

An aerial photograph of a forest with a white bird in flight. The forest is a mix of dark green and yellowish-green, with a white bird flying in the center. The word "conclusion." is written in white text with a black outline across the bottom of the image.

conclusion.

conclusion

Chapter 43

Conclusions and Recommendations

Fresh Directions volume II integrates a vast array of perspectives—those of youth, community-based providers, Community Programs Division staff, and juvenile court justices—to tell as robust a story as possible about programs in the community that exist to help keep San Francisco youth out of the juvenile justice system. These programs partner with the SFJPD/CPD to promote the healthy development of San Francisco’s youth. We see evidence of how this model effectively achieves many of the outcomes it aims to accomplish.

This section provides a set of top-line conclusions and recommendations, based on the data provided in this report, our focus group with juvenile court justices, as well as our three years of experience in working with the SFJPD to evaluate programs funded through their Community Programs Division. Many of the recommendations also reflect a systems-level perspective that provides a context within which we believe it is important to view the efforts of the Community Programs Division and its funded partners in the community.

Key Findings Regarding the Effectiveness of CPD-Funded Community-Based Organizations

The portfolio of CPD-funded programs is eclectic, addressing diverse needs, in neighborhoods across the city, and generally in the areas where they are most needed as indicated by neighborhood-based geographic patterns of juvenile crime. This means that the Division has a broad reach on many dimensions through the work of its community partners.

The data presented in this report reveal that CPD-funded programs are having a wide range of significant positive effects on the youth they serve. Perhaps most significantly, program participation is – on the whole – associated with reduced involvement with the juvenile justice system. While all of the outcomes the programs have achieved are important, the ultimate goal is indeed to keep youth out of the juvenile justice system.

We do not believe that the positive changes youth experience are coincidental. Of course, in order to prove definitively that there was a direct cause-and-effect relationship between services provided and changes experienced, our evaluation design would need to include a control group against which to compare results. Since currently the use of a control group is not feasible, we ask about ways youth have *changed* and discuss findings in the context of the types of services they participated in; we also ask youth to comment on how they think they have grown as a result of their participation in a program.

When all of the information is considered together, we conclude that these community-based programs are contributing to the positive development of the youth they serve, and for many, are reducing involvement in the juvenile justice system. With two years of consistent and reliable data in hand, we are more confident than ever that community-based alternatives work for youth who are involved in or at risk of involvement with the juvenile justice system.

As we look to the future, as described in our recommendations below, we are excited about the opportunities on the horizon to continue to examine the effectiveness of community-based programs for youth. In particular, there are exciting opportunities on the horizon to collaborate with San Francisco’s Department of Children, Youth, and Their Families on evaluation efforts, as well as to continue to look at the question of reducing rates of recidivism and detention in the juvenile justice system.

Recommendations Regarding the PrIDE Evaluation System

Now that the PrIDE evaluation system is web-based and moving toward greater automation, LFA is transitioning its maintenance to SFJPD/CPD staff. We will train SFJPD/CPD staff in this transition process and provide documentation on how to use the system. During this transition process, we have two key recommendations:

- **Maintain the momentum developed in CBO's completion of evaluation surveys.** Since taking over the PrIDE system in 2002, LFA has made major strides in addressing numerous barriers which community-based organizations experienced in completing the evaluation surveys. Not only have we simplified the data collection process, but also we have expended considerable time and effort to build positive relationships with CBO staff, in large part by demonstrating the value and importance of evaluation data for the program's own benefit. It would be a significant loss if SFJPD/CPD staff did not capitalize on this momentum and continue to encourage CBOS to submit evaluation data regularly, not only because it's a contractually required activity, but also because it provides useful information to programs for reflection, planning, and fundraising.
- **Set up a quality assurance process which would increase accurate recording of names and birthdates within the online Contract Management System, thus ensuring that youth within CMS could be accurately matched to their records within the JJIS.** The primary indicator of the success of community-based programs is decreased or avoided involvement in the Juvenile Justice System. A key task of an evaluation system, then, should be to assess the justice system involvement of program participants. However, it is currently quite difficult to do this assessment with a high degree of accuracy, because many of the youth recorded within the PrIDE system have names that are spelled differently and birthdates entered differently from those recorded within JJIS (name and birthdate are used to match these records to one another). A quality assurance process will allow a more accurate assessment of program participants' involvement in the Juvenile Justice System.

Recommendations for Future Areas of Evaluation Focus within SFJPD and Beyond

- **Comparison study asking the question: Among those youth involved in the Juvenile Justice System, how do outcomes compare for youth who are involved in programs and youth who are not?** Thus far, the evaluation has looked only at youth who participate in community-based programs. To gain a far deeper understanding of the effectiveness of programs for system-involved youth, we must look *beyond* only those who participated in programs: we must compare them to youth who *do not participate*. This will allow us to see the difference that participation actually makes to system-involved youth. To do this requires several changes in the evaluation design:
 - ✓ Studying all of the youth who are tracked in the JJIS. This would allow us to look at the population of system-involved youth, and then divide this population into those who participate in community-based programs and those who do not.
 - ✓ Gaining a more complete picture of youths' community program involvement. To be able to accurately divide the population of system-involved youth into program participators and non-participators, we would need to know – with a high degree of certainty – whether youth were involved in *any* community-based programs. CPD-funded programs constitute a fraction of the overall set of programs and services available to youth in the community. In partnership with the Department of Children, Youth, and Their Families, it could be possible to obtain a (nearly) complete picture of youths' community program involvement.
- **Facilitate a process designed to develop recommendations for case planning for youth and to foster closer links between the probation system and community programs for youth.** In a focus group of juvenile court justices facilitated in March 2005, the justices told LFA they do not feel that the services offered in the community are being used optimally or as effectively as they could be

in order to keep young people out of detention and from ongoing involvement with the juvenile justice system. LFA recommends designing a facilitated planning process to develop a change strategy with the goal of more effective case planning for youth and closer links between the probation system and community programs for youth. This planning process would include:

- ✓ Convening a launch meeting with key stakeholders to design the planning process. Stakeholders include the Chief Probation Officer; one more Juvenile court justices; a representative of Probation Services; Garry Bieringer from JDAI; Liz Jackson-Simpson from the Community Programs Division; and a Representative from the Girls Justice Initiative.
 - ✓ Facilitating a discussion of how to foster linkages between the probation system and community programs.
 - ✓ Facilitating a process that allows an exploration of a range of models for creating effective case planning protocols and processes.
 - ✓ Working with the planning group to make formal recommendations for implementation.
- **Pursue the possibility of creating an “interactive program selection tool” housed within the new web-based PrIDE data system (CMS) that Judges and Probation Officers can use to recommend community-based programs shown to be effective for youth with a particular set of risk factors.** In the focus group with juvenile court justices, judges reported they do not have consistent access to information that lets them know what community programs are available as well as the types of services these programs offer and to which types of youth. Furthermore, there is currently no systematic and reliable information that would allow a judge to recommend a particular program shown to have positive outcomes for a youth with a particular set of risk factors. To fill this need, LFA recommends exploring the possibility of building an “interactive program selection tool” housed within CMS which will allow personnel to find the most effective programs available for a youth with a given set of risk factors. To pursue this possibility and create the tool (if feasible), the following activities should be conducted:
- ✓ Assess the technical feasibility of developing and housing this type of online tool in the JPD’s CMS data system.
 - ✓ In the planning process discussed above, explore how the proposed tool could be most useful to Justices and Probation Officers. The goal is to create a tool that allows personnel to input risk factors, selected population attributes, and other parameters, and then ask the tool to return information for the programs that are most effective for bringing about improvement for a given range of outcomes. This model can be refined with use over time.
 - ✓ If the tool is feasible within CMS, work with CitySpan to build in this capability. If an interactive tool is not feasible, pursue creating a “desk reference” version.

Conclusion, Next Steps, and Acknowledgements

San Francisco offers a broad range of services for at-risk and juvenile justice system-involved youth. These community-based programs aim to promote positive youth development among the young people they serve. They do so with the belief that their interventions will increase protective factors and reduce risk factors, to ultimately divert youth from paths of destructive behavior and instead set them on courses which will lead to constructive and rewarding lives.

Our evaluation of these programs generally indicates that they successfully promote positive youth development. This evaluation shows that community programs can reduce recidivism rates among youth. Therefore, our overarching conclusion is less about these programs than the public departments and systems with which they partner and from which they receive funding. These departments must look at

how they work together with each other, community-based programs, probation officers and the juvenile court to find optimal solutions to the problems youth face in developing along a positive path.

According to juvenile court justices themselves, the Juvenile Probation Department can do a better job of linking the court process and referrals to community-based organizations. The juvenile court justices explained to us that from their experience a system of graduated sanctions—as being considered and developed by the Juvenile Detention Alternatives Initiative and as has been used in the Girls Justice Initiative—would make most effective use of community-based programming available for young people.

We close this report with our respect for all of the young people who are spending their time in community-based programs to create better futures. We honor the providers in the community who give from their hearts and souls so that these young people can have positive role models, people to turn to, and activities to engage in that enrich their lives. With a unified focus on the best interests of San Francisco's youth, together it is possible to create opportunities for youth to achieve their maximum potential.

The background of the entire page is a close-up photograph of a wood grain, showing various shades of brown and tan with prominent vertical lines and some diagonal patterns.

appendices

Appendices

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Fresh Directions Data Sources

This report includes information from varied data sources. Below we describe the data sources used in preparing this report. Where appropriate, we also describe challenges encountered in using these data sources and identify potential solutions.

Participant Tracking Spreadsheets

Participant Tracking Spreadsheets provide information about the number and characteristics of youth participants. On a monthly basis, along with their invoice, staff of programs that are funded by the Community Programs Division are required to submit an electronic or paper copy of an Excel spreadsheet that contains individual-level data for all youth who participated in their program during the prior month.

Data from participant tracking spreadsheets is only presented to members of the public in the aggregate – for programs or sets of SFJPD/CPD-funded programs – to protect individual youths' confidentiality. The data are used only for the purpose of reporting on service utilization and program evaluation. Electronic files of participant tracking spreadsheets are maintained by the PRIDE team in folders that are accessible only via password protected computers.

One of the original goals for the participant tracking spreadsheets was to provide a complete picture of the youth served by SFJPD/CPD-funded programs. As a census of youth served, it is meant to provide us with basic information across all programs: number of youth served, exit dates, exit reasons, and demographic characteristics.

By providing us with the name and dates of birth of participants, participant tracking spreadsheets allow us to link to JJIS and assess participants' pre- and post-program involvement in the juvenile justice system.

Data Available for This Report

Participant Tracking Spreadsheets were available for a total of 30 organizations during the 2003-2004 contract year, and for 26 organizations during the 2004-2005 contract year.

Exhibit A
Challenges and Potential Solutions:
Participant Tracking Spreadsheets

Challenges	Potential Solution
LFA did not receive participant tracking spreadsheets on a timely basis for most programs. In some cases, programs did not submit them to staff of the Community Programs Division in a timely fashion.	Move forward with the implementation of an on-line system for data submission, either utilizing a portion of the system developed by DCYF or developing a compatible system for SFJPD.
Organizations did not complete the spreadsheet in a standard way. This meant that program staff spent a lot of time figuring out how to complete the spreadsheets and the evaluators spent a lot of time figuring out how to de-code information submitted.	
LFA concluded collecting data for the 2004 <i>Fresh Directions</i> report in February 2004. Although CPD-funded CBOs are required to submit Participant Tracking Spreadsheets each month, most CBOs did not submit them for the remainder of the 2003-2004 contract year. For this reason, all but a few of the CBOs were missing Participant Tracking Spreadsheet data for March-June 2004.	It is important for the Community Programs Division to work with CBOs to ensure that they track participants year-round. Moving forward with an on-line system should greatly facilitate participant tracking for CBOs, while also making it easier for CPD to monitor data submission.
Program staff provided partial names and incomplete dates of birth for participants. Also, names were often spelled differently in the participant tracking spreadsheets from the way they were spelled in other data sources. This limited LFA's ability to match data from different sources.	With moving to an automated, online evaluation system (the evaluation component of CMS), it may be possible to standardize the spelling of names. This functionality will be explored with SFJPD/CPD and with CitySpan (the CMS vendor).

Community-Based Organization (CBO) Questionnaire

In lieu of an annual report, Community Programs Division grantees and contractors submitted a CBO Questionnaire. The questionnaire was designed to simplify the type of information that programs were required to provide as well as to collect a common set of data across all programs. LFA worked with staff of the Community Programs Division to develop this questionnaire.

