SUFFICENCY “I know about community resources to support my Life Skills goals.”	At program completion, 100% of youth confirm this. 😊	At the start of PREP, 29% of youth stated “I have

Strength Areas	At the Point of Completing PREP in the Community	At the Start of PREP in Custody
SUSTAINABILITY & SELF-SUFFICIENCY “If I need to in the future, I will use community resources to accomplish my Life Skills goals.”	At program completion, 95% of youth confirm this. 😊	little control over things that happen to me.”

*Example: “Have a better relationship with my mom.”

MEDICAL/BEHAVIORAL HEALTH

In the Medical & Behavioral Health data below in Table 6, readers see that the youth who start in PREP bring serious health challenges with them that must be addressed to prevent recidivism and increase access to positive youth development trajectories (Lancaster et al., 2011; Greenbaum & Javdani, 2017; Woodson et al., 2012). Focus Forward’s PREP staff supply evidence and research-based non-clinical support to mitigate the negative impact of post-traumatic stress.

Clinical services are available to youth while in-custody at the JJC if deemed appropriate by the clinical contractor Mental Health Systems; typically, youth who access such clinical services are those who are identified for suicide prevention and not necessarily youth who show serious indicators of post-traumatic stress through other means like those outlined in Table 7.

Youth who exhibit chronic- and/or post-traumatic stress face significant barriers to transformation as it is challenging to develop new, positive behaviors and relationships when youth cannot sleep, have high levels of anxiety, are numb to loving feelings, and struggle to cope without angry outbursts (Banister et al., 2018; Beker et al., 2012; DeRuiter, 2016). In Table 7, youth made minimal progress in reducing these indicators, but developed knowledge and confidence to engage community resources to support Medical/Behavioral Health goals. (Refer back to page 4 to consider the definitions of happy face symbol.)

Table 6. Medical/Behavioral Health Experiences of Program Graduates, Before PREP

Experiences	Youth Who Agree
“I use alcohol and/or drugs during socializing.”	90%
“Have you ever regularly sold drugs and/or alcohol to peers?”	52%, yes
“I have a history of needing drugs and/or alcohol to make it through the day.”	38%
“Do you carry any type of weapon on a regular basis?”	43%, yes
“Have you ever been physically injured by someone?”	86%, yes
“Have you received comprehensive reproductive health education?”	67%, yes
Youth who score 3+/5 on Trauma & Chronic Stress Indicators	62%
Youth who can’t recall an estimated date for the last time they saw a doctor, dentist, nor therapist before custody.	100%

Table 7. Medical/Behavioral Health Successes During Custody & Community Phases

Strength Areas	At the Point of Completing PREP in the Community	At the Start of PREP in Custody
Completed Medical & Behavioral Health Goals*	At program completion, 57% of youth focused on medical and/or behavioral health goals. 😊	Refer to Table 6

“OFTEN, I feel irritable and/or have angry outburst.” (i.e. Trauma & Chronic Stress Indicator 1)	At program completion, 48% of youth experience this. 😊	67% of youth experienced this at the start of PREP.
“OFTEN, I am super alert, watchful, on guard, and/or jumpy.” (i.e. Trauma & Chronic Stress Indicator 2)	At program completion, 90% of youth experience this. 😞	81% of youth experienced this at the start of PREP.
“OFTEN, I have trouble falling and/or staying asleep.” (i.e. Trauma & Chronic Stress Indicator 3)	At program completion, 48% of youth experience this. 😊	52% of youth experienced this at the start of PREP.
“OFTEN, I am numb and/or unable to have loving feels.” (i.e. Trauma & Chronic Stress Indicator 4)	At program completion, 43% of youth experience this. 😞	33% of youth experienced this at the start of PREP.
“I avoid activities and/or places because they remind me of past, difficult experiences.” (i.e. Trauma & Chronic Stress Indicator 5)	At program completion, 43% of youth experience this. 😊	52% of youth experienced this at the start of PREP.
SUSTAINABILITY & SELF-SUFFICIENCY “I know about community resources to support my Medical & Behavioral goals.”	At program completion, 90% of youth confirm this. 😊	Refer to Table 6
SUSTAINABILITY & SELF-SUFFICIENCY “If I need to in the future, I will use community resources to accomplish my Medical & Behavioral goals.”	At program completion, 90% of youth confirm this. 😊	

*Example: “Be more chill. Not blow-up.”

WORKFORCE

In the Workforce data below in Table 8, readers see that the youth who start in PREP have little experience in the workforce and the experience that some youth do bring with them is often negative. In Table 9, readers see the progress made in the area of Workforce by those youth who successfully graduate from PREP. Also, refer to page 4 to confirm the happy and wry face symbols.

