The Crisis Residential Center's Directions Program Evaluation: For the 2006-2008 Financial Grant Years

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Nationally over 1.5 million youth runaway and put themselves in dangerous situations such as substance abuse. Research shows that this is in a large part due to problems within the family unit. Many interventions assist in reunifying the family and improving dangerous or maladaptive behaviors including family and group therapies. Spokane's Crisis Residential Center attempts to assist this population by encouraging family reunification. One way in which they do this is through the Directions Program. This study evaluates the Directions Program to determine its effectiveness in serving at-risk youth and their families. Surveys were sent out to 128 former clients and their families.

Keywords: Program Evaluation, Homeless/Runaway Youth

Introduction

The U.S. Department of Justice's Office of Juvenile Justice and Delinquency Prevention found there was about 1,682,900 youth who ran away or were forced out of their homes (Hammer, Finkelhor, & Sedlak, 2002; National Coalition for the Homeless, 2008). Over 1.5 million of these youth have been in danger while they were away from home due to physical or substance abuse.

Youth runaway for several reasons. Many come from homes where they are not feeling supported or nurtured. According to a study, which looked at more than 600 homeless or runaway adolescents, their families were often abusive or neglectful toward the youth. In addition, there could be parental substance abuse and issues with the law (**Whitbeck1999**).

Homeless adolescents face developing mental health issues such as depression and conduct disorder (Robertson, 1989, as cited in Coalition on Homelessness and Housing, 2002). Additionally, these youth face barriers that keep them homeless. A study by Miller, Donahue, Este, and Hofer (2004), which interviewed 19 youth, found most dropped out of school before they were able to graduate. Thus, street youth typically lack education. This may limit their ability to get a job or at least earn enough money to support themselves.

Programs that work with at-risk youth have a number of practices they implement. Group therapy is one such prac-

tice. Zimet and Farley (1985) state groups provide the client with interpersonal experiences to help foster social skills <as cited in,>[p. 469]Silvan1999. In residential treatment programs, groups are led by trained facilitators who teach youth and their families skills to cultivate independence, communication, and family reunification. They also provide opportunities for clients to help each other in learning the skills (Miley, O'Melia, & DuBois, 2004).

Apart from group therapy, perhaps the most important factor in intervening with this population are efforts to encourage family reunification. Family issues have been identified as being a main precipitating problem that leads to youth running away (Safyer, Thompson, Maccio, Zittel-Palamara, & Forehand, 2004) Thus, it is interesting to note studies have found that family therapy and successful family reunification has led to improvements on various aspects such as school, runaway behaviors, and family stability (**Thompson2000**; Teare, Furst, Peterson, & Authier, 1992; Thompson, Kost, & Pollio, 2003). In addition to these behaviors, family therapy, which may lead to family reunification, has been shown to have a positive impact on drug use. These interventions improved such behaviors (Huey, Henggeler, Brondino, & Pickrel, 2000; Schmidt, Liddle, & Dakof, 1996). Thus, it is agreed among many researchers family therapy is key to achieving positive outcomes.

The successes made in treatment, individually and as a family, must be maintained. Many agencies offer referrals and/or aftercare services to clients where they may receive continued treatment. Nebbitt, House, Thompson, and Pollio (2007) found participation in referrals after discharge facilitated the successful reunification of the family. This highlights the need for continued intervention.

These services, along with individual counseling, provide at-risk youth the help they need to get off the streets and to

change their course. Many residential programs offer these interventions to at-risk youth and their families with that goal in mind. Youth Family Adult (YFA) Connections is one such agency. YFA Connections is a nonprofit agency that serves the greater Spokane area with counseling and substance abuse treatment programs. One program offered through YFA Connections is Spokane's Regional Crisis Residential Center (CRC). The CRC assists youth are 13-17 and who come from a variety of situations (Christensen, 2008; Youth Family Adult Connections, n.d.). The CRC runs three different programs: Directions, State CRC, and Hope. This study focuses on the Directions Program.