Data Available for This Report

A total of 31 organizations submitted CBO Questionnaires during the 2003-2004 contract year, and 24 organizations submitted them during the 2004-2005 contract year.

Senior Analyst Site Visit Questionnaire

Community Programs Division Senior Analysts completed a brief questionnaire for each program whose contract they monitor based on information they gathered during their annual site visit to grantees and contractors. Senior analysts commented on grantees' compliance with contractual agreements as well as program strengths and barriers to program implementation. Their perspective is included in this report in order to contextualize program-by-program findings.

Data Available for This Report

Senior Analyst Site Visit Questionnaires were available for 33 organizations/programs during the 2003-2004 contract year, and for 29 organizations/programs during the 2004-2005 contract year.

Juvenile Justice Information System (JJIS) Data

The JJIS system is maintained by the Information Technology (IT) unit of the SFJPD. Youth who are cited or referred to the Juvenile Probation Department are assigned a probation file number (PFN). JJIS includes in-depth records of detentions, petitions, sustained petitions, and dispositions.

Data Available for this Report

This report used sustained petition data from the JJIS system. Matching youth involved in programs run by CBOs participating in PrIDE to the sustained petition file resulted in a datafile containing records for 417 youth.

Exhibit E
Challenges and Potential Solutions:
JJIS

Challenges	Potential Solution
<p>In using JJIS, the goal is to find JJIS data for every client who has been involved in the Juvenile Justice system. To do this, we use the participant tracking spreadsheets as the starting point for creating a list of clients. We use name and date of birth to link clients to find PFNs, and PFNs are then used as a key to extract data from JJIS. If we do not successfully locate a PFN, data for that client are not extracted from the JJIS. Due to the fact that names are often misspelled and birthdates entered incorrectly, we do not successfully locate a PFN for a client who actually has one.</p> <p>To reduce the number of “missed” PFNs, this year we conducted an extremely time-consuming process of checking the JJIS manually for those youth who did not show a PFN after the automated check. This process will be more difficult to carry out after many of the evaluation activities are transferred to staff at SFJPD/CPD. Therefore it would be more efficient to create a system within the automated system (CMS) whereby names may be entered correctly.</p>	<p>With moving to an automated, online evaluation system (the evaluation component of CMS), it may be possible to standardize the spelling of names and entering of birthdates. This functionality will be explored with SFJPD/CPD and with CitySpan (the CMS vendor).</p>
<p>For this analysis, the evaluators used information about start dates to conduct a records check of pre- and post-program contacts with the juvenile justice system. Due to the way that dates are recorded in JJIS information, youth may be referred to a community-based program based on a contact with the juvenile justice system; based on this records check, their program start date will appear to precede their contact with the system.</p>	<p>JJIS has the functionality to track client program participation. Explore ways that JJIS may begin to use this functionality. This will allow evaluators to use JJIS information to make an accurate temporal link between JJIS data and program entry dates.</p>

PRIDE Data

PRIDE (Program Information for Development and Evaluation) is an ongoing evaluation system in which about two-thirds of 42 programs that are funded by the Community Programs Division participate.

Survey questions on the PRIDE forms are adapted from a variety of sources, including: the San Francisco Department of Children, Youth, and Their Families’ Youth Survey; the California Healthy Kids Survey, the Ansell-Casey Life Skills Assessment, and the Individual Protective Factors Index (IPFI): A Measure of Adolescent Resiliency, developed by EMT Associates, Inc. These sources are footnoted on the instruments.

The PRIDE system involves two types of data collection: surveys that the youth themselves fill out, and a survey that the staff fill out for each youth at the time of that youth’s exit from the program.¹ PRIDE data collection forms are available in English and Spanish.

¹ The length of the follow-up period differs by program, and is based on the standard length of time that youth are involved in the program.

The PrIDE youth surveys collect information about youths' personal characteristics (gender, race/ethnicity, primary language, neighborhood); family situation; educational experiences; extra-curricular activities; interests; employment experience and job readiness; relationship with parents, peers, and others; skills; risk factors; and program participation.

Informed parental consent is required for all youth, including youth who are not wards of the court. Parents are provided the opportunity to withdraw their youth from PrIDE data collection; if this happens, information collected on the PrIDE data collection forms are not used for the analysis.

The only people who can see individual youth's PrIDE surveys are program staff and staff of the PrIDE project.² Information from the PrIDE data collection system is available to the Juvenile Probation Department staff, Juvenile Probation Commissioners, and other members of the public only in the aggregate. With the exceptions mentioned above, PrIDE data are kept confidential so that no individual youth's answers can be attributed to him/her in reports.

How Surveys Changed during the 2004-2005 Contract Year

Between July 1 2003 and December 31 2004, participating youth were asked to fill out a baseline survey when entering a program, and then a follow-up survey after a specified period of time (for some programs this is at program exit; for other programs staff choose a timeframe during which they expect that the program will create positive change for program participants). Beginning on January 1 2005, a new survey and process were instituted: the Youth Evaluation Survey, administered at only one time (the former follow-up period). This one-time, post-intervention survey asks youth to answer survey questions about how they have experienced change over the course of program participation. The new survey type was introduced for two main reasons:

- When CBOs are responsible for having each youth participant fill out two surveys, this places a large administrative burden on staff, and takes time away from program activities for both staff and youth.
- Many youth who filled out baseline surveys during the 2004-2005 contract year did not fill out follow-up surveys. This means that, if we want to measure change for an individual youth (change from baseline to follow-up), we have a great deal of missing data.

Comparability of the Youth Evaluation Survey Data with Data Collected Using Baseline and Follow-Up Surveys

Comparability is an important issue because evaluators want to be able to aggregate the two types of PrIDE data: data gathered using the baseline and follow-up surveys with data gathered using the single post-intervention survey. We can, however, make the two types of data comparable. To see how, first consider how data are gathered with baseline and follow-up surveys.

With the PrIDE baseline and a follow-up survey, youth answered the same question about various outcomes on both surveys. For example, using a four-point scale, youth rated their agreement with the statement "I get mad easily:"

<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly agree
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With a single post-intervention survey measuring change, youth are asked one time (at or near the end of the program) how much they have changed regarding various outcomes. For example, "Compared with

² PrIDE staff will be developing automated client-level summary reports that will be available to adults who work with an individual youth including program staff and (if applicable) the youth's probation officer.

how things were before I joined this program, I get mad more easily / less easily than I used to,” and they are given a choice to place their response on a seven-point scale:

<input type="checkbox"/> Much less	<input type="checkbox"/> Less	<input type="checkbox"/> A little less	<input type="checkbox"/> About the same	<input type="checkbox"/> A little more	<input type="checkbox"/> More	<input type="checkbox"/> Much more
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Data gathered with baselines and follow-ups can be made comparable to the data gathered with a one-time, post-intervention survey by *subtracting* baseline data from follow-up data. With the anger management example it would work this way: The answers on the four-point scale are represented by the numbers 1-4 (1=strongly disagree; 4 = strongly agree). If baseline answers are subtracted from follow-up, this will show the *number change* between answers at baseline and answers at follow-up. For example, if someone said “disagree (2)” at baseline and “agree (3)” at follow-up, evaluators would subtract 2 from 3 to get a 1-point change.

When subtracting a four-point scale from a four-point scale, the range of answers on the resulting scale is from -3 to +3: a seven-point scale. (-3 represents going from “strongly agree” at baseline to “strongly disagree” at follow-up; +3 represents going from “strongly disagree” at baseline to “strongly agree” at follow-up.) This seven-point scale is comparable to the seven-point scale (from “much less” to “much more”) used to ask about change.

It should be noted that when youth are asked to think *directly* about change (as they are in the post-intervention Youth Evaluation Survey), the results tend to be more positive than they are when the youth fill out baseline and follow-up surveys. This positive “bias,” however, is not extreme.

Implications of the use of a new survey for data analysis will be discussed in the following section of the Appendix: **Changes in Survey Data and Data Analysis.**

Data Available for This Report

This report uses the data from 311 matched baseline/follow-up pairs, 389 Youth Evaluation Surveys, and 727 exit forms.

**Exhibit F
Challenges and Potential Solutions:
PRIDE**

Challenges	Potential Solution
Currently LFA uses a field team of Project Associates to make contact with CBOs and encourage them to turn in paper surveys filled out by their clients. This is an extremely time-consuming endeavor for evaluators and program staff alike. Furthermore, paper surveys need to be entered by hand into the online database. This means further time and expense by evaluators or by someone subcontracted for the data entry.	Explore ways to give clients access to the survey online within CMS. This eliminates both the need to periodically contact CBO staff to check on surveys, and also to manually enter survey data.

Data Sources for All CPD-Funded Programs

Exhibit G Data Sources for All CPD-Funded Programs

Organization - Program	Participant Tracking Spreadsheets	CBO Questionnaire	Senior Analyst Site Visit Form	PrIDE Data
Ark of Refuge - Spirit Life Center Chaplaincy Services	✓	✓ ^a	✓	
Asian American Recovery Services - Straight Forward Club	✓ ^a	✓ ^a	✓	
Bayview Hunter's Point Foundation - IHBS	✓	✓	✓	✓
Bernal Heights Neighborhood Center - OMCSN	✓	✓	✓	✓
Brothers Against Guns - IHBS	✓	✓	✓	✓
CARECEN - Second Chance Tattoo Removal	✓	✓	✓	✓
Center for Young Women's Development - Girls Detention Advocacy Project and Sister Circle	✓	✓	✓	✓
Center on Juvenile and Criminal Justice - Detention Diversion Advocacy Project			✓ ^b	✓ ^b
Community Works - ROOTS	✓	✓	✓ ^a	✓
Community Works - Young Women's Internship Program	✓	✓	✓	✓
Community Youth Center - IHBS	✓	✓	✓	✓
Edgewood Center for Children and Families - Kinship Support Network	✓	✓	✓ ^a	✓ ^b
Family Restoration House – X—Cell at Work	✓	✓	✓	✓
Girls 2000 - Family Services Project	✓	✓	✓	✓
Girls Justice Initiative, United Way - Detention-Based Case Management	✓			
Girls Justice Initiative, United Way - Inside Mentoring	✓	✓	✓	✓
Girls Justice Initiative, United Way – After-Care Case Management	✓			
Huckleberry Youth Programs - Status Offender	✓	✓	✓	✓
Performing Arts Workshop – Impact Community High School	✓	✓	✓	✓
Instituto Familiar de la Raza - Intensive Case Management	✓	✓	✓	✓
Instituto Familiar de la Raza - IHBS	✓	✓	✓	✓
Mission Neighborhood Center - Home Detention Program	✓	✓	✓	✓
Mission Neighborhood Center - Young Queens on the Rise	✓	✓	✓	✓
Morrisania West, Inc. - IHBS	✓	✓	✓	✓
Potrero Hill Neighborhood House - IHBS	✓	✓	✓	✓
SAGE Project, Inc. - Survivor Services for Girls	✓	✓	✓	✓
Samoan Community Development Center CLC - Anger Management	✓	✓	✓	✓
Samoan Community Development Center CLC - IHBS	✓ ^b	✓ ^b	✓ ^b	✓ ^b
The San Francisco Boys and Girls Home - Pre-Placement Shelter	✓	✓	✓ ^a	✓
Special Services for Groups - Ida B. Wells High School Occupational Therapy Program	✓	✓	✓	✓
Urban Services YMCA - Bayview Beacon Center Truancy Program	✓		✓	
Vietnamese Youth Development Center - IHBS	✓	✓	✓	✓
Youth Guidance Center Improvement Committee - GED Plus	✓			✓
Youth Guidance Center Improvement Committee - Focus I	✓	✓	✓	✓
Youth Guidance Center Improvement Committee - Focus II	✓			✓
YWCA - Girls Mentorship Program	✓	✓	✓	✓
YWCA - FITS Girls Program	✓			

^a Data available for Year 1 and not Year 2.

^b Data available for Year 2 and not Year 1.

Changes in Survey Data and Data Analysis

Along with the shift to a new type of survey and survey process has come a change in the way we analyzed the data for *Fresh Directions volume II* (when compared to the 2004 *Fresh Directions* report). For the 2004 report, all baselines were analyzed, and compared with the results from all follow-ups. LFA made this choice because to exclude unmatched surveys would have meant losing a great deal of the survey data collected.