Table 8. Workforce Experiences of Program Graduates, Before PREP

Experiences	Response
Have you ever had a formal job?	67%, Yes
Have you ever participated in workforce training program?	5%, Yes
Have you ever interned, paid or unpaid?	0%
Have volunteered for +3-months?	38%
Have you ever been fired from a job?	75%

Table 9. Workforce Successes in PREP During Custody & Community Phases

Strength Areas	At the Point of Completing PREP in the Community	At the Start of PREP in Custody
Completed Workforce Goals*	At program completion, 76% of youth focused on workforce goals. 😊	Refer to Table 8
“I have been fired from a formal or informal job.”	At program completion, 0% of youth were fired from jobs in the past month. 😞	75% of youth who had a formal job had also been fired.
SUSTAINABILITY & SELF-SUFFICIENCY “I know about community resources to support my Life Skills goals.”	At program completion, 95% of youth confirm this. 😊	At the start of PREP, 95% of youth had <i>never</i> participated in workforce training.
SUSTAINABILITY & SELF-SUFFICIENCY “If I need to in the future, I will use community resources to accomplish my Life Skills goals.”	At program completion, 95% of youth confirm this. 😊	At the start of PREP, of the minority of youth with experience in formal or informal jobs, 75% had been fired.

*Example: “Get work experience.”

Households of Program Graduates

PREP households are central to the program design because it is the setting in which the PREP youth will live following their release from the JJC. For this reason, PREP households are assigned a case manager termed a *Family Support Specialist*.

Before describing the successes of PREP households, Table 10 displays the basic demographic information (N=14 households had a pre- and post-assessments completed).³ The demographic information allows readers to visualize the group of households as well as consider the factors involved in the families' successes.

In Table 10, notice that households of program graduates saw slight improvements in chronic- and post-traumatic stress indicators. Also, the households are comprised of a large number of rural residences. Finally, household composition varies greatly across the program graduates; 36% of some households have only the PREP youth as the minor living in the home while 36% of households have a total of four minors in the home. The stress indicators, locations of residences, and family compositions impact the services needed by each household and the strategies used by PREP staff to deliver those services.

Table 10. Household Demographics of Program Graduates

Demographics	Rates
Race/Ethnicity	African-American, 14% Latino-American, 71% South Asian-American, 5% White-American, 5% Unknown, 5%
Chronic- and Post-Traumatic Stress Score	7% to 15% Improvement on some indicators
Urban or Rural Residences	71% Urban 29% Rural
Transportation	86% owned a car; 14% use various transportation such as the bus and walking
Level of Education	7% no HS Diploma/GED; 57% with HS Diploma/GED; 36% with AA, Certificate, or BA
Number of Adults 25+ in Household	36% have 1 adult; 50% have 2 adults; 7% have 3 adults; 7% have 4 adults
Number of Children/Youth 6-25 in Household	36% have only the PREP youth; 14% have 2 children/youth; 14% have 3 children/youth; 36% have 4 children/youth ⁴
Number of Children Under 5 in Household	N=3, 1 child under 5-years ⁵

In order to increase the resiliency of the households and create a supportive environment for youth to thrive, the PREP program implements evidence- and research-based programming in four areas, including the following: 1) academic education, 2) life skills, 3) medical and behavioral health, and 4) workforce.

³ No. of youths graduated = 24, no. of families with pre- and post-assessments completed = 14. To uniformly evaluate results from the same group of families, data came only from completed pre- and post-assessments.

⁴ No. of children and youth 6- to 25-years in household changed across the time that the PREP youth was enrolled. At the point of program completion, household looked like this: Only the PREP youth, N=2; 2 children/youth, N=2; 3 children/youth, N=3; 4 children/youth, N=4; 5 children/youth, N=3.

⁵ No. of children under 5-years in household changed across the time that the PREP youth was enrolled. At the point of program completion, the household looked like this: 1 child under 5-years, N=2; 2 child under 5-years, N=1. *Family Support Specialists* provide support for the entire household and refer small children to programs including Focus Forward programs.

EDUCATION

Below are two tables which depict the educational experiences of the households at the point of starting and completing the program. It is important to understand that attaining additional educational benchmarks increases the overall wellbeing of the households, including access to better paying jobs, safer housing and neighborhoods, access to quality health services, and avoidance of risk taking (Parma, 2011; Reingle Gonzalez et al., 2016; Sheperd-Banigan et al., 2017). The Family Support Specialists use a client-centered case management approach, supporting the households’ advocated needs and goals to guide case management. For this reason, there are various goals, activities, and accomplishments made by households under the category of Education.