The Federal Basic Center Grant funds the Directions Program. The grant's stated purpose is strengthening community-based programs addressing the immediate needs of runaway and homeless youth and their families. Centers funded by the grant provide youth with emergency shelter, basic needs, counseling, and referrals. The Directions program has specific service requirements to be able to receive the Basic Center Grant. These include providing temporary shelter, employing individual, group and family counseling, offering recreational activities, and linking clients to services in the community ("Basic center grant program 42 USC, § 5712," 2006)

This research begins to explore how effective the CRC is in meeting the needs of its clients. It intended to add to the existing research by including the perceptions of the clients themselves. Despite the limitations to meeting this goal, this study still adds to the existing research regarding working with at-risk youth and it attempted to provide a multifaceted view of the CRC through the various methods implemented in the research. It examined the critical issues that many at-risk youth face and the services that were provided to them. This helps the CRC know what can be improved to be better able to reach the diverse needs of their clients in the upcoming 2009 year and beyond.

Methodology

This study seeks to determine the effectiveness of the CRC's Directions Program in facilitating lasting change and meeting the needs of its clients during the current financial grant years. The objective of this research project is to begin to determine the impact the Directions Program has on its clients and their families. This will help to identify specific procedures and interventions which need improvement at all levels. Furthermore, it is to give a voice to former clients and their families about their experiences at the CRC.

The research question guiding this project seeks to determine the effectiveness of the CRC's Directions Program in facilitating lasting change and meeting the needs of its clients during the financial grant years of 2006-2008. Four hypotheses are used to explore this research question: (1) the Directions Program had a positive impact on the clients who

completed and participated in the program, (2) completing the Directions Program has a positive impact on client's relationship with their families, (3) the use of one or more referrals is positively correlated to lasting improvement in the client's family relationships, and (4) the use of one or more referrals is positively correlated to lasting improvement in the client's lives. These hypotheses are not testable due to the low response rate received on the surveys.

The participants were former clients of the CRC's Directions Program as well as their legal guardians. There were approximately 135 participants, 128 of which are former clients with ages ranging from 13-17 while in the program. The participants were all the former clients who went through the CRC's Directions Program between October 1, 2006, and September 30, 2008. In addition, seven legal guardians participated in the study. All participants were asked to participate in both quantitative and qualitative parts of this research including a survey and an in-depth interview. Furthermore, demographic, programmatic, and historical information was gathered from the files of these 128 clients.

The surveys were developed by the research team. They elicited information on the participants' perceptions of the services received by the Directions Program. These included their perceptions on group, family, and individual therapies in addition to participation in referrals and relationships with staff. After approval by the Eastern Washington Universities Institutional Review Board, the surveys were mailed out to the homes of former clients and their legal guardians. A cover letter, information sheet, and permission slip to contact clients regarding the in-depth interview were included with the surveys. Two follow-up mailings were sent-out.

Descriptive statistics were run on the data received from the files of the former clients. These included demographic, programmatic, and data regarding presenting issues and history. Frequencies and means were taken on the various data. This analysis was run on SPSS 17.0 and Microsoft Excel 2007.

Though the hypotheses were not testable, bivariate analysis was conducted on data received from client files. This analysis was utilized to determine if the Directions Program fulfilled its purpose to meet the needs of clients in an effective way. Pearson Chi-Square tests and cross-tabulations were conducted on information presented by the client and services provided by the Directions Program using SPSS 17.0.

Findings

The clients were between the ages of 13 and 17 and the majority (24.2%) of them were 14. There was 21.88 percent who were 16. Both ages 15 and 17 made up 19.53 percent each. The least frequent client age was 13 (14.8%). Sixty-seven clients were female while 57 were male. One client identified as transgender. Most (63%) of the clients reported being Caucasian. Other race/ethnicities made up a relatively

small percentage of clients serviced by the Directions Program (see Figure 1).