This year, knowing that we would be accumulating additional surveys during the 2004-2005 contract year, we made the choice to include *only* matched baselines and follow-ups. Matched pairs of surveys were then converted to the new “change” format (as explained above in the section on making the old and new surveys comparable), and added to the data collected using the new Youth Evaluation Survey. Using this approach, we have information on how individuals *changed* over the course of program participation (for each youth for whom we have survey data).

Taking this approach also means that we reported the data in a new way. In the 2004 report, we reported averages for all the baselines, and compared them to averages for all the follow-ups. This year, we don't isolate the results for baseline or follow-up; instead, we report directly on *changes* over time, and assess whether youth have shown improvement (on average) for specified outcomes.

How Recidivism Results were Calculated

Recidivism, for the purposes of this report, is defined as any *additional* record of a sustained petition for a given youth, after a *first* sustained petition. In this report we calculated two types of recidivism rates: a “true” recidivism rate, and a post-program entry recidivism rate:

- **True recidivism rate:** The percentage of youth who have had at least one additional sustained petition after the first one.
- **Post-program entry recidivism rate:** This rate is calculated to ascertain whether participation in a given program, or with community-based programs overall, is associated with decreased involvement with the juvenile justice system. This rate applies to the group of youth who have had at least one sustained petition before program entry, and it is the percentage of them who have had at least one additional sustained petition after program entry.

We cannot simply look at *whether or not* a youth recidivates, or has an additional sustained petition after program entry. This is because a youth may not yet have had *time* to recidivate – in other words, a particular youth might have another sustained petition ten months after program entry, but if only eight months have so far elapsed since program entry, this sustained petition does not show up (since it hasn’t happened yet). For this reason, we look at recidivism for particular time periods: 6, 12, 18, and 24 months since the first sustained petition (for the true recidivism rate), and 6, 12, 18, and 24 months since program entry (for the post-program entry recidivism rate).³ (To simplify the discussion, hereafter we refer to both the first sustained petition and program entry as “the event.”)

When we look at recidivism for a particular time period, we include *only* those youth for whom at least that amount of time has elapsed since the event. To calculate “time elapsed,” we use the number of months from the event to the date that data was extracted (April 14 2005). So, to look at the 6-month example, only those youth for whom the event was November 14 2005 or earlier are included in the group used to calculate 6-month recidivism rates. To calculate the 12-month recidivism rate, we include only those youth for whom the event was April 14 2004 or earlier. In excluding youth from the sample this way, we avoid *undercounting* recidivism.

For post-program recidivism, we do not simply look at whether the date of a sustained petition happened after the program entry date. This is because an offense can *prompt* a referral to a program, but the actual date of the sustained petition does not happen for several weeks, or even several months. If we looked only at whether a sustained petition occurred after program entry, we would *overcount* recidivism, since the offense would have actually occurred *before* program entry. To cut down on such overcounting, we considered an offense to have happened after program entry only if it happened at least 60 days after the program entry date.

We acknowledge that this way of assessing whether program participation decreases recidivism is not perfect. To answer this question properly, we would need a *control group*: a set of youth who are *not* participating in community-based programs. In the absence of such a control group, however, comparing “true” recidivism with post-program entry recidivism is the next best option.

We also do not take age into account. In other words, when we are looking at recidivism for different time periods, we may be including youth who have aged out of the system during that time period. Some of these youth may have actually had another offense, but had it in the adult justice system – thus there is no record of it in JJIS. This may be the case for some youth, but the most important point we’re making in including these two rates for comparison is the *difference* between the rates. The aging out of youth is approximately equal for both rate types, and thus will not affect the comparison of the two rates.

³ It may be worth emphasizing that later time periods include everything that happened in an earlier time period. In other words, the 12-month recidivism rate looks at what proportion of youth recidivated in the 12 months since the first sustained petition or since program entry – *not* what proportion recidivated during the 6-12 month period.

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Participant Tracking Spreadsheet Instructions

Please update the following spreadsheet with information about each of the youth your program served during the report period.

During the report period (the month for which you are submitting an invoice):

- For each youth who enters your program, complete column 1=7 (using the format specified below)
- For each youth who exits your program, complete column 8=9 (using the format specified below)
- For each youth who entered your program and continues to participate in your program, do not make any changes to his/her record.

Column	Information	Please use the following format for completing the spreadsheet
1	Youth's first name	Enter entire first name
2	Youth's last name	Enter entire last name
3	Youth's birthdate	mm/dd/yyyy
4	Date the youth entered your program	mm/dd/yyyy
5	Gender	M = Male F = Female TF = Transgendered Female TM = Transgendered Male U = Unknown
6	Please specify the youths' race/ethnicity using the codes provided to the right. (PrIDE utilizes the same race/ethnicity format as other public records and JJIS)	A = Other Asian B = African American C = Chinese D = Cambodian F = Filipino G = Guamanian H = Latino -Hispanic I = American Indian J = Japanese K =Korean L = Laotian O = Other P = Pacific Islander S = Samoan U = Hawaiian V = Vietnamese W = White X = Dont know Z = Asian Indian
7	Date the youth exited/stopped attending your program	mm/dd/yyyy
8	Reason the youth exited your program (specify all that apply)	1 = Completed the program 2 = Partial Completion of program 3 = Committed to juvenile hall 4 = Failure to appear at program 5 = New arrest-law violation 6 = Poor performance or behavior in program 7 = Youth dropped out of program 8 = Probation violation 9 = Youth moved out of area 10 = Referred to other agency-agencies 11 = Other reason 99 = Don't know

**2004-05 Questionnaire for Completion by Programs
Funded by the Juvenile Probation Department Community Programs Division**

1. Name of person completing this form: _____ Email address: _____
2. Name of program: _____
3. Name of organization: _____
4. What is the agency's total budget for this program: \$_____
5. Provide a description of the program/service that is supported by the SFJPD Community Programs Division. (Please feel free to attach additional pages or substitute program materials.)

6. What is the average length of time that youth participate in this program?
 Less than one week More than 1 month and less than 6 months 1-2 years
 Between one week and one month Between six months and 1 year More than 2 years
 Other: _____
7. What is the average amount of time participants spend in this program per week? _____ hours per week Not applicable
8. What is the average number of youth who participate in this program at any one time? _____
9. What is this program's primary target population? *Please check all that apply.*
 Youth in a particular age group (please specify): _____
 Youth of a particular gender (please specify): _____
 Youth who live in a particular neighborhood (please specify): _____
 Youth of a particular race/ethnicity (please specify): _____
 Youth who are truant
 Youth who are on probation
 Youth who are at-risk of becoming involved with the juvenile justice system
 Youth who have used/abused drugs or alcohol
 Youth who are involved in gangs
 Other (please specify): _____
10. How are youth referred to this program? *Please check all that apply.*
 Self – Youth had been to the program before or found out about it on their own
 From a friend
 Brother, sister, or cousin
 Parent, guardian, or other adult family member
 Probation Officer
 Outreach Worker
 Case Manager
 Social Worker
 Teacher or School Counselor
 Other: *Who or how?* _____

11. What services/activities can participants access while in the program? Check all that apply.

- | | | |
|---|--|---|
| <input type="checkbox"/> Job training/readiness services | <input type="checkbox"/> Anger management services | <input type="checkbox"/> Practical assistance such as help with transportation or meals |
| <input type="checkbox"/> Tutoring/help with homework | <input type="checkbox"/> Health education services | <input type="checkbox"/> Extra-curricular or after-school activity |
| <input type="checkbox"/> GED services | <input type="checkbox"/> Housing services/assistance | <input type="checkbox"/> Other service/activity: _____ |
| <input type="checkbox"/> Mentoring | <input type="checkbox"/> Substance use counseling | |
| <input type="checkbox"/> Case management | <input type="checkbox"/> Mental health counseling | |
| <input type="checkbox"/> Intensive home-based supervision | | |

12. How many staff are involved in the program? Full-time? _____ Part-time? _____

Please answer the following questions for services provided since July 2004.

13. Indicate the total number of youth served from each of the following neighborhoods.

- | | | | |
|----------------------------|-----------------------|------------------------------|--------------------------------------|
| ___ Bayview Hunter's Point | ___ Glen Park | ___ OMI | ___ South of Market |
| ___ Bernal Heights | ___ Haight | ___ Outer Mission | ___ St. Francis Wood |
| ___ China Basin | ___ Hayes Valley | ___ Parkside-Lakeshore | ___ Sunset |
| ___ Civic Center | ___ Ingleside Terrace | ___ Portola | ___ Telegraph Landing/Golden Gateway |
| ___ Crocker-Amazon | ___ Japantown | ___ Potrero Hill | ___ Upper Market |
| ___ Diamond Heights | ___ Marina | ___ Presidio-Pacific Heights | ___ Visitacion Valley |
| ___ Downtown/Tenderloin | ___ Mission | ___ Richmond | ___ West of Twin Peaks |
| ___ East of Twin Peaks | ___ Noe Valley | ___ Russian Hill/Nob Hill | ___ West Portal |
| ___ Excelsior | ___ North Beach | ___ South Beach/Rincon Hill | ___ Western Addition |
| | | | ___ Other: _____ |

The questions below are intended to give you a chance to describe your program's successes and challenges in greater depth. Your responses will be included in the PrIDE annual report to give readers context for the quantitative data that you have collected throughout the year.

14. Please describe this program's major successes. Include any highlights or stories from this past contract year.

15. What barriers has your program/organization experienced in providing services or fulfilling your contract with CPD during this contract year? How has the program/organization been able to overcome these barriers?

16. What factors, if any, have affected your program's ability to fill out PrIDE surveys for all youth?

Site Visit Documentation

Date:

Program Name:

Agency Name:

Agency Representatives Present:

CPD Staff Present:

-
1. Please list all of the locations where this agency provides services and the approximate number of youth served since July 2004 at each location.

Location (Street Address)	Approx. # of Youth Served Since July 2004

Comments:

2. When did this program begin receiving funding from the JPD Community Programs Division?
3. Amount of JPD's contract with this program: \$
4. Please comment on this grantees' compliance with contractual obligations.
5. To what extent is this grantee providing services as planned? If the grantee has made modifications in terms of program design and implementation, why were these adjustments made? Were these changes communicated to JPD when appropriate?
6. By what method is this program's services being evaluated at this time? If the program is not obligated to participate in PRIDE, why not?

Collect the following forms (electronically, if possible) from the provider:

- Participant tracking spreadsheet(s) for periods July 2004 – February 2005
- 2004-05 Questionnaire for Completion by Programs Funded by the Juvenile Probation Department Community Programs Division

Site Visit Checklist

Site

- Tour of program site: clean, safe, accessible, and conducive to youth participation.

Scope of Work

1. Is program being implemented as planned?
 - Target population
 - Outreach activities
 - Family involvement
 - Staff/youth ratios during program hours?
 - Successes and challenges encountered, and any actions taken as a result?

Comments:

Evaluation

2. Are program activities being evaluated?
 - Is agency participating in community programs evaluation process?
 - How many pre- and post assessments have been completed?
 - Participated in the Beat Within youth focus group?

Comments:

Records Management:

3. Are program activities consistently recorded, systematically filed and available for review?
 - Contact logs or other service records maintained to indicate the time, place and nature of contact or sessions.
 - Individual case files are maintained for each youth/family served.
 - Case files are kept in a locked file cabinet. Files standardized and complete.
 - Participant Tracking Sheet reconciliation: Month _____
 - Reconcile number of youth reported with case files

Files include:

- Intake/Assessment
- Consent
- Case plan
- Progress Reports
- Referrals
- Family Contacts

Comments:

Administration:

4. Are documents supporting invoices are systematically filed and available for review?
 Financial Reconciliation: Month _____
 Actual expenditures conformed to budget.

Comment on any significant over- or under-expenditures.

When was most recent financial audit? _____

Comments:

Policy and procedures

5. Is the policy and procedures manual current?
How often is the manual reviewed and updated? _____
 Manual includes written program policies covering confidentiality, eligibility, intake, crisis response.
 Current agency organizational chart and current Board of Directors list is available

Comments:

Staffing

6. Has the project been adequately staffed?
 All staff positions filled as planned.
 Agency maintains formal job descriptions stating required qualifications for paid and volunteer staff.
 Staff development trainings held during the reporting period.

What type of trainings have been provided?

What future training is planned and/or needed?

How often are employee's performances evaluated?

Employment files include:

- oath of confidentiality,
 fingerprinting,
 resume,
 references,
 evaluations, etc.