In the Education data below in Table 11, readers see the households who start in PREP bring several challenging educational experiences such as minimal education and harassment or humiliation in educational contexts. In Table 12, readers see the progress made by those households whose youth successfully graduated from PREP.

Table 11. Household Educational Experiences, Before PREP

Experiences	Families Who Agree
Primary guardian has a disability that impacts academics	24%
“I have been harassed or humiliated in an educational setting.”	36%
“Completing educational goals is important to my life.”	100%
Guardians highest level of education	7% no HS Diploma /GED; 57% with HS Diploma/GED; 36% with AA, Certificate, or BA

Table 12. Household Edu Successes in PREP During Custody & Community Phases

Strength Areas	At the Point of Completing PREP When Child was in the Community	At the Start of PREP when Child was in Custody
Completed Educational Goals*	At program completion, 64% of families focused on educational goals. 😊	Refer to Table 11
Guardians enrolled in higher education	At program completion, 7% of families were enrolled in higher education. 😊	At the start of PREP, 0% of families were enrolled in higher education.
SUSTAINABILITY & SELF-SUFFICENCY “I know about community resources to support my Educational goals.”	At program completion, 50% of households confirm this. 😊	At the start of PREP, 36% said “I have been harassed or humiliated in an educational setting.”
SUSTAINABILITY & SELF-SUFFICENCY “If I need to in the future, I will use community resources to accomplish my Educational goals.”	At program completion, 85% of households confirm this. 😊	43% of primary guardians have no HS Diploma nor GED.

*Example: “Help my son get into a school when he’s released.”

LIFE SKILLS

In the Life Skills data in Table 13, readers see that the households who start in PREP bring several challenging experiences in terms of life skills such as feeling helpless to control certain aspects of their lives. Yet, the households also report that they can and do handle life stressors. In Table 14, readers see the progress made by those households whose youth successfully graduate from PREP.

Table 13. Household Life Skills Experiences, Before PREP

Experiences	Responses
"I feel helpless to deal with problems in my life or my family's life."	43%, Agree
"My family handles stress well."	86%, Agree
"I have friends who are involved with gangs."	0%, Agree

Table 14. Household Life Skills Successes in PREP During Custody & Community Phases

Strength Areas	At the Point of Completing PREP	At the Start of PREP
Completed Life Skills Goals*	At program completion, 79% of families focused on life skill goals. 😊	Refer to Table 13
"I have little control over things that happen to me."	At program completion, 100% of families continued to fully disagree with this statement. 😞	100% of families fully disagreed with this statement.
SUSTAINABILITY & SELF-SUFFICIENCY "I know about community resources to support my Life Skills goals."	At program completion, 43% of families confirmed this. 😊	At the start of PREP, 43% families reported that "I feel helpless to deal with problems in my life or my family's life."
SUSTAINABILITY & SELF-SUFFICIENCY "If I need to in the future, I will use community resources to accomplish my Life Skills goals."	At program completion, 71% of families confirmed this. 😊	100% of families had a youth incarcerated.

*Example: "Learn how to create boundaries for me and my child."

MEDICAL/BEHAVIORAL HEALTH

In the Medical & Behavioral Health data below, readers see that the households in PREP bring serious health challenges with them into the program that must be addressed to prevent recidivism among the youth and increase access to positive youth development trajectories (Banneyer et al., 2017; Danielson et al., 2015; Van Ee et al., 2016). Focus Forward's PREP staff supply evidence- and research-based non-clinical support to mitigate the negative impact of post-traumatic stress, but the data suggests more attention is needed here.

Clinical services are available to families if a family has medical insurance or qualifies for Medi-Cal or Medicaid. Bridging families to medical and behavioral health services also includes overcoming the

barriers of transportation, time off work in often inflexible jobs, and curbing the taboo of seeking therapeutic support (Batastini et al., 2016; Howell et al., 2010; Ofonedu et al., 2017; Smalley et al., 2012).