The clients spent an average of 190.30 hours (see Table 1) in the program. Within the various modalities, there is a disparity between the different treatments. The average time spent in family sessions was 2.65 hours (see Table 2). Clients spent an average of 4.98 hours (see Table 3) in the group. Additionally, clients spent an average of 5.03 hours in individual sessions (see Table 4).

Clients came into the program with varying backgrounds and social histories (see Table 5). For example, 56 of the clients had problems with school and 22 had been abused or neglected by their parents. In addition, the clients indicated they were dealing with various critical issues (see Table 6). The majority of the clients (120) indicated that they were dealing with issues at home concerning family dynamics. Also, 60 participants indicated that they were dealing with school issues. Thirty-one had issues with alcohol and drug abuse.

The CRC often serves homeless youth. During the researched years about 16.4 percent of their population had issues regarding housing and shelter as a critical issue. Of the homeless youth, the CRC served during the researched years 33.4 percent had issues with school (either attending school irregularly, having dropped out or been suspended or expelled from school). While the correlation between these two variables are not significant in this research project, displaying a Pearson Chi-Square score of 0.351, it has shown a significant link in previous research as discussed earlier. Furthermore, of the homeless youth, the CRC served during the researched years, 23.8 percent had issues related to the mental health status of youth or family members. Of the youth who had mental health issues, 14.3 percent of them were homeless.

Household dynamics issues was a common critical issue for the participants (see Table 7). A little over a quarter of the youth with household dynamics as an issue did not participate in any family session hours (see Table 8). Similar to family sessions, a little over a quarter of youth with household dynamics as an issue only participated in one hour or less of group sessions. The independent variable of family dynamics appears to be spread evenly between both hours of family and group sessions.

Research has also shown family sessions to be correlated to positive outcomes with youth who have issues with substance use/abuse (see Figure 2). The Pearson Chi-Square test showed a score of 0.537 and 0.636 respectively for the youth having a social history of alcohol use/abuse and drug use/abuse. For the critical issue of alcohol and other drug abuse, the score was much higher: 0.907. The number of family sessions based on substance abuse is spread evenly between the various times of both family and group sessions.

Clients report on possible alcohol and/or drug use/abuse issues through reporting on social history and critical issues. The CRC provides two different services to address substance use/abuse issues, either in-house or through referrals. These two treatments are substance abuse assessment and/or treatment (SAAT) through an assessment and treatment to stop substance abuse. Substance abuse prevention (SAP) includes skill building and educational activities (see Table 9).

Recommendations

The Crisis Residential Center in Spokane is a social safety net for the community and communities regionally. In the CRC's three different programs, they facilitate tens of thousands of hours of services for youth being involved in their program. Clients spent a total of a little over 11,500 hours in the Directions Program during 2007 alone. These numbers grow exponentially when the other two programs included. The CRC provided hundreds of hours of individual, group, and family sessions. During 2007, these numbers were respectively about 450, 320, and 175 hours for the Directions Program.

Due to the fact these hours provide services for such a vulnerable population, it is imperative they provide the most respectful and effective services. To provide effective services an agency's program model ought to be based on research. Based on the findings of this research project, there are a number of recommendations for both further exploration and program development. These recommendations fall under five basic sections.

First, the researchers recommend the CRC Directions Program examine avenues to better involve their participants in aftercare services. They advocate for the CRC to enhance their capability to refer individuals to services they find useful or are more satisfied with. This may include a need for future researchers to examine various referrals utilized and their effectiveness. As described in the review of the literature, aftercare and referrals are found to provide positive outcomes for clients. Only 12 percent of the youth sampled participated in aftercare services. For the limited number of clients who participated in the two surveys, not all of them followed through with provided referrals. Regarding the former client survey, three of the four participants described themselves as having partaken in the referrals provided by the CRC. The legal guardian surveys showed five of the seven participants described themselves as following through with the referrals made by the CRC Directions Program. Only two of these five were very satisfied with the referrals that were made or the services provided.