Comments:

**San Francisco Juvenile Probation Department
Community Programs Division**

Judge Focus Group Protocol

Introduction: Thank you for taking the time to speak with us today. Your perspective on youths' needs as well as the organizations and systems in San Francisco that exist to serve them are critical to rounding out our understanding of the effectiveness of community programs funded through the JPD/CPD. We will use the information you provide today in a report we are preparing that will include a variety of data sources that are a part of the PrIDE evaluation system, such as a youth survey, community-based organization questionnaire, probation officer survey, and CPD senior analyst form.

All of the information you provide today will be kept confidential. This means that when we report on this information, we will not identify individual responses to individual names.

Do you have any questions for us before we begin?

1. What is your level of familiarity with community-based programs for these youth? How do you get information about community-based services for youth?
2. What are your expectations of programs in the community that exist to serve at-risk youth and youth already involved in the juvenile justice system?
3. How do you see community programs ideally serving at-risk youth? How do you see community programs ideally serving youth that are already involved in the juvenile justice system?
4. Are there particular programs that you tend to refer youth to? How do you make decisions about what organizations to refer different kinds of youth to?
5. Are there particular programs that you tend *not* to use? Why?
6. Are there interventions that, based on your experiences with youth, are needed but not available?
7. Are there any recent trends you are noticing in terms of the types of needs and issues youth are dealing with? How can community-based programs effectively address these emerging needs and issues?
8. What types of youth are hardest to serve? What would programs need to look like in order to effectively serve these youth?
9. What types of information would it be helpful for you to have from an evaluation system? What is the most effective way of presenting that information to you?
10. Is there anything else you would like to share with us about youths' needs and the organizations and services that exist to serve them?

Thank you for your time!

PrIDE Youth Evaluation Survey

Please complete:

Name of Organization: _____												Today's Date	____ / ____ / ____ Mo. Day Year		
Name of Program: _____															
First Name												When were you born?	____ / ____ / ____ Mo. Day Year		
Last Name												When was your first day in this program?	____ / ____ / ____ Mo. Day Year		

Please read the following before you begin this survey.

Thank you for taking the time to complete this 45-minute survey. We are asking all youth who participate in this program to complete this survey.

Your responses are very important to us because we are trying to find out if this program has helped you. Some of the questions will ask about your background, schooling, activities that you participate in, the people in your life, and your experiences with this program. Some questions may seem personal.

You can choose not to answer a question if you don't want to. But it is very important that you answer truthfully so that we can understand how this program can best serve youth like you.

Information about the Privacy of your Responses

This program receives funds from the San Francisco Juvenile Probation Department and is part of the PrIDE project (Program Information for Development and Evaluation). This form will be sent to the PrIDE project at the Juvenile Probation Department.

The only people who will be able to see your answers to these questions are the staff of this program who collect and the staff of the PrIDE project. None of your answers will risk your status in this or future programs and no information gathered through this survey can be used against you in a court of law. Probation officers will not see this information. If you have any questions about the survey or how your answers will be kept confidential, please ask the person who gave you this survey for assistance.

I have read the above statement and understand what it means.

I received a consent form to take home to my parent/guardian.

Sign Here

Today's Date

Demographics/Characteristics

1. **What is your gender?** Please check one only.

- Male Female Transgender → I identify as Male Female

2. **What is your ethnicity or race?** Please check one only. If more than one race or ethnicity applies to you, please check "Other" and specify your ethnicity or race.

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Korean | <input type="checkbox"/> Mexican/Mexican American | <input type="checkbox"/> Other Asian: _____ |
| <input type="checkbox"/> African American | <input type="checkbox"/> Japanese | <input type="checkbox"/> Central American | <input type="checkbox"/> Other Hispanic/Latino
_____ |
| <input type="checkbox"/> Latino (Hispanic) | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> South American | Biracial/Multiracial/Other: _____ |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Carribean | _____ |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Samoan | <input type="checkbox"/> Arab | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Iranian | <input type="checkbox"/> Middle Eastern-Other
_____ |
| <input type="checkbox"/> Laotian | <input type="checkbox"/> Guamanian | <input type="checkbox"/> Native Alaskan | <input type="checkbox"/> Don't know/Don't want to answer |
| <input type="checkbox"/> Tongan | <input type="checkbox"/> Filipino | <input type="checkbox"/> American Indian | |

3. **What language do you speak at home most of the time?** Please check one only.

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> English | <input type="checkbox"/> Samoan | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Tagalog | <input type="checkbox"/> Arabic |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> American Sign-Language |
| <input type="checkbox"/> Mandarin | <input type="checkbox"/> Loatian | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Khmer/Cambodian | <input type="checkbox"/> Toishanese | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Korean | | <input type="checkbox"/> Don't know/Don't want to answer |

4. **What is your zip code?**

--	--	--	--	--

4.a. If you don't know your zip code, please tell us what neighborhood you live in: _____

5. **Who do you live with?** Please check the one that best applies.

- | | | |
|--|---|--|
| <input type="checkbox"/> Two parents | <input type="checkbox"/> Alone | <input type="checkbox"/> Group Home/Foster Home |
| <input type="checkbox"/> One parent | <input type="checkbox"/> On the street | <input type="checkbox"/> Friends |
| <input type="checkbox"/> Family, but not parents | <input type="checkbox"/> Drug treatment program | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Guardian | <input type="checkbox"/> Jail/juvenile hall | <input type="checkbox"/> Don't know/Don't want to answer |

6. **How did you find out about this program?** Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Friend | <input type="checkbox"/> Juvenile Probation Department/Probation Officer/YGC |
| <input type="checkbox"/> School | <input type="checkbox"/> Police |
| <input type="checkbox"/> It's in my neighborhood | <input type="checkbox"/> Referred from another organization: _____ |
| <input type="checkbox"/> Family | <input type="checkbox"/> Don't know/Don't want to answer |

Educational Experiences/Orientation toward School and Learning

7. Do you go to school or are you in a GED program right now? Please check one only. Don't know/Don't want to answer
- Yes, → If Yes, What school or GED Program? _____
 → If in school, What grade are you in right now? _____

No → If No, How old were you when you stop going to school? _____
 If No, What is the last grade that you completed? _____

8. Are you in special education classes or have you had an Individualized Education Plan (IEP)? Please check one only.
- Yes No Don't know/Don't want to answer Not Applicable – not in school

9. On average, about how many days of school/GED program do you miss in a month now? Please check one only.
- None 1 or 2 days 3 or 4 days 5 to 10 days More than 10 days
 Not applicable – I'm not in a GED program/school Don't know/Don't want to answer

10. Compared to how things were before you joined the program, how many school days do you miss in a month now?

<input type="checkbox"/> Much LESS	<input type="checkbox"/> Less	<input type="checkbox"/> A Little Less	<input type="checkbox"/> About the SAME	<input type="checkbox"/> A Little More	<input type="checkbox"/> More	<input type="checkbox"/> Much MORE	<input type="checkbox"/> No Opinion /NA
---------------------------------------	----------------------------------	---	--	---	----------------------------------	---------------------------------------	--

11. When you started the program, were you in school or in a GED program?
- Yes No Don't Know/Don't want to answer

12. Compared to the time before you joined this program, how sure are you NOW that you will graduate from high school or get your GED? Don't know/Don't want to answer

<input type="checkbox"/> Much LESS	<input type="checkbox"/> Less	<input type="checkbox"/> A little less	<input type="checkbox"/> About the SAME	<input type="checkbox"/> A little more	<input type="checkbox"/> More	<input type="checkbox"/> Much MORE	<input type="checkbox"/> No Opinion /NA
---------------------------------------	----------------------------------	---	--	---	----------------------------------	---------------------------------------	--

13. Did coming to this program help you stay in school or get your GED?
- Yes No Don't know/Don't want to answer

14. Did coming to this program make you feel more comfortable about your abilities in school/a GED program?
- Yes No Don't know/Don't want to answer

15. Compared to how things were before you joined the program, do you NOW get into trouble at school as much as you used to?

<input type="checkbox"/> Much LESS	<input type="checkbox"/> Less	<input type="checkbox"/> A little less	<input type="checkbox"/> About the SAME	<input type="checkbox"/> A little more	<input type="checkbox"/> More	<input type="checkbox"/> Much MORE	<input type="checkbox"/> No Opinion /NA
---------------------------------------	----------------------------------	---	--	---	----------------------------------	---------------------------------------	--

16. In general, during the past few months, what kinds of grades did you get in school? Please check one only.
- Not Applicable – I was not in school in the last year Don't know/Don't want to answer
 Mostly A's and B's Mostly B's and C's Mostly C's and D's Mostly D's and F's

17. Compared to before you joined the program, how have your grades CHANGED since you joined this program?
- Don't know/Don't want to answer

<input type="checkbox"/> Much WORSE	<input type="checkbox"/> Worse	<input type="checkbox"/> A little Worse	<input type="checkbox"/> About the SAME	<input type="checkbox"/> A little better	<input type="checkbox"/> Better	<input type="checkbox"/> Much BETTER	<input type="checkbox"/> No Opinion /NA
--	-----------------------------------	--	--	---	------------------------------------	---	--

18. Please **THINK BACK TO THE TIME BEFORE YOU JOINED THIS PROGRAM** when you answer the following questions:

a. Compared to the time **BEFORE** you joined this program, how much do you **NOW** enjoy going to school?

<input type="checkbox"/> Much LESS	<input type="checkbox"/> Less	<input type="checkbox"/> A little less	<input type="checkbox"/> About the SAME	<input type="checkbox"/> A little more	<input type="checkbox"/> More	<input type="checkbox"/> Much MORE	<input type="checkbox"/> No Opinion /NA
---	-------------------------------	--	--	--	-------------------------------	---	---

b. Compared to the time **BEFORE** you joined this program, how much extra time do you **NOW** spend at your school even if you don't have to?

<input type="checkbox"/> Much LESS	<input type="checkbox"/> Less	<input type="checkbox"/> A little less	<input type="checkbox"/> About the SAME	<input type="checkbox"/> A little more	<input type="checkbox"/> More	<input type="checkbox"/> Much MORE	<input type="checkbox"/> No Opinion /NA
---	-------------------------------	--	--	--	-------------------------------	---	---

c. Compared to the time **BEFORE** you joined this program, how safe do you **NOW** feel at your school?

<input type="checkbox"/> Much LESS	<input type="checkbox"/> Less	<input type="checkbox"/> A little less	<input type="checkbox"/> About the SAME	<input type="checkbox"/> A little more	<input type="checkbox"/> More	<input type="checkbox"/> Much MORE	<input type="checkbox"/> No Opinion /NA
---	-------------------------------	--	--	--	-------------------------------	---	---

d. Compared to the time **BEFORE** you joined this program, how many activities do you **NOW** participate in that show your school spirit (such as attending sports events, after-school programs, student government, or pep rallies)?

<input type="checkbox"/> Much LESS	<input type="checkbox"/> Less	<input type="checkbox"/> A little less	<input type="checkbox"/> About the SAME	<input type="checkbox"/> A little more	<input type="checkbox"/> More	<input type="checkbox"/> Much MORE	<input type="checkbox"/> No Opinion /NA
---	-------------------------------	--	--	--	-------------------------------	---	---

Extra-Curricular Activities

19. Did you become involved in any extra-curricular activities because of your participation in this program?

- Yes No Don't know/Don't want to answer
 Go to Question 21

20. Please select the activities you became involved with because of this program.ⁱⁱ

- | | | | |
|--|------------------------------|-----------------------------|--|
| a. Go to a neighborhood or community center (like the boys and girls club) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know/Don't want to answer |
| b. Participate in a youth group or club | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know/Don't want to answer |
| c. Volunteer | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know/Don't want to answer |
| d. Work for pay | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know/Don't want to answer |
| e. Play sports on a team | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know/Don't want to answer |
| f. Play a musical instrument | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know/Don't want to answer |
| g. Participate in a religious group or club | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know/Don't want to answer |
| h. Practice martial arts | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know/Don't want to answer |
| i. Do other activities (specify): _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know/Don't want to answer |

Work and Job Readiness

21. Do you have a job now?

- Yes No Don't know/Don't want to answer

If Yes, where do you work now? _____
 How many hours per week do you work? _____
 How much money do you earn per hour? _____

22. Did you receive help from this program in finding or keeping a job?

- Yes No Don't know/Don't want to answer

23. Did this program help you get any of the following?

- a. California (or other state) ID card or Driver's License Yes No Don't know/Don't want to answer
- b. Resume: A summary of your job qualifications Yes No Don't know/Don't want to answer
- c. Social Security card Yes No Don't know/Don't want to answer
- d. Belief that you can get a job Yes No Don't know/Don't want to answer
- e. Ideas about the type of job you want? Yes No Don't know/Don't want to answer

Relationships with Parents, Peers and Othersⁱⁱⁱ

24. How much do you agree with each of these statements? Please check only one answer per row.

	I Strongly Disagree	I Disagree	I Agree	I Strongly Agree	No Opinion/ NA
<i>I have a friend or relative about my own age...</i>					
a...who really cares about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b...who I can go to when I have problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c...who helps me when I'm having a hard time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. How much do you agree with each of these statements? Please check only one answer per row.

