The YPI Evaluation Newsletter

Central New York Rural Safe Schools/Healthy Students Initiative

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MOST Services After Three Years

The Central New York (CNY) Rural Safe Schools/Healthy Students (SS/HS) Initiative is a collaboration involving five rural school districts, the Cayuga County Department of Health & Human Services, the Cayuga County Sheriff's Department, the Cayuga-Onondaga B.O.C.E.S, and the Partnership for Results. Led by a Core Management Team convened by the Partnership, this interagency project is implementing evidence-based programs intended to promote safe, well-ordered, and drug-free school environments, and to help children and youth develop the social skills and emotional resilience necessary to avoid violent and other destructive behaviors.

The *YPI Evaluation Newsletter* is a series of reports developed by CNY Rural SS/HS Initiative's independent evaluator, the Youth Policy Institute. Each *Newsletter* is designed to help Initiative stakeholders determine:

- Whether the SS/HS Initiative programs are being implemented as intended;
- Whether programs and services are reaching and benefitting students and families; and
- What effects project activities are having on schools and students.

About the Evaluation

The evaluation is being conducted by the Youth Policy Institute. This four-year study of the CNY Rural SS/HS Initiative includes qualitative and quantitative data collection activities designed to gather information about safety, violence prevention, and substance use issues from schools, service providers, staff, parents, and students.

This edition of the *Newsletter* explores the Initiative's implementation of MOST (Mobile Outreach Services Team). Beginning in September 2009, MOST has been offered in all 5 participating districts for students in early childhood settings (Pre-K MOST) and in middle and high schools (Secondary MOST).[1]

[1] MOST services are also provided in the elementary schools of three Central NY Rural Safe Schools/Healthy Students Initiative school districts: Cato-Meridian, Jordan-Elbridge, and Union Springs. These services, known as CREST MOST, are provided pursuant to another federal funding stream, the Elementary and Secondary Counseling Grant of the U.S. Department of Education. A YPI evaluation of CREST MOST services is forthcoming.

Data Sources

This report on MOST services relies on multiple sources of information:

- ***Children At-Risk Interagency database (CHARI).