Second, the researchers would promote the CRC to utilize the status of the homelessness as indicators for youth possibly needing either academic support and/or help with mental health issues. Specifically, the researchers recommend the CRC explore ways of improving the academic capacity and school status of the youth and provide a way of tracking

youth's improvement or devolution. It is also recommended that the CRC's Directions Program refer clients with mental health issues to agencies with staff able to properly treat the presenting issues. As discussed previously, these recommendations are backed up by the findings.

Third, the researchers recommend examining the techniques staff uses to involve youth and families in group and family sessions. Research associates group and family counseling with positive outcomes in regards to issues related to household dynamics. Despite the link between group and family counseling and positive outcomes, people who had household dynamics as a critical issue did not receive more hours of service.

The numbers of clients who had household dynamics are spread evenly through the hours of group and family sessions (see Figure 2 for family sessions). This almost equal distribution places over a quarter of the youth who did not participate in any hours of family sessions. Similarly over a quarter of the youth participated in one hour or less of group. Some of the youth who start the program, go on the run before completing the program. Some of these youth leave relatively early in the placement, 17 percent have left within the first 48 hours. This percentage may account for some of the youth who did not receive group or family sessions but does account for the quarter of them that did not receive these basic services. Including these numbers, more than 50 percent participated in two or fewer hours of family sessions or four or fewer hours of group.

Similar to household dynamic issues connection to group and family counseling in research, positive outcomes linked group and family sessions and changing negative substance issues. Substance use and/or abuse has been found to be strongly correlated to the hours of group and family sessions. The data presented similar problems to household dynamics and its relationship to group and family session hours.

Fourth, the researchers would recommend the CRC evaluate how they work with people who have substance use and/or abuse either as the participant's social history or as their critical issue. Specifically, it may benefit the CRC to offer SAAT services to a larger percentage of the youth with substance abuse and or use issues. It may also benefit the CRC to be more directive in who they offer SAP services to (see Table 9).

Substance abuse assessment and or treatment had only five clients (16.1 percent of those with substance abuse as a critical issue) participated in the SAAT services. The percentage of youth who had a critical issue of drug and alcohol abuse and did not receive SAAT was 83.9. The Directions Program, in accordance with federal law, develops individualized service plans for each of the youth who participate in their program. While this is true, it appears they have trouble with youth who have substance use and/or abuse issues. A larger number of participants in the Directions Program par-

ticipated in SAP, a total of 27. For youth without a social history of alcohol and or drug use and/or abuse, almost 30 percent participated in SAP. Only seven and 13 percent had a social history respectively of alcohol and/or drug use and/or abuse who received SAP.

Fifth, the researchers recommend a few improvements apart from the service delivery systems. A) Improve completeness and clearness of files. Many files were missing various pieces of data that were in other files. There were also often mistakes or inconsistencies in the data provided. B) Develop a method of tracking successful work with youth, and incorporate it into paperwork to improve future studies. C) Incorporate more evidence-based practices into the individual, group, and family sessions. In preparing for this research, the researchers were unable to describe a single theory base for any of the various interventions used. Using specific evidence-based programs which are shown to be effective with this population can improve the overall effectiveness of the CRC. D) The researchers would also recommend that the CRC perform routine follow up on the services provided and have a way of documenting the follow-up for future analysis. Finally, E) the CRC's Direction Program might benefit from producing more research and follow up regarding both the Directions Program and the other two programs.

Implications for Social Work

This study provided the basis for future research that would more clearly determine the effectiveness of programs that focus on at-risk youth. The study gathered a variety of information on the former clients to get an accurate picture of their needs and programmatic involvement. It demonstrates the need for agencies to know their clients in order to provide effective service. Furthermore, it demonstrates the possible interrelatedness of various elements in the lives of at-risk youth.

Also, this project indicates the importance of collaboration between agencies. As demonstrated earlier, referrals play an important role in family reunification. Furthermore, clients may present with multiple issues. No agency is equipped to deal with every issue presented. Collaboration among agencies in a community is an excellent way to create wrap-around services.