	I Strongly Disagree	I Disagree	I Agree	I Strongly Agree	No Opinion/ NA
<i>In my home, there is a parent or some other adult...</i>					
a...who expects me to follow the rules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b...who is interested in my schoolwork.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c...who believes that I will be a success.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d...who is too busy to pay much attention to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e...who talks with me about my problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f...who always wants me to do my best.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g...who listens to me when I have something to say.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. Did you receive help or learn anything in this program that helped you get along better with your friends or relatives?

- Yes No Don't know/Don't want to answer

↳ If Yes, what type of help did you get? _____

Skills^{iv}

27. Please think back to the time before you joined this program in order to answer the following questions:

a. Compared with the time BEFORE you joined the program, how many places can you NOW name to get help if you feel unsafe?

<input type="checkbox"/> Much LESS	<input type="checkbox"/> Less	<input type="checkbox"/> A little less	<input type="checkbox"/> About the SAME	<input type="checkbox"/> A little more	<input type="checkbox"/> More	<input type="checkbox"/> Much MORE	<input type="checkbox"/> No Opinion /NA
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b. Compared with the time BEFORE you joined the program, how healthy do you feel NOW?

<input type="checkbox"/> Much LESS	<input type="checkbox"/> Less	<input type="checkbox"/> A little less	<input type="checkbox"/> About the SAME	<input type="checkbox"/> A little more	<input type="checkbox"/> More	<input type="checkbox"/> Much MORE	<input type="checkbox"/> No Opinion /NA
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c. Compared with the time BEFORE you joined the program, how often do you NOW ask for help when you need it?

<input type="checkbox"/> Much LESS	<input type="checkbox"/> Less	<input type="checkbox"/> A little less	<input type="checkbox"/> About the SAME	<input type="checkbox"/> A little more	<input type="checkbox"/> More	<input type="checkbox"/> Much MORE	<input type="checkbox"/> No Opinion /NA
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d. Compared with the time BEFORE you joined the program, how able are you NOW to accept compliments or praise without feeling as embarrassed?

<input type="checkbox"/> Much LESS	<input type="checkbox"/> Less	<input type="checkbox"/> A little less	<input type="checkbox"/> About the SAME	<input type="checkbox"/> A little more	<input type="checkbox"/> More	<input type="checkbox"/> Much MORE	<input type="checkbox"/> No Opinion /NA
---------------------------------------	----------------------------------	---	--	---	----------------------------------	---------------------------------------	--

e. Compared with the time BEFORE you joined the program, how able are you NOW to take criticism without being very angry, sad or defensive?

<input type="checkbox"/> Much LESS	<input type="checkbox"/> Less	<input type="checkbox"/> A little less	<input type="checkbox"/> About the SAME	<input type="checkbox"/> A little more	<input type="checkbox"/> More	<input type="checkbox"/> Much MORE	<input type="checkbox"/> No Opinion /NA
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f. Compared with the time BEFORE you joined the program, how much are you NOW able to take pride in your cultural background?

<input type="checkbox"/> Much LESS	<input type="checkbox"/> Less	<input type="checkbox"/> A little less	<input type="checkbox"/> About the SAME	<input type="checkbox"/> A little more	<input type="checkbox"/> More	<input type="checkbox"/> Much MORE	<input type="checkbox"/> No Opinion /NA
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g. Compared with the time BEFORE you joined the program, how much do you NOW respect other people's feelings?

<input type="checkbox"/> Much LESS	<input type="checkbox"/> Less	<input type="checkbox"/> A little less	<input type="checkbox"/> About the SAME	<input type="checkbox"/> A little more	<input type="checkbox"/> More	<input type="checkbox"/> Much MORE	<input type="checkbox"/> No Opinion /NA
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h. Compared with the time BEFORE you joined the program, how much do you NOW respect other people's point of view, their lifestyle, and their attitudes?

<input type="checkbox"/> Much LESS	<input type="checkbox"/> Less	<input type="checkbox"/> A little less	<input type="checkbox"/> About the SAME	<input type="checkbox"/> A little more	<input type="checkbox"/> More	<input type="checkbox"/> Much MORE	<input type="checkbox"/> No Opinion /NA
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i. Compared with the time BEFORE you joined the program, how much are you NOW able to organize and lead group activities (like school or sports activities)?

<input type="checkbox"/> Much LESS	<input type="checkbox"/> Less	<input type="checkbox"/> A little less	<input type="checkbox"/> About the SAME	<input type="checkbox"/> A little more	<input type="checkbox"/> More	<input type="checkbox"/> Much MORE	<input type="checkbox"/> No Opinion /NA
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j. Compared with the time BEFORE you joined the program, how much are you NOW able to think about how your choices affect your future a year or more from now?

<input type="checkbox"/> Much WORSE	<input type="checkbox"/> Worse	<input type="checkbox"/> A little worse	<input type="checkbox"/> About the SAME	<input type="checkbox"/> A little better	<input type="checkbox"/> Better	<input type="checkbox"/> Much BETTER	<input type="checkbox"/> No Opinion /NA
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28. Please think back to before you joined this program and tell us how much you agree with the following statements.^v

a. Compared with the time BEFORE you joined the program, how often do you NOW think it's OK to sometimes physically fight to get what you want?

<input type="checkbox"/> Much LESS	<input type="checkbox"/> Less	<input type="checkbox"/> A little less	<input type="checkbox"/> About the SAME	<input type="checkbox"/> A little more	<input type="checkbox"/> More	<input type="checkbox"/> Much MORE	<input type="checkbox"/> No Opinion /NA
---------------------------------------	----------------------------------	---	--	---	----------------------------------	---------------------------------------	--

b. Compared with the time BEFORE you joined the program, how often do you NOW get mad easily?

<input type="checkbox"/> Much LESS	<input type="checkbox"/> Less	<input type="checkbox"/> A little less	<input type="checkbox"/> About the SAME	<input type="checkbox"/> A little more	<input type="checkbox"/> More	<input type="checkbox"/> Much MORE	<input type="checkbox"/> No Opinion /NA
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c. Compared with the time BEFORE you joined the program, how often do you NOW do whatever you feel like doing when you are angry or upset?

<input type="checkbox"/> Much LESS	<input type="checkbox"/> Less	<input type="checkbox"/> A little less	<input type="checkbox"/> About the SAME	<input type="checkbox"/> A little more	<input type="checkbox"/> More	<input type="checkbox"/> Much MORE	<input type="checkbox"/> No Opinion /NA
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d. Compared with the time BEFORE you joined the program, how often do you NOW yell at people when you are mad?

<input type="checkbox"/> Much LESS	<input type="checkbox"/> Less	<input type="checkbox"/> A little less	<input type="checkbox"/> About the SAME	<input type="checkbox"/> A little more	<input type="checkbox"/> More	<input type="checkbox"/> Much MORE	<input type="checkbox"/> No Opinion /NA
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e. Compared with the time BEFORE you joined the program, how often do you NOW break things on purpose?

<input type="checkbox"/> Much LESS	<input type="checkbox"/> Less	<input type="checkbox"/> A little less	<input type="checkbox"/> About the SAME	<input type="checkbox"/> A little more	<input type="checkbox"/> More	<input type="checkbox"/> Much MORE	<input type="checkbox"/> No Opinion /NA
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f. Compared with the time BEFORE you joined the program, how often do you NOW hit people on purpose?

<input type="checkbox"/> Much LESS	<input type="checkbox"/> Less	<input type="checkbox"/> A little less	<input type="checkbox"/> About the SAME	<input type="checkbox"/> A little more	<input type="checkbox"/> More	<input type="checkbox"/> Much MORE	<input type="checkbox"/> No Opinion /NA
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g. Compared with the time BEFORE you joined the program, how many ways do you NOW know to deal with your anger?

<input type="checkbox"/> Much LESS	<input type="checkbox"/> Less	<input type="checkbox"/> A little less	<input type="checkbox"/> About the SAME	<input type="checkbox"/> A little more	<input type="checkbox"/> More	<input type="checkbox"/> Much MORE	<input type="checkbox"/> No Opinion /NA
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h. Compared with the time BEFORE you joined the program, how often do you NOW think ahead to the consequences of your actions?

<input type="checkbox"/> Much LESS	<input type="checkbox"/> Less	<input type="checkbox"/> A little less	<input type="checkbox"/> About the SAME	<input type="checkbox"/> A little more	<input type="checkbox"/> More	<input type="checkbox"/> Much MORE	<input type="checkbox"/> No Opinion /NA
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29. Have you learned or done things in this program that you haven't done anywhere else?

- Yes No Don't know/Don't want to answer

If yes, please explain: _____

30. Compared to the time BEFORE you joined the program, how often do you NOW use tobacco products such as cigarettes?

<input type="checkbox"/> Never Used	<input type="checkbox"/> Much LESS	<input type="checkbox"/> Less	<input type="checkbox"/> A little less	<input type="checkbox"/> About the SAME	<input type="checkbox"/> A little more	<input type="checkbox"/> More	<input type="checkbox"/> Much MORE	<input type="checkbox"/> No Opinion /NA
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31. Compared to the time BEFORE you joined the program, how often do you NOW drink alcoholic beverages such as beer or malt liquor?

<input type="checkbox"/> Never Used	<input type="checkbox"/> Much LESS	<input type="checkbox"/> Less	<input type="checkbox"/> A little less	<input type="checkbox"/> About the SAME	<input type="checkbox"/> A little more	<input type="checkbox"/> More	<input type="checkbox"/> Much MORE	<input type="checkbox"/> No Opinion /NA
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32. Compared to the time BEFORE you joined the program, how often do you NOW use marijuana/weed?

<input type="checkbox"/> Never Used	<input type="checkbox"/> Much LESS	<input type="checkbox"/> Less	<input type="checkbox"/> A little less	<input type="checkbox"/> About the SAME	<input type="checkbox"/> A little more	<input type="checkbox"/> More	<input type="checkbox"/> Much MORE	<input type="checkbox"/> No Opinion /NA
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33. Compared to the time BEFORE you joined the program, how often do you NOW use other street drugs such as speed (crank, crystal, tina) or Ecstasy (X, MDMA, Adam, E)?

<input type="checkbox"/> Never Used	<input type="checkbox"/> Much LESS	<input type="checkbox"/> Less	<input type="checkbox"/> A little less	<input type="checkbox"/> About the SAME	<input type="checkbox"/> A little more	<input type="checkbox"/> More	<input type="checkbox"/> Much MORE	<input type="checkbox"/> No Opinion /NA
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34. Do you hang out with people who belong to a street gang?

- Yes No Don't know/Don't want to answer

35. Compared to the time BEFORE you joined the program, how often do you NOW hang out with people who belong to a street gang?

<input type="checkbox"/> Never Did	<input type="checkbox"/> Much LESS	<input type="checkbox"/> Less	<input type="checkbox"/> A little less	<input type="checkbox"/> About the SAME	<input type="checkbox"/> A little more	<input type="checkbox"/> More	<input type="checkbox"/> Much MORE	<input type="checkbox"/> No Opinion /NA
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36. Do you know anyone who has ever been arrested?

- Yes No: Go to Question 37 Don't know/Don't want to answer: Go to Question 37

If Yes, who? Check all that apply.

- Parent Brother/Sister Other Relative Other:____
 Friend Me Neighbor

37. Do you know anyone who has died?

- Yes No: Go to Question 38 Don't know/Don't want to answer: Go to Question 38

If Yes, who? Check all that apply and go to Question 37.a.

- Parent Brother/Sister Friend Neighbor Other:_____

37.a. Of the people who you know who have died, were any of them killed by someone else?