Many of the households show indicators of post-traumatic and chronic stress and this is outlined in Tables 15 and 16. Families who live with untreated chronic- and/or post-traumatic stress without targeted services face **significant barriers to transformation; it is challenging to develop new, positive behaviors and relationships when guardians facing these physiological stresses that impact concentration, sleep, decision-making, and emotional recovery.** Along with chronic- and/or post-traumatic stress, many guardians also navigate challenges associated with their diagnoses of **diabetes, hyper tension, and anxiety.** **It is challenging for households to effectively support their youth who engage in negative coping such as irregular sleeping patterns, anxiety, numbness, and angry outbursts (discussed earlier).**

Table 15. Household Medical/Behavioral Health Experiences of Program Graduates, Before PREP

Experiences	Responses
“Has your family ever been homeless?”	21%, Yes
“Have you ever regularly sold drugs?”	14%, Yes
“I have a history of needing drugs and/or alcohol to make it through the day.”	7%, Agree
“Does anyone in the household use prescription drugs?” ⁶	57%, Yes
“Have you received comprehensive reproductive health education?”	71%, Yes
Guardians who score 3+/5 on Trauma & Chronic Stress Indicators	50%
Families who had their last doctor’s appointment in the last 18-mos (i.e. diabetes)	100%
Families who had their last dental appointment in the last 30-mos	100%
Families who had their last therapy appointment in the last 3.5-yrs	43%

Table 16. Household Medical & Behavioral Health Successes During Custody & Community Phases

Strength Areas	At the Point of Completing PREP When Child was in the Community	At the Start of PREP when Child was in Custody
Completed Medical & Behavioral Health Goals*	<i>At program completion, 36% of families focused in medical and/or behavioral health goals. 😊</i>	Refer to Table 15
“OFTEN, I feel irritable and/or have angry outburst.” (i.e. Trauma & Chronic Stress Indicator 1)	29% of guardians reported this during the last month of PREP. 😊	36% of guardians reported this at the start of PREP.
“OFTEN, I am super alert, watchful, on guard, and/or jumpy.” (i.e. Trauma & Chronic Stress Indicator 2)	64% of guardians reported this during the last month of PREP. 😊	57% of guardians reported this at the start of PREP.
“OFTEN, I have trouble falling and/or staying asleep.” (i.e. Trauma & Chronic Stress Indicator 3)	64% of guardians reported this during the last month of PREP. 😊	79% of guardians reported this at the start of PREP.

⁶ Upon examination, the prescription drugs were identified as those for chronic conditions such as diabetes.

Strength Areas	At the Point of Completing PREP When Child was in the Community	At the Start of PREP when Child was in Custody
“OFTEN, I am numb and/or unable to have loving feels.” (i.e. Trauma & Chronic Stress Indicator 4)	21% of guardians reported this during the last month of PREP. 😞	21% of guardians reported this at the start of PREP.
“I avoid activities and/or places because they remind me of past, difficult experiences.” (i.e. Trauma & Chronic Stress Indicator 5)	36% of guardians reported this during the last month of PREP. 😞	43% of guardians reported this at the start of PREP.
SUSTAINABILITY & SELF-SUFFICENCY “I know about community resources to support my Medical & Behavioral goals.”	At program completion, 79% of families confirm this. 😊	Refer to Table 15
SUSTAINABILITY & SELF-SUFFICENCY “If I need to in the future, I will use community resources to accomplish my Medical & Behavioral goals.”	At program completion, 86% of families confirm this. 😊	

*Example: “Help my child try-out therapy.”

WORKFORCE

In the Workforce data in Table 16, readers see that the households in PREP have workforce experiences that make it challenging to sustain engagement in programming, respond to family emergencies, etc. In Table 17, readers see the progress made in the area of Workforce by the households with youth who successfully graduate from PREP.

Table 16. Household Workforce Experiences of Program Graduates, Before PREP

Experiences	Responses
Have you ever been humiliated or bullied at a job?	36%, Yes
Have you ever participated in workforce training program?	67%, Yes
Have you ever been fired from a job?	21%, Yes

Table 17. Household Workforce Successes in PREP During Custody & Community Phases

Strength Areas	At the Point of Completing PREP When Child was in the Community	At the Start of PREP when Child was in Custody
Completed Workforce Goals*	At program completion, 43% of families focused on workforce goals. 😊	Refer to Table 16
“I have been fired from a formal or informal job.”	At program completion, 0% of guardians were fired from jobs in the last month of PREP. 😞	21% of guardians had been fired prior to participation in PREP.
SUSTAINABILITY & SELF-SUFFICENCY “I know about community resources to support my Life Skills goals.”	At program completion, 86% of guardians confirm this. 😊	At the start of PREP, 33% of guardians had <i>never</i> participated in workforce training.
SUSTAINABILITY & SELF-SUFFICENCY “If I need to in the future, I will use community resources to accomplish my Life Skills goals.”	At program completion, 98% of guardians confirm this. 😊	7% no HS Diploma /GED; 57% with HS Diploma/GED; 36% with AA, Certificate, or BA

*Example: “Get more training.”