Finally, this study reveals the importance of staff competency. For example, a participant indicated on the surveys that he/she wished that the family session facilitator was more knowledgeable and effective. Particularly important for social workers is to follow the NASW Code of Ethics (2009) which stresses competency in practice.

Limitations

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information on the former clients to get an accurate picture of their needs and programmatic involvement. It demonstrates the need for agencies to know their clients in order to provide effective service. Furthermore, it demonstrates the possible interrelatedness of various elements in the lives of at-risk youth.

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Conclusion

The limitations of this study weigh into the conclusions that can be drawn from the data. The number of surveys that were returned affects the ability to correlate the variables and fully utilize the robust data set. Regardless of this fact there are still quantifiable implications for social work. The CRC?s Directions Program, the entire CRC, and other social service agencies that serve similar populations, can implement the recommendations. If the CRC was to implement some of these, they may become more effective. While there is a need for further research, there is also a need to appreciate the services provided by the CRC. The legal guardian survey had some of the following comments.

> "Having CRC there in a time that my child was running out of control provided a time for her to stop in her path, give her some things to think about & became the turning point for my daughter to move towards the right path again which she is thankfully on again. CRC is a facility that I feel was a very, very important component in getting everyone to stop what was happening, take a breath, & make a plan on how things were going to be handled."

> "I feel CRC saved us on a couple of occasions giving our daughter a place to be when she just didn't feel she could be at home. It gave us all a break during a very long & hard time with our issues. We are very thankful CRC exists!"

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Figures & Tables

Table 1
A Complex Table

Distribution type	Percentage of targets with segment in		Total number of trials per participant
	Onset	Coda	
Categorical – onset[a]	100	0	196
Probabilistic	80	20*	200
Categorical – coda[b]	0	100*	196

Note. All data are approximate.
[a]Categorical may be onset. [b]Categorical may also be coda.
*$p < .05$. **$p < .01$.

Table 2
Length of Stay in the Program

Mean	Median	Mode	(n)
190.30	187	1.5	126

(n) = 128

Table 3
The Number of Family Hours

Mean	Median	Mode	(n)
2.65	2	0	128

(n) = 128

Table 4
The Number of Group Hours

Mean	Median	Mode	(n)
4.98	4	1	127

(n) = 128

Table 5
The Number of Individual Hours

Mean	Median	Mode	(n)
5.3	2.5	1.5	127

(n) = 128

Table 6
Social History of the Client

History	Yes	No	Missing
Runaway	54	64	10
Alcohol Abuse	43	75	10
Drug Abuse	46	72	10
Violent/Aggressive Behavior	55	63	10
Juvenile Offender	30	88	10
Truancy/school problems	56	62	10
Gang involvement/affiliation	5	113	10
Previous out of home placements	28	90	10
Sexually aggressive/perpetuator	0	118	10
Sexually reactive	5	113	10
Sexual abuse victim	21	97	10
Fire setting	12	106	10
Domestic violence victim	24	94	10
Domestic violence perpetuator	20	98	10
Psychiatric hospitalizations	15	103	10
Diagnosed mental illness	23	95	10
Suicidal thoughts	34	84	10
Suicidal gestures/attempts	25	93	10
Parent abuse/neglect	22	95	11
Parent drug/alcohol abuse	24	94	10
Developmental disability	6	112	10
Other	4	114	10

(n) = 128

Table 7
The Critical Issues of the Clients

Critical Issues	Yes	No	Missing
Household Dynamics	120	4	4
Sexual orientation/gender identity	4	120	4
Housing Issues	21	103	4
School and educational issues	60	64	4
Unemployment	5	119	4
Mental health issues	35	89	4
Health issues	4	120	4
Physical disability	1	123	4
Mental disability	6	118	4
Abuse and neglect	16	108	4
Alcohol and other drug use	31	93	4

(n) = 128

Table 8

Family Dynamics and Hours of Group Sessions

Group Sessions	Yes	No	Missing
0 - 1 hour	27.7%	07.9%	05.3%
1.01 - 4 hours	21.8 %	03.6%	03.6%
4.01 - 7 hours	25.2%	00.0%	00.0%
7.01 hours and over	25.2%	00.0%	03.2%