- Yes No Don't know/Don't want to answer

38. In the past year, approximately how many times have you heard gunshots in your neighborhood?

- Never Once or Twice Many times Don't know/Don't want to answer

39. In general, do you feel safe in your neighborhood?

- Yes No Don't know/Don't want to answer

Program Participation

40. How long have you been participating in this program?

- Less than one week More than 1 month and less than 6 months 1-2 years
 Between one week and one month Between six months and 1 year More than 2 years
 Don't know/Don't want to answer

41. Approximately, how much time do you spend in this program each week? _____ hours per week

- Don't know/Don't want to answer Not applicable

- 42. Did you get help from this program in any of the following areas? (Check all that apply.)**
- | | | |
|---|--|--|
| <input type="checkbox"/> Homework/school/ GED studies | <input type="checkbox"/> Safer sex education | <input type="checkbox"/> Getting away from gangs |
| <input type="checkbox"/> Finding a job | <input type="checkbox"/> Emotional problems | <input type="checkbox"/> Changing your living situation |
| <input type="checkbox"/> Keeping a job | <input type="checkbox"/> Health problems | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Problems at home | <input type="checkbox"/> Don't know/Don't want to answer |
| <input type="checkbox"/> Drug or alcohol use | <input type="checkbox"/> Managing anger | |

- 43. If you were in trouble or needed to talk, who would you talk to at this program: (check all that apply)**
- | | |
|--|---|
| <input type="checkbox"/> Another youth | <input type="checkbox"/> One staff person in particular |
| <input type="checkbox"/> Any staff at this program | <input type="checkbox"/> No one at this program |
| <input type="checkbox"/> Don't know/Don't want to answer | |

- 44. How satisfied are you with the types of services offered by this program?**
- | | | | |
|--|---------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Very dissatisfied | <input type="checkbox"/> Dissatisfied | <input type="checkbox"/> Satisfied | <input type="checkbox"/> Very Satisfied |
| <input type="checkbox"/> Don't know/Don't want to answer | | | |

- 45. How satisfied are you with the staff at this program?**
- | | | | |
|--|---------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Very dissatisfied | <input type="checkbox"/> Dissatisfied | <input type="checkbox"/> Satisfied | <input type="checkbox"/> Very Satisfied |
| <input type="checkbox"/> Don't know/Don't want to answer | | | |

- 46. How satisfied are you with the respect shown for your ethnic and cultural background at this program?**
- | | | | |
|--|---------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Very dissatisfied | <input type="checkbox"/> Dissatisfied | <input type="checkbox"/> Satisfied | <input type="checkbox"/> Very Satisfied |
| <input type="checkbox"/> Don't know/Don't want to answer | | | |

- 47. How satisfied are you with this program overall?**
- | | | | |
|--|---------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Very dissatisfied | <input type="checkbox"/> Dissatisfied | <input type="checkbox"/> Satisfied | <input type="checkbox"/> Very Satisfied |
| <input type="checkbox"/> Don't know/Don't want to answer | | | |

- 48. In general, do you feel safe coming to this program?**
- | | | | |
|------------------------------|-----------------------------|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know/Don't want to answer | <input type="checkbox"/> Not applicable |
|------------------------------|-----------------------------|--|---|

- 49. In general, would you recommend this program to your friends?**
- | | | | |
|------------------------------|-----------------------------|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know/Don't want to answer | <input type="checkbox"/> Not applicable |
|------------------------------|-----------------------------|--|---|

- 50. Now that you're leaving this program, are you interested in staying in touch and helping out?**
- | | | | |
|------------------------------|-----------------------------|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know/Don't want to answer | <input type="checkbox"/> Not applicable |
|------------------------------|-----------------------------|--|---|

51. Is there anything you would like to add about your experience in this program? _____

Thank you for your time!

Please return this survey to the person who gave it to you.

V. _____

i Select questions adapted from the San Francisco Department of Children, Youth, and Their Families' Youth Survey.
 ii Source: San Francisco Department of Children, Youth, and Their Families' Youth Survey for Middle/High School Students.
 iii Source: California Healthy Kids Survey, © 1999 California Department of Education.
 iv Source: Ansell-Casey Life Skills Assessment, © 2000 Casey Family Programs and Dorothy I. Ansell.
 v Source: Individual Protective Factors Index (IPFI): A Measure of Adolescent Resiliency, © 1997 EMT Associates, Inc.

PrIDE Baseline Survey Youth Self-Administered

Please complete:

Name of Organization: _____												Today's Date	____ / ____ / ____ Mo. Day Year		
Name of Program: _____													____ / ____ / ____ Mo. Day Year		
First Name												When were you born?	____ / ____ / ____ Mo. Day Year		
Last Name													When was your first day in this program?	____ / ____ / ____ Mo. Day Year	

Please read the following before you begin this survey.

This survey asks you to complete questions about your background, schooling, activities you participate in, the people in your life, and what you want to get out of this program. The purpose of this survey is to get a better sense of who you are and to understand how this program can best support you. Also, this program receives funds from the San Francisco Juvenile Probation Department and is part of the PrIDE project (Program Information for Development and Evaluation). This means that all of the youth who enter this program complete this type of survey. In the future you will be asked to participate in a follow-up survey that is similar to this one.

This form will be sent to the PrIDE project at the Juvenile Probation Department. All of the information that is collected for the PrIDE project helps the Department and our program understand more about the difference this program makes and how this program can provide better services to youth in our program.

This survey will take about 20 minutes to complete. Some of the questions may be personal; you can always choose not to answer a question. We would prefer that you choose not to answer a question than have you answer a question dishonestly.

Confidentiality Disclaimer

The only people who will be able to see your answers to these questions are the staff of this program and the staff of the PrIDE project. If you have a Probation Officer, he/she can request a summary of the survey. Otherwise, all of the information that you share will be kept confidential and your answers will never be associated with your name. None of your answers will jeopardize your status in this program and no information gathered through this survey can be used against you in a court of law. If you have any questions about the survey or how your answers will be kept confidential, please ask the person who gave you this survey for assistance.

I have read the above statement and understand what it means.

Signature of Client

Today's Date

I received a consent form to take home to my parent/guardian.

Demographics/Characteristics

- What is your gender?** Please check one only.

Male Female Transgender → Identifies as Male Female
- What is your ethnicity or race?** Please check one only. If more than one race or ethnicity applies to you, please check "Other" and specify your ethnicity or race.

<input type="checkbox"/> White	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Other Asian: _____
<input type="checkbox"/> African American	<input type="checkbox"/> Laotian	<input type="checkbox"/> Samoan	<input type="checkbox"/> American Indian
<input type="checkbox"/> Latino (Hispanic)	<input type="checkbox"/> Korean	<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Biracial/Multiracial/Other: _____
<input type="checkbox"/> Chinese	<input type="checkbox"/> Japanese	<input type="checkbox"/> Guamanian	_____
<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Don't know/Don't want to answer
- What language do you primarily speak at home?** Please check one only.

<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Cantonese
<input type="checkbox"/> Russian	<input type="checkbox"/> Tagalog	<input type="checkbox"/> Mandarin
<input type="checkbox"/> Samoan	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Don't know/Don't want to answer		
- What neighborhood do you live in?** Please check one only.

<input type="checkbox"/> Bayview Hunter's Point	<input type="checkbox"/> Ingleside Terrace	<input type="checkbox"/> Richmond
<input type="checkbox"/> Bernal Heights	<input type="checkbox"/> Japantown	<input type="checkbox"/> Russian Hill/Nob Hill
<input type="checkbox"/> China Basin	<input type="checkbox"/> Marina	<input type="checkbox"/> South Beach/Rincon Hill
<input type="checkbox"/> Civic Center	<input type="checkbox"/> Mission	<input type="checkbox"/> South of Market
<input type="checkbox"/> Crocker-Amazon	<input type="checkbox"/> Noe Valley	<input type="checkbox"/> St. Francis Wood
<input type="checkbox"/> Diamond Heights	<input type="checkbox"/> North Beach	<input type="checkbox"/> Sunset
<input type="checkbox"/> Downtown/Tenderloin	<input type="checkbox"/> OMI	<input type="checkbox"/> Telegraph Landing/Golden Gateway
<input type="checkbox"/> East of Twin Peaks	<input type="checkbox"/> Outer Mission	<input type="checkbox"/> Upper Market
<input type="checkbox"/> Excelsior	<input type="checkbox"/> Parkside-Lakeshore	<input type="checkbox"/> Visitacion Valley
<input type="checkbox"/> Glen Park	<input type="checkbox"/> Portola	<input type="checkbox"/> West of Twin Peaks
<input type="checkbox"/> Haight	<input type="checkbox"/> Potrero Hill	<input type="checkbox"/> West Portal
<input type="checkbox"/> Hayes Valley	<input type="checkbox"/> Presidio-Pacific Heights	<input type="checkbox"/> Western Addition
		<input type="checkbox"/> Other: _____
<input type="checkbox"/> Don't Know/Don't Want to Answer		
- What is your street address?**

Don't know/Don't want to answer

Street Name and Number	City	Zip Code
------------------------	------	----------
- Who do you live with?** Please check the one that best applies.

<input type="checkbox"/> Two parents	<input type="checkbox"/> Alone	<input type="checkbox"/> Group Home/Foster Home
<input type="checkbox"/> One parent	<input type="checkbox"/> On the street	<input type="checkbox"/> Friends
<input type="checkbox"/> Family, but not parents	<input type="checkbox"/> Drug treatment program	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Guardian	<input type="checkbox"/> Jail/juvenile hall	<input type="checkbox"/> Don't know/Don't want to answer
- How did you find out about this program?** Check all that apply.

<input type="checkbox"/> Friend	<input type="checkbox"/> Juvenile Probation Department/Probation Officer/YGC
<input type="checkbox"/> School	<input type="checkbox"/> Police
<input type="checkbox"/> It's in my neighborhood	<input type="checkbox"/> Referred from another organization: _____
<input type="checkbox"/> Family	<input type="checkbox"/> Don't know/Don't want to answer

Educational Experiences/Orientation Towards School and Learningⁱ

8. **Do you go to school or are you in a GED program right now?** Please check one only. Don't know/Don't want to answer
- Yes, school → *If Yes, What school?* _____
→ *If Yes, What grade are you in right now?* _____
- Yes, GED → *If Yes, What is the name of your GED program?* _____
- No → *If No, How long ago did you stop going to school?* _____
→ *If No, What is the last grade that you completed?* _____
→ *If No, Would you like help getting back in school or getting your GED?*
↳ Yes, to get back in school Yes, to get my GED No Don't Know
9. **On average, about how many days of school/GED program do you miss in a month?** Please check one only.
- None 1 or 2 days 3 or 4 days 5 to 10 days More than 10 days
 Not applicable – I'm not in a GED program/school Don't know/Don't want to answer
10. **In the past 3 months, have you gotten in trouble at school for your behavior and had any of the followings things happen?** Please check one only.
- No, I have not gotten in trouble at school in the past 3 months
 Sent to Counselor's office → How many times? _____ For what? _____
 Suspended from school → How many times? _____ For what? _____
 Expelled from school → For what? _____ From what school? _____
 Don't know/Don't want to answer
11. **How sure are you that you will graduate from high school?** Don't know/Don't want to answer
- Very Sure Somewhat Unsure
 Somewhat Sure Very Doubtful
 Not Applicable – I'm planning on getting my GED.
↳ ***If GED***, How sure are you that you will get your GED?
 Very Sure Somewhat Sure Somewhat Unsure Very Doubtful
12. **Have you ever been held back a grade in school?** Please check one only.
- Yes No Don't know/Don't want to answer
13. **Are you in special education classes or have you had an Individualized Education Plan (IEP)?** Please check one only.
- Yes No Don't know/Don't want to answer Not Applicable – not in school
14. **In general, during the past school year, what kinds of grades did you get in school?** Please check one only.
- Not Applicable – I was not in school in the last year Don't know/Don't want to answer
 Mostly A's and B's Mostly B's and C's Mostly C's and D's Mostly D's and F's
15. **What do you see yourself doing 5 years from now?** Don't know/Don't want to answer
- _____
- _____
16. **For your job/career in the future, how much education/training will you need?** Please check one only.
- I don't need to finish high school I need to graduate from a community or junior college
 I need to finish high school or have a GED I need to graduate from a 4 year college or university
 I need to go to vocational, trade or business school after high school I need a Master's Degree
 I need a PhD or professional degree (JD/Law, MD, etc.)
 Don't know/Don't want to answer

17. **How much do you agree with each of these statements?** Please check only one answer per row.