Who Recidivated from PREP?

Nine youth recidivated during their enrollment in Year-2 of PREP – July 1, 2017 to June 30, 2018 – amounting to a 11% recidivism rate for PREP youth. Recidivism is determined by Focus forward PREP staff to include Violations of Probation (VOP) and New Charges (NC). The former recidivism type includes a broad range of infractions, including violating curfews, school truancy, and leaving the county. The latter includes charges filed for a new crime or a newly discovered crime. While NC does not equate a new crime actually being committed by a PREP youth, NC is a common way to calculate recidivism; NC suggests the potential of an additional crime, but the crime is still under investigation by the court. Ultimately, it is noteworthy that Focus Forward PREP staff set their calculation of recidivism to include VOP and NC and with the goal of keeping recidivism around 10%.

In Table 18, demographic data are shared about this group of nine youth. Notice that all of them have High PACT scores and nearly 90% of them score high on indicators of chronic- and post-traumatic stress. In Table 19, the youths’ education, life skills, medical/behavioral health, and workforce experienced are quickly outlined; in earlier sections of this report, these preceding experiences were shared about program graduates. Overall, these data provide some insight about factors involved in the failure to complete PREP.

Table 18. Demographics of Recidivated Youth

Demographics	Rates
Age	16-yrs, 22% 17-yrs, 33% 18-yrs, 44%
Sex/gender	Male, 100%
Race/Ethnicity	African-American, 22% Latino-American, 88%
PACT Score	High, 100%
Chronic- and Post-Traumatic Stress Score	89% have 3+ out of 5 indicators
Urban or Rural Residences	77% Urban 33% Rural
Context of recidivism	89% in community (N=8), 11% in custody (N=1)
Release to recidivism	1-2 mos, N=4 5-8 mos, N=3 Under 30 days, N=1 During custody, N=1
Recidivated after graduating from PREP	55%, VOPs, N=2 New Charges, N=3

Table 19. Experiences of Recidivated Youth, Before Enrolling in PREP

	Experiences	Response
Educational	“I have a disability that impacts my academics.”	22%, Agree
	Have you ever attended an alternative school outside the JJC?	89%, Yes
	“I have had bad relationships with adults at school.”	78%, Agree
Life Skills	“I have friends who have committed a crime in the past year.”	89%, Agree
	“I have little control over the things that happen to me.”	56%, Agree
Medical/Behavioral Health	Have you ever been injured by someone?	78%, Yes
	Have you ever used alcohol or drugs for socializing with friends?	56%, Yes
	“I OFTEN have trouble falling asleep or staying asleep.”	78%, Agree
Workforce	Have you ever had a formal job?	22%, Yes
	Have you ever been fired from a job?	22%, Yes
	Have you ever attended a workforce or job training?	0%, Yes

Non-Graduates Who Did Not Recidivate

Another 53-youths maintained good standing in the program. Because Year-2 runs July 1, 2018 to June 30, 2019, those youths who had not yet graduated are considered in this group. There are several reasons why this group of youth had not yet graduated, including the length of their custody period, length of their probationary period, and completion of required activities.

In Table 21, demographic data are shared about this group in order to generally understand who was active in PREP at the end of Year-2. In Table 22, 39 of these youth are considered; 39 had initial assessments completed as of June 30, 2018. The 14 missing initial assessments may be due to the practice of conducting initial assessments slowly across multiple visits with youths in order to prioritize rapport building; the assessments may have been underway at the start of this program evaluation.

Also in Table 22, the youths' education, life skills, medical/behavioral health, and workforce experienced are quickly outlined; in earlier sections of this report, these preceding experiences were shared about program graduates to understand growth and gain across participation in PREP; however, because the youths had not completed PREP, there were no exit assessments to determine growth and gains.

Table 21. Demographics of Non-Graduates Who Did Not Recidivate

Demographics	Rates
Age	15-yrs, 4% 16-yrs, 15% 17-yrs, 30% 18-yrs, 51%
Sex/gender	Female, 15% Male, 85%
Race/Ethnicity	African-American, 19% Latino-American, 66% White-American, 13% Mixed, 2%
PACT Score	High, 58% Mod-High, 8% Mod, 17% Low, 13% Unknown, 4%
Chronic- and Post-Traumatic Stress Score*	48% have 3+ out of 5 indicators 28% have 4-5 out of 5 indicators
Urban or Rural Residences (N=37, missing data on 16 youths due to still gathering and entering data on newer clients)	86% Urban 14% Rural

*Based on six research sources, 5 indicators of chronic- and -post-traumatic stress are assessed, complimenting risk assessment questions already gathered by Focus Forward and PACT scores gathered by Probation. Focus Forward set the threshold at 3+ indicators where then staff refer youth for clinical services. Refer to the Recommendations and Appendix for further discussion.