(n) = 128

Substance Use / Abuse and Various Substance Use / Abuse Treatments

| Area of Need	Social History of Drug Use or Abuse		Social History of Drug Use or Abuse		Critical Issue of Alcohol and Drug Abuse	
Treatment	Yes	No	Yes	No	Yes	No
Substance Abuse Prevention	07.0%	30.7%	13.0%	27.8%	12.9%	24.7%
No Substance Abuse Prevention	88.4%	66.7%	82.6%	69.4%	87.1%	73.1%
Substance Abuse Assessment and or Treatment	09.3%	01.3%	10.9%	00.0%	16.1%	00.0%
No Substance Abuse Assessment and or Treatment	86.0%	96.0%	84.8%	97.2%	83.9%	97.8%
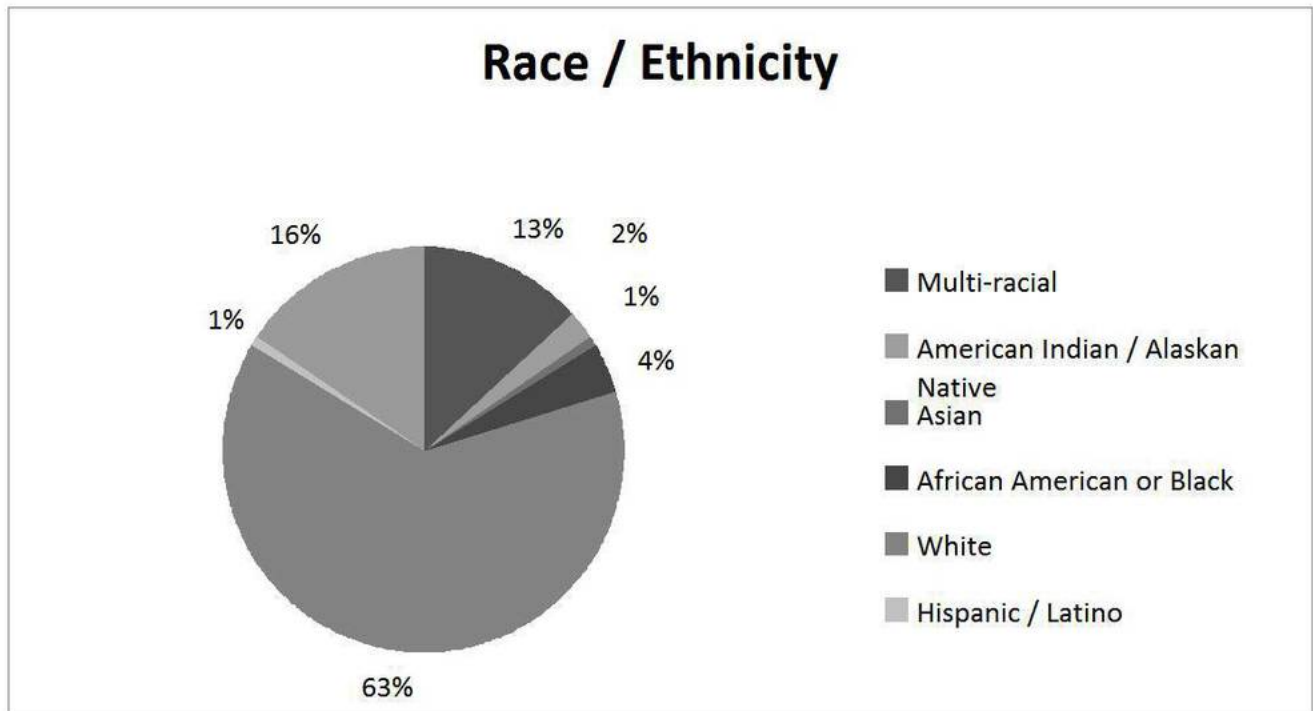
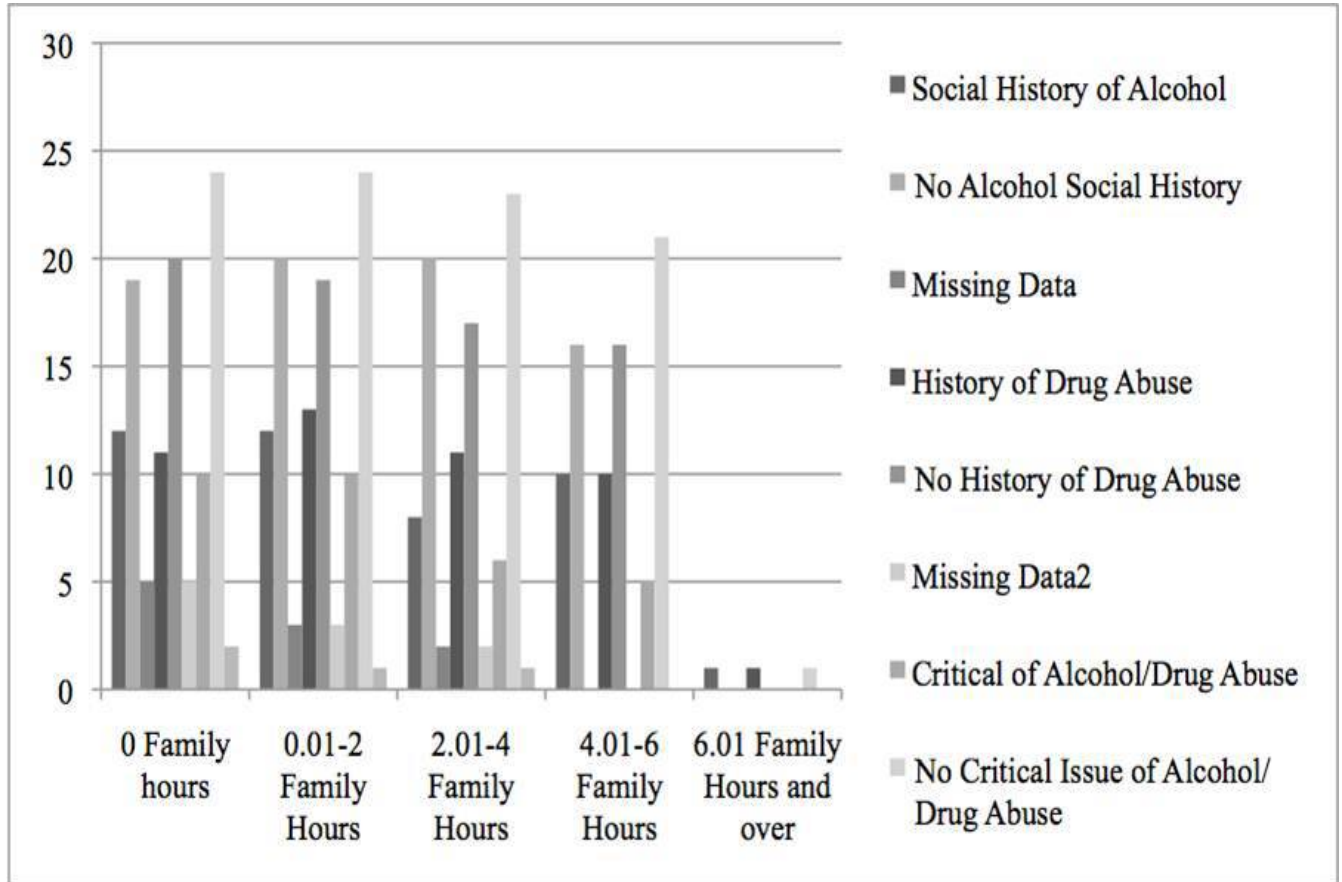Figure 1: Pie Chart Regarding Race and Ethnicity

Figure 2: Bar Chart Regarding Correlation Between Family Counseling and Social History