	I Strongly Disagree	I Disagree	I Agree	I Strongly Agree	No Opinion/ NA
a. I enjoy going to school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I don't spend any extra time at my school if I don't have to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I feel safe at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I participate in activities that support my school such as attending sports events, after-school programs, student government, or pep rallies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Extra-Curricular Activities

18. **Do you do any of these activities (not including your activities in this program)?ⁱⁱ**

- a. Go to a neighborhood or community center (like the boys and girls club) Yes No Don't know/Don't want to answer
- b. Participate in a youth group or club Yes No Don't know/Don't want to answer
- c. Volunteer Yes No Don't know/Don't want to answer
- d. Work for pay Yes No Don't know/Don't want to answer
- e. Play sports on a team Yes No Don't know/Don't want to answer
- f. Play a musical instrument Yes No Don't know/Don't want to answer
- g. Participate in a religious group or club Yes No Don't know/Don't want to answer
- h. Practice martial arts Yes No Don't know/Don't want to answer
- i. Do other activities (specify): _____ Yes No Don't know/Don't want to answer

19. **What are your interests?**

Don't know/Don't want to answer

20. **Are you interested in getting involved in any extra-curricular activities?**

Yes No Don't know/Don't want to answer

↳ If Yes, What are they? _____

21. **What are your greatest strengths and talents?** Don't know/Don't want to answer

Work and Job Readiness

22. **Have you ever had a job?**

Yes No Don't know/Don't want to answer

23. **Do you have a job now?**

Yes No Don't know/Don't want to answer

↳ If Yes, Where do you work now? _____

How many hours per week do you work? _____

How much money do you earn per hour? \$ _____

24. **Are you interested in getting a job (or finding a NEW job)?**

Yes No Don't know/Don't want to answer

↳ If Yes, do you want any help from this program in getting a job? Yes No Don't know/Don't want to answer

25. **A. Do you have...**

- a. ...California (or other state) ID card Yes No Don't know/Don't want to answer
- b. ...Resume Yes No Don't know/Don't want to answer
- c. ...Social Security card Yes No Don't know/Don't want to answer
- d. ...Belief that you can get a job Yes No Don't know/Don't want to answer
- e. ...Ideas about the type of job you want? Yes No Don't know/Don't want to answer

Relationships with Parents, Peers and Othersⁱⁱⁱ

26. How much do you agree with each of these statements? Please check only one answer per row.

<i>I have a friend or relative about my own age...</i>	I Strongly Disagree	I Disagree	I Agree	I Strongly Agree	No Opinion/ NA
a...who really cares about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b...who talks with me about my problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c...who helps me when I'm having a hard time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. How much do you agree with each of these statements? Please check only one answer per row.

<i>In my home, there is a parent or some other adult...</i>	I Strongly Disagree	I Disagree	I Agree	I Strongly Agree	No Opinion/ NA
a...who expects me to follow the rules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b...who is interested in my schoolwork.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c...who believes that I will be a success.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d...who is too busy to pay much attention to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e...who talks with me about my problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f...who always wants me to do my best.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g...who listens to me when I have something to say.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Skills^{iv}

28. Please indicate your level of agreement with the following statements: Please check only one answer per row.

Self-Care and Social Development	I Strongly Disagree	I Disagree	I Agree	I Strongly Agree	No Opinion/ NA
a. I can name two or more places to get help if I feel unsafe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I am generally healthy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I ask for help when I need it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I accept compliments or praise without feeling embarrassed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I can take criticism without being very angry, sad or defensive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I have pride in my cultural background.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I respect other people's feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I respect other people's ways of looking at things, their lifestyle, and their attitudes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I am able to organize and lead group activities (like school or sports activities).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I think about how my choices affect others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I think about how my choices now affect my future a year or more from now.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. Please indicate how much you agree with the following statements.^v Please check only one answer per row.

	I Strongly Disagree	I Disagree	I Agree	I Strongly Agree	No Opinion/ NA
a. Sometimes you have to physically fight to get what you want.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I get mad easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. When I am angry or upset I do whatever I feel like doing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. When I am mad, I yell at people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Sometimes I break things on purpose.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. If I feel like it, I hit people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Risk Factors

30. Have you ever tried alcohol or drugs (including tobacco)? Yes No → Skip to Q32
 Don't know/Don't want to answer → Skip to Q32

31. Please answer the following questions about your substance use: Please check only one answer per row.

Have You Ever Tried... <i>If Yes →</i>	How Frequently Have You Used This Substance in the Last Three Months?				Would You Like to Quit?
	Just Tried Once	About 1 or 2 Times a Month	About Once a Week	Almost Everyday	
Tobacco? <input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alcohol? <input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Marijuana/Weed? <input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other drugs: _____ _____ <input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

32. Do you hang out with people who are gang members?
 Yes No Don't know/Don't want to answer

33. Do you know anyone who has ever been arrested?
 Yes No Don't know/Don't want to answer
 → **If Yes**, who? Check all that apply.
 Parent Brother/Sister Other Relative Other: _____
 Friend Me Neighbor

34. Do you know anyone who has died?
 Yes No Don't know/Don't want to answer
 → **If Yes**, who? Check all that apply.
 Parent Brother/Sister Friend Neighbor Other: _____

35. In general, do you feel safe in your neighborhood?
 Yes No Don't know/Don't want to answer

36. In the past year, approximately how many times have you heard gunshots in your neighborhood?
 Never Once or Twice Many times Don't know/Don't want to answer

Program Participation

37. **Approximately, how much time do you spend in this program?** ____ hours per week
 Don't know/Don't want to answer Not applicable
38. **In general, do you feel safe coming to this program?**
 Yes No Don't know/Don't want to answer Not applicable
39. **Would you like help in any of the following areas?** Check all that apply.
- | | | |
|---|--|--|
| <input type="checkbox"/> Homework/school/ GED studies | <input type="checkbox"/> Drug or alcohol use | <input type="checkbox"/> Problems at home |
| <input type="checkbox"/> Finding a job | <input type="checkbox"/> Safer sex education | <input type="checkbox"/> Managing anger |
| <input type="checkbox"/> Keeping a job | <input type="checkbox"/> Emotional problems | <input type="checkbox"/> Getting away from gangs |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Health problems | <input type="checkbox"/> Changing your living situation |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |
| | | <input type="checkbox"/> Don't know/Don't want to answer |

Thank you for your time!

Please return this survey to the person who gave it to you.

i Select questions adapted from the San Francisco Department of Children, Youth, and Their Families' Youth Survey.
ii Source: San Francisco Department of Children, Youth, and Their Families' Youth Survey for Middle/High School Students.
iii Source: California Healthy Kids Survey, © 1999 California Department of Education.
iv Source: Ansell-Casey Life Skills Assessment, © 2000 Casey Family Programs and Dorothy I. Ansell.
v Source: Individual Protective Factors Index (IPFI): A Measure of Adolescent Resiliency, © 1997 EMT Associates, Inc.

PrIDE Follow-up Survey Youth Self-Administered

Please complete:

Name of Organization: _____											Today's Date	____/____/____ Mo. Day Year		
Name of Program: _____												_____		
First Name											When were you born?	____/____/____ Mo. Day Year		
Last Name											When was your first day in this program?	____/____/____ Mo. Day Year		

Please read the following before you begin this survey.

This survey asks you to complete questions about your background, schooling, activities you participate in, the people in your life, and your experiences in this program. This program receives funds from the San Francisco Juvenile Probation Department and is part of the PrIDE project (Program Information for Development and Evaluation). This means that all of the youth who participate in this program complete this type of survey. You may remember that I asked you very similar questions when you first started this program.

This form will be sent to the PrIDE project at the Juvenile Probation Department. All of the information that is collected for the PrIDE project helps the Department and our program understand more about the difference this program makes and how this program can provide better services to youth in our program.

This survey will take about 20 minutes to complete. Some of the questions may be personal; you can always choose not to answer a question. We would prefer that you choose not to answer a question than have you answer a question dishonestly.

Confidentiality Disclaimer

The only people who will be able to see your answers to these questions are the staff of this program and the staff of the PrIDE project. If you have a Probation Officer, he/she can request a summary of the survey. Otherwise, all of the information that you share will be kept confidential and your answers will never be associated with your name. None of your answers will jeopardize your status in this program and no information gathered through this survey can be used against you in a court of law. If you have any questions about the survey or how your answers will be kept confidential, please ask the person who gave you this survey for assistance.

I have read the above statement and understand what it means.

Signature of Client

Today's Date

Demographics/Characteristics

1. **What neighborhood do you live in?** Please check one only.
- | | | |
|---|---|---|
| <input type="checkbox"/> Bayview Hunter's Point | <input type="checkbox"/> Ingleside Terrace | <input type="checkbox"/> Richmond |
| <input type="checkbox"/> Bernal Heights | <input type="checkbox"/> Japantown | <input type="checkbox"/> Russian Hill/Nob Hill |
| <input type="checkbox"/> China Basin | <input type="checkbox"/> Marina | <input type="checkbox"/> South Beach/Rincon Hill |
| <input type="checkbox"/> Civic Center | <input type="checkbox"/> Mission | <input type="checkbox"/> South of Market |
| <input type="checkbox"/> Crocker-Amazon | <input type="checkbox"/> Noe Valley | <input type="checkbox"/> St. Francis Wood |
| <input type="checkbox"/> Diamond Heights | <input type="checkbox"/> North Beach | <input type="checkbox"/> Sunset |
| <input type="checkbox"/> Downtown/Tenderloin | <input type="checkbox"/> OMI | <input type="checkbox"/> Telegraph Landing/Golden Gateway |
| <input type="checkbox"/> East of Twin Peaks | <input type="checkbox"/> Outer Mission | <input type="checkbox"/> Upper Market |
| <input type="checkbox"/> Excelsior | <input type="checkbox"/> Parkside-Lakeshore | <input type="checkbox"/> Visitacion Valley |
| <input type="checkbox"/> Glen Park | <input type="checkbox"/> Portola | <input type="checkbox"/> West of Twin Peaks |
| <input type="checkbox"/> Haight | <input type="checkbox"/> Potrero Hill | <input type="checkbox"/> West Portal |
| <input type="checkbox"/> Hayes Valley | <input type="checkbox"/> Presidio-Pacific Heights | <input type="checkbox"/> Western Addition |
| | | <input type="checkbox"/> Other: _____ |
| | | <input type="checkbox"/> Don't Know/Don't Want to Answer |

2. **What is your street address?**

 Street Name and Number City Zip Code Don't know/Don't want to answer

3. **Who do you live with?** Please check the one that best applies.
- | | | |
|--|---|--|
| <input type="checkbox"/> Two parents | <input type="checkbox"/> Alone | <input type="checkbox"/> Group Home/Foster Home |
| <input type="checkbox"/> One parent | <input type="checkbox"/> On the street | <input type="checkbox"/> Friends |
| <input type="checkbox"/> Family, but not parents | <input type="checkbox"/> Drug treatment program | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Guardian | <input type="checkbox"/> Jail/juvenile hall | <input type="checkbox"/> Don't know/Don't want to answer |

Educational Experiences/Orientation Towards School and Learning

4. **Do you go to school or are you in a GED program right now?** Please check one only. Don't know/Don't want to answer
- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Yes, school | → If Yes, What school? _____ |
| | → If Yes, What grade are you in right now? _____ |
| <input type="checkbox"/> Yes, GED | → If Yes, What is the name of your GED program? _____ |
| <input type="checkbox"/> No | → If No, How long ago did you stop going to school? _____ |
| | → If No, What is the last grade that you completed? _____ |
5. **On average, about how many days of school/GED program do you miss in a month?** Please check one only.
- | | | | | |
|---|--|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> None | <input type="checkbox"/> 1 or 2 days | <input type="checkbox"/> 3 or 4 days | <input type="checkbox"/> 5 to 10 days | <input type="checkbox"/> More than 10 days |
| <input type="checkbox"/> Not applicable – I'm not in a GED program/school | <input type="checkbox"/> Don't know/Don't want to answer | | | |
6. **Since starting this program have you gotten in trouble at school for your behavior and had any of the followings things happen?** Please check one only.
- | |
|--|
| <input type="checkbox"/> No, I have not gotten in trouble at school since I started this program |
| <input type="checkbox"/> Sent to Counselor's office → How many times? _____ For what? _____ |
| <input type="checkbox"/> Suspended from school → How many times? _____ For what? _____ |
| <input type="checkbox"/> Expelled from school → For what? _____ From what school? _____ |
| <input type="checkbox"/> Don't know/Don't want to answer |

7. **How sure are you that you will graduate from high school?** Don't know/Don't want to answer
 Very Sure Somewhat Unsure
 Somewhat Sure Very Doubtful
 Not Applicable – I'm planning on getting my GED.
↳ **If GED**, How sure are you that you will get your GED?
 Very Sure Somewhat Sure Somewhat Unsure Very Doubtful
8. **Since starting this program what kinds of grades have you gotten in school?** Please check one only.
 Not Applicable – I was not in school in the last year Don't know/Don't want to answer
 Mostly A's and B's Mostly B's and C's Mostly C's and D's Mostly D's and F's
9. **What do you see yourself doing 5 years from now?** Don't know/Don't want to answer
-

10. **For your job/career in the future, how much education/training will you need?**
 I don't need to finish high school I need to graduate from a community or junior college
 I need to finish high school or have a GED I need to graduate from a 4 year college or university
 I need to go to vocational, trade or business school after high school I need a Master's Degree
 I need a PhD or professional degree (JD/Law, MD, etc.)
 Don't know/Don't want to answer

11. **How much do you agree with each of these statements?** Please check only one answer per row.