Table 22. Good Standing Youth, Experiences Before PREP

	Experiences	Responses
Educational	"I have a disability that impacts my academics."	10%, Agree
	Have you ever attended an alternative school outside the JJC?	72%, Yes
	"I have had bad relationships with adults at school."	46%, Agree
Life Skills	"I have friends who have committed a crime in the past year."	79%, Agree
	"I have little control over the things that happen to me."	56%, Agree
Medical/Behavioral Health	Have you ever been injured by someone?	72%, Yes
	Have you ever used alcohol or drugs for socializing with friends?	79%, Yes
	"I OFTEN have trouble falling asleep or staying asleep."	71%, Agree
Workforce	Have you ever had a formal job?	26%, Yes
	Have you ever been fired from a job?	5%, Yes
	Have you ever attended a workforce or job training?	5%, Yes

Comparing Graduation & Recidivism

In Table 1 & 18 Revisited, the original data presented in Table 1 and table 18 are transposed in order to make demographic comparisons between the two groups. Notice that recidivated youths are more frequently younger, have higher PACT scores, and have higher chronic- and post-traumatic stress indicators.

Tables 1 & 18 Revisited. Demographics of Program Graduates vs. Recidivated Youth

Demographics	Graduates Rates	Recidivated Rates
Age	15-yrs, 5% 16-yrs, 5% 17-yrs, 24% 18-yrs, 66%	16-yrs, 22% 17-yrs, 33% 18-yrs, 44%
Sex/gender	Male, 100%	Male, 100%
Race/Ethnicity	African-American, 14% Latino-American, 71% So. Asian-American, 5% White-American, 5% Unknown, 5%	African-American, 22% Latino-American, 88%
PACT Score	High, 57% Mod-High, 19% Low, 14% Unknown, 10%	High, 100%
Chronic- and Post-Traumatic Stress Indicators	62% have 3+ out of 5 indicators	89% have 3+ out of 5 indicators
Urban or Rural Residences	71% Urban 29% Rural	77% Urban 33% Rural
Context of recidivism	N/A	89% in community (N=8), 11% in custody (N=1)
Release to recidivism	N/A	1-2 mos, N=4 5-8 mos, N=3 Under 30 days, N=1 During custody, N=1
Recidivated after graduating from PREP	N/A	55%, VOPs, N=2 New Charges, N=3

Preceding experiences with education, life skills, medical/behavioral health, and workforce are compared in an abbreviated fashion in the table below. Notice that recidivated youth more frequently have bad relationships with school-based adults, experience more problems with sleeping, and less often have had formal jobs.

Table 19 Adapted. Preceding Experiences of Graduates vs. Recidivated Youth

	Experiences	Graduates Responses	Recidivated Responses
Educational	"I have a disability that impacts my academics."	24%, Agree	22%, Agree
	Have you ever attended an alternative school outside the JJC?	81%, Yes	89%, Yes
	"I have had bad relationships with adults at school."	52%, Agree	78%, Agree
Life Skills	"I have friends who have committed a crime in the past year."	95%, Agree	89%, Agree
	"I have little control over the things that happen to me."	67%, Agree	56%, Agree
Medical/Behavioral Health	Have you ever been injured by someone?	86%, Yes	78%, Yes
	"I OFTEN have trouble falling asleep or staying asleep."	52%, Agree	78%, Agree
Workforce	Have you ever had a formal job?	67%, Yes	22%, Yes
	Have you ever been fired from a job?	75%, Yes	22%, Yes

Program Evaluation Methods

The program evaluation methods reflect the program evaluation plan developed at the outset of the program in the summer 2016 (refer to the Appendix). The program data that were analyzed and inform the findings in this report come from the Focus Forward service data and the Probation Department database. The service data were collected with initial and exit assessments, case notes, and, satisfaction surveys (refer to the Appendix). The most robust type of information came from case note entries which were entered in a primarily quantifiable manner.

Program Evaluation Plan

The intended outcomes and conjoining outcome indicators were used to guide data collection practices by the Focus Forward PREP staff team and later data analysis by Anchoring Success. The grant stipulations that drive the PREP program is focused on the ultimate reduction of recidivism among young people who are the highest risk of reoffending. In the design of PREP, the successful completion of the program – or the graduation from the program – hinges on completion of the case plan co-developed between the client and Focus Forward staff. Notably, the recidivism rate of PREP youths is only one indicator of success. The full program evaluation plan and the results described earlier in this report outline the many ways that youth and households can be considered successful (e.g. completion of case plan goals, growth in life skills, etc.).

Analysis

Three groups of PREP youths were the focus of this program evaluation: youths who graduated from the program during Year-2, youths who recidivated while enrolled in Year-2, and youths who neither graduated nor recidivated and remained in good standing at the end of Year-2. For the graduated group, their household data was examined.

Only youths enrolled in PREP for 30+ days were included in this study. This decision was made in order to account for youths who were not fully onboarded into the program prior to a potential recidivism incident. For example, in order to fully participate in PREP, the youths and Focus Forward staff complete initial assessments, develop case plans and goals, establish a schedule of meeting times, and hold one to two case management sessions. This process typically takes 30-days to establish. Once youths are fully onboarded to PREP, a recidivism incident becomes more poignantly connected to the youths' participation in PREP and can shed insights on program design and youth needs. The ultimate goal of studying these groups of youths and households was to understand which factors were involved in the success of PREP youths who completed the program versus those who recidivated in order to advance the greater likelihood of success for future PREP youth and households.

Data Management

From 2016 to 2017, Anchoring Success worked with Focus Forward to launch their database and provide technical support to unroll its use with PREP. The Focus Forward database stores all case management data and staff are trained on appropriate use and confidentiality practices. Each client is given an anonymous identification number used to indicate unique persons and keep the clients' identities confidential when Anchoring Success analyzes the data as the third-party reviewer.

The database stores all data used in this program evaluation study and provides Focus Forward with real-time, basic reports about program client enrollment and quality assurance in terms of staff activities with clients. These reports are practical methods for the program lead to manage the ins-and-outs of PREP and staff oversight.

Institutional data that is collected and managed by the Probation Department is provided to Focus Forward and then shared, as appropriate, with Anchoring Success. For example, records on recidivism come directly from the Probation Department. This is central information for undertaking this program evaluation.

Emerging Findings

PROGRAM GRADUATES For youths who graduated from PREP, growth and gains were present in the areas of academic education, life skills, and workforce. Minimal to no gains were made in the area of medical/behavioral health. This group was older than the other groups, had lower PACT scores, less frequently showed 3+ indicators for chronic- and post-traumatic stress, and more often had previous exposure to jobs. Based on what we see in existing research (i.e. cited throughout), ***these shared characteristics among program graduates orient them to greater success.***

Among program graduates, they were readier than their peers to respond well to case management and navigate community resources after completing PREP. Underpinning these gains, the Focus Forward PREP staff should see the concrete value of their work with youth and households during the custody and community phases. Likewise, Probation PREP staff should understand the importance of their work in coordinating custody and partnering on case management activities during the custody phase.

GOOD STANDING YOUTHS For youths who did not graduate, but remained in good standing, their characteristics were across a spectrum. They frequently shared the following traits: often attended alternative schools, had friends who committed crimes in the last year, experienced an injury at the hands of another person, used drugs and/or alcohol during socializing, and frequently had trouble sleeping. However, youth had high and lower PACT scores as well as a high and low number of indicators for chronic- and post-traumatic stress. ***Based on trends in the graduated group above, the youths in this good standing group with the lower PACT scores, with fewer than 3+ indicators for chronic- and post-traumatic stress, and job exposure are more likely to graduate from PREP in the next year.***

Focus Forward and Probation PREP staff should pay close attention to the youth with the highest PACT scores, higher counts of chronic- and post-traumatic stress indicators, and no job experience. While the majority of youth in PREP face at-risk factors in school, community, and peer and family contexts, those youth who have not yet recidivated but have greater likelihood of recidivating should be targeted for more services. Refer to the Recommendations section for further discussion on this emerging finding.

RECIDIVATED YOUTH For youths who recidivated, more frequently they have had bad relationships with school-based adults, experience more problems with sleeping, and less often have had formal jobs. ***Importantly, 100% of this group had a “High” PACT score and 89% had 3+ indicators. This latter percentage is outstanding, 27 percentage point above the graduated group and 48 percentage points above the good standing group.***

HOUSEHOLDS In order to keep this report short and actionable, all household data was not included. Household data was only analyzed for families with youth who completed PREP. Nearly a third of them lived in rural towns of Fresno County, suggesting the challenges faced in coming to Fresno to visit their children when in custody as well as participate in program activities. ***Also, more than half of the households focused their case plans on education goals (i.e. 64%) and life skills goals (79%). Households did not often engage in activities pertaining to medical/behavioral health and workforce.*** This group of households have children who less frequently had “High” PACT scores and fewer indicators for chronic- and post-traumatic stress; hence, the households may have less of an impetus to engage in the programming area of medical/behavioral health. However, 7% have no high school diploma or GED and 57% have only a diploma or GED; workforce services are surprisingly low under these circumstances contextualized by living in a county with a higher than state average unemployment rate.