	I Strongly Disagree	I Disagree	I Agree	I Strongly Agree	No Opinion/ NA
a. I enjoy going to school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I don't spend any extra time at my school if I don't have to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I feel safe at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I participate in activities that support my school such as attending sports events, after-school programs, student government, or pep rallies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. **Did coming to this program help you stay in school or get your GED?**
 Yes No Don't know/Don't want to answer
13. **Did coming to this program make you feel more comfortable about your abilities in school/a GED program?**
 Yes No Don't know/Don't want to answer

Extra-Curricular Activities

14. **Do you do any of these activities (not including your activities in this program)?ⁱⁱ**
- a. Go to a neighborhood or community center (like the boys and girls club) Yes No Don't know/Don't want to answer
- b. Participate in a youth group or club Yes No Don't know/Don't want to answer
- c. Volunteer Yes No Don't know/Don't want to answer
- d. Work for pay Yes No Don't know/Don't want to answer
- e. Play sports on a team Yes No Don't know/Don't want to answer
- f. Play a musical instrument Yes No Don't know/Don't want to answer
- g. Participate in a religious group or club Yes No Don't know/Don't want to answer
- h. Practice martial arts Yes No Don't know/Don't want to answer
- i. Do other activities (specify): _____ Yes No Don't know/Don't want to answer
15. **Did you become involved in any extra-curricular activities because of your participation in this program?**
 Yes No Don't know/Don't want to answer

↳ If Yes, What type of activities? _____

Work and Job Readiness

16. **Do you have a job now?**

Yes No Don't know/Don't want to answer

↳ If Yes, Where do you work now? _____

How many hours per week do you work? _____

How much money do you earn per hour? \$ _____

17. **Are you interested in getting a job (or finding a NEW job)?**

Yes No Don't know/Don't want to answer

18. **Do you have...**

- | | | | |
|---|------------------------------|-----------------------------|--|
| a. ...California (or other state) ID card | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know/Don't want to answer |
| b. ...Resume | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know/Don't want to answer |
| c. ...Social Security card | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know/Don't want to answer |
| d. ...Belief that you can get a job | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know/Don't want to answer |
| e. ...Ideas about the type of job you want? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know/Don't want to answer |

19. **Did you receive help from this program in finding or keeping a job?**

Yes No Don't know/Don't want to answer

Relationships with Parents, Peers and Othersⁱⁱⁱ

20. **How much do you agree with each of these statements?** Please check only one answer per row.

<i>I have a friend or relative about my own age...</i>	I Strongly Disagree	I Disagree	I Agree	I Strongly Agree	No Opinion/ NA
a...who really cares about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b...who talks with me about my problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c...who helps me when I'm having a hard time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. **How much do you agree with each of these statements?** Please check only one answer per row.

<i>In my home, there is a parent or some other adult...</i>	I Strongly Disagree	I Disagree	I Agree	I Strongly Agree	No Opinion/ NA
a...who expects me to follow the rules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b...who is interested in my schoolwork.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c...who believes that I will be a success.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d...who is too busy to pay much attention to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e...who talks with me about my problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f...who always wants me to do my best.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g...who listens to me when I have something to say.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. **Did you receive help or learn anything in this program that helped you get along better with your friends or relatives?**

Yes No Don't know/Don't want to answer

↳ If Yes, what type of help did you get? _____

Skills^{iv}

23. **Please indicate your level of agreement with the following statements:** Please check only one answer per row.

Self-Care and Social Development	I Strongly Disagree	I Disagree	I Agree	I Strongly Agree	No Opinion/ NA
a. I can name two or more places to get help if I feel unsafe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I am generally healthy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I ask for help when I need it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I accept compliments or praise without feeling embarrassed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I can take criticism without being very angry, sad or defensive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I have pride in my cultural background.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I respect other people's feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I respect other people's ways of looking at things, their lifestyle, and their attitudes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I am able to organize and lead group activities (like school or sports activities).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I think about how my choices affect others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I think about how my choices now affect my future a year or more from now.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. **Please indicate how much you agree with the following statements.^v** Please check only one answer per row.

	I Strongly Disagree	I Disagree	I Agree	I Strongly Agree	No Opinion/ NA
a. Sometimes you have to physically fight to get what you want.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I get mad easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. When I am angry or upset I do whatever I feel like doing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. When I am mad, I yell at people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Sometimes I break things on purpose.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. If I feel like it, I hit people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. This program taught me new ways to deal with my anger.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. This program helped me think ahead to the consequences of my actions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. **Have you learned or done things at this program that you haven't done anywhere else?**

Yes No Don't know/Don't want to answer

If yes, please explain:

Other Risk Factors

26. **Have you ever tried alcohol or drugs (including tobacco)?** Yes No → Skip to Q28
 Don't know/Don't want to answer → Skip to Q28
27. **Please answer the following questions about your substance use:** Please check only one answer per row.

Have You Ever Tried...	If Yes →	How Frequently Have You Used This Substance in the Last Three Months?				Would You Like to Quit?
		Just Tried Once	About 1 or 2 Times a Month	About Once a Week	Almost Everyday	
Tobacco?	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alcohol?	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Marijuana/Weed?	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other drugs: _____ _____	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

28. **Do you hang out with people who are gang members?**
 Yes No Don't know/Don't want to answer

Program Participation

29. **How long have you been participating in this program?**
 Less than one week More than 1 month and less than 6 months 1-2 years
 Between one week and one month Between six months and 1 year More than 2 years
 Don't know/Don't want to answer
30. **Approximately, how much time do you spend in this program?** _____ hours per week
 Don't know/Don't want to answer Not applicable
31. **Did you get help from this program in any of the following areas?** (Check all that apply.)
 Homework/school/ GED studies Drug or alcohol use Problems at home
 Finding a job Safer sex education Managing anger
 Keeping a job Emotional problems Getting away from gangs
 Transportation Health problems Changing your living situation
 Other: _____ Other: _____ Other: _____
 Don't know/Don't want to answer
32. **If you were in trouble or needed to talk, who would you talk to at this program:** (check all that apply)
 Another youth One staff person in particular
 Any staff at this program No one at this program
 Don't know/Don't want to answer
33. **How satisfied are you with the types of services offered at this program?**
 Very dissatisfied Dissatisfied Satisfied Very Satisfied
 No opinion Don't know/Don't want to answer
34. **How satisfied are you with the staff at this program?**
 Very dissatisfied Dissatisfied Satisfied Very Satisfied
 No opinion Don't know/Don't want to answer
35. **How satisfied are you with the respect shown for your ethnic and cultural background at this program?**
 Very dissatisfied Dissatisfied Satisfied Very Satisfied
 No opinion Don't know/Don't want to answer
36. **How satisfied are you with this program overall?**
 Very dissatisfied Dissatisfied Satisfied Very Satisfied
 No opinion Don't know/Don't want to answer

37. **In general, do you feel safe coming to this program?**

- Yes No Don't know/Don't want to answer Not applicable

38. **In general, would you recommend this program to your friends?**

- Yes
 No
 Don't know

39. **After you complete this program, are you interested in staying in touch and helping out?**

- Yes
 No
 Don't know

40. **Is there anything you would like to add about your experience in this program?**

Thank you for your time!

Please return this survey to the person who gave it to you.

i Select questions adapted from the San Francisco Department of Children, Youth, and Their Families' Youth Survey.
ii Source: San Francisco Department of Children, Youth, and Their Families' Youth Survey for Middle/High School Students.
iii Source: California Healthy Kids Survey, © 1999 California Department of Education.
iv Source: Ansell-Casey Life Skills Assessment, © 2000 Casey Family Programs and Dorothy I. Ansell.
v Source: Individual Protective Factors Index (IPFI): A Measure of Adolescent Resiliency, © 1997 EMT Associates, Inc.

PrIDE Exit Form

Please complete this exit form for all youth with whom you conducted a Baseline Survey AND who are no longer in your program.

Name of Organization: _____										Today's Date		___/___/___ Mo. Day Year	
Name of Program: _____										Your Initials		____	
Clients' First Name										Clients' Date of Birth		___/___/___ Mo. Day Year	
Clients' Last Name										Clients' Program Start Date		___/___/___ Mo. Day Year	

1. **Approximately, what date did the youth last participate in your program?** _____
2. **Approximately, how much time did the youth spend in this program?** ____ hours per week
3. **Why did the youth stop participating in your program? Check all that apply.**

<input type="checkbox"/> Completed the program	<input type="checkbox"/> Youth dropped out of program
<input type="checkbox"/> Partial completion of program	<input type="checkbox"/> Probation violation
<input type="checkbox"/> Committed to juvenile hall	<input type="checkbox"/> Absent from program without permission/AWOL
<input type="checkbox"/> Failure to appear at program	<input type="checkbox"/> Youth moved out of area
<input type="checkbox"/> New arrest/law violation	<input type="checkbox"/> Other reason: _____
<input type="checkbox"/> Poor performance or behavior in the program	<input type="checkbox"/> Don't know
4. **What services/activities did the youth participate in or access while in the program? Check all that apply.**

<input type="checkbox"/> Job training/readiness services	<input type="checkbox"/> Anger management services	<input type="checkbox"/> Practical assistance such as help with transportation or meals
<input type="checkbox"/> Tutoring/help with homework	<input type="checkbox"/> Health education services	<input type="checkbox"/> Extra-curricular or after-school activity
<input type="checkbox"/> GED services	<input type="checkbox"/> Housing services/assistance	<input type="checkbox"/> Other service/activity: _____
<input type="checkbox"/> Mentoring	<input type="checkbox"/> Substance use counseling	
<input type="checkbox"/> Case management	<input type="checkbox"/> Mental health counseling	<input type="checkbox"/> Don't know
<input type="checkbox"/> Intensive home-based supervision		
5. **Does the youth continue to participate in other programs at your organization?**
 Yes No Don't Know Not applicable, our organization only operates this program
 ↳ **If Yes**, please briefly describe: _____
6. **Did you or another staff member ever refer the youth to another agency?**
 Yes No Don't Know
 ↳ **If Yes**, which agencies: _____
 ↳ **If Yes**, for what types of services: **Check all that apply.**

<input type="checkbox"/> Job training/readiness services	<input type="checkbox"/> Anger management services	<input type="checkbox"/> Practical assistance such as help with transportation or meals
<input type="checkbox"/> Tutoring/help with homework	<input type="checkbox"/> Health education services	<input type="checkbox"/> Extra-curricular or after-school activity
<input type="checkbox"/> GED services	<input type="checkbox"/> Housing services/assistance	<input type="checkbox"/> Other service/activity: _____
<input type="checkbox"/> Mentoring	<input type="checkbox"/> Substance use counseling	
<input type="checkbox"/> Case management	<input type="checkbox"/> Mental health counseling	<input type="checkbox"/> Don't know
<input type="checkbox"/> Intensive home-based supervision		
7. **Please answer the following questions to the best of your ability:**
 Is the youth currently in school? Yes No Don't Know
 Is the youth currently working? Yes No Don't Know
 Is the youth currently in a stable living situation? Yes No Don't Know
8. **Do you have any other information or comments about this youths' current situation or how the program helped this youth? Feel free to write on the back of this page.**

Thank you for your time! When complete, please send this instrument to:

PrIDE Staff

375 Woodside Ave, San Francisco, CA 94127