Recommendations for Leadership

1 | Adjust program enrollment practices. To reduce recidivism and increase program success, adjust the program enrollment practices to target youth with “High” PACT scores and 3+ chronic- and post-traumatic stress indicators. Nearly 40% of program graduates do not have a “High” PACT score, but 100% of recidivated youth did so. PREP is designed to serve those youth facing the highest risk of recidivism. Also, Focus Forward PREP staff supported 60% program graduates with “High” PACT scores to graduate in Year-2. For these two reasons, targeting the youth at highest risk of recidivism appears to be the best use of staff talent and program resources.

2 | Add to the existing practices that mitigate the negative impacts of chronic and post-traumatic stress (Balkin et al., 2011). In the data, the indicators for chronic and post-traumatic stress change little or not at all for PREP youth and households. Yet, youth who recidivated share in common “High” PACT scores and chronic- and post-traumatic stress indicators. We recommend the following:

(a) Established clinical therapy sessions must be available to PREP youth during their time in the JJC and after custody, not only for those youth who are in imminent danger (i.e. self-harming). Many youths leave the JJC without Medi-Cal established which delays access to clinical services in the community. Getting regular clinical therapy sessions in the JJC while also completing the Medi-Cal application process will better serve the medical/behavioral health need of PREP youth and may potentially reduce recidivism among the youths and ultimately increase public safety.

(b) Focus Forward should continue to innovative with non-clinical services for youth and households. In Year-2, Focus Forward PREP staff began incorporating non-clinical approaches to mitigating the negative impact of chronic- and post-traumatic stress. We encourage more of this. Consider the following evidence- and research-based approaches **for both youth and households**:

(i) Restorative justice practices such as restorative circles and victim-offender mediation are shown to lower recidivism, increase emotional intelligence, increase responsibility taking, and bridge youth to positive youth development opportunities (Bergseth & Bouffard, 2013; González, 2012). Local agencies such as the Center for Peacemaking & Conflict Studies may be an appropriate partner.

(ii) Tension Release Exercise (TRE) increases self-regulation, relaxation, sleep, and decreases anxiety and physical pain. TRE is already used in the U.S. military, countries like Sudan with large numbers of child refugees, and among social workers (Berceli et al., 2014; Gregory & Embrey, 2009). Local agencies such as Wellness Central Valley may be an appropriate partner.

(iii) Mindfulness and brain training exercises such as the Healthy Minds Program are shown to increase self-regulation, attention span, memory, and emotional intelligence among children, youth, and adults (Bluth & Banton, 2014; Dafoe & Stermac, 2013; Wisner et al., 2010). Fresno Unified School District Department of Prevention & Intervention is piloting such exercises in Fresno schools and may be an appropriate thought partner.

3 | Minor data collection challenges arose with the programming data such as dates of incarceration and consistent pre-/post-assessment for all clients. These are reasonable challenges in the face a fast-paced program like PREP. A few tweaks to data collection practices may resolve these challenges.

4 | Control group data and a more precise recidivism rate is needed from the Fresno County Probation Department. It is unclear why Anchoring Success has been unsuccessful with accessing two pieces of information, though this data was requested on several occasions since 2017. While successes with PREP are being shown, a more rigorous comparison of recidivism is important for greater clarity and potential duplication of this program. The following is needed for future program evaluation:

(a) The recidivism count for youth in the JJC Commitment Facility, but who were not enrolled in PREP can act as a **control group** to understand how PREP youth perform compared to their counterparts in the Commitment Facility. We hope to receive a recidivism count for all non-PREP youth in the Commitment Facility for 30+ days July 1, 2018 to June 30, 2019.

(b) The recidivism rate for youth with similar demographic indicators as PREP youth allows for a more rigorous comparison between PREP youth and non-PREP youth in Fresno County. This means that based on the average age, race/ethnicity, PACT score, and total number of days incarcerated, the Probation Department would provide a more tailored recidivism rate. The 2016 recidivism rate of 33% is based on all youth in Fresno County and is based on comparable demographics to PREP youth.

Appendix

Please refer to the online Appendix at FocusForward.org/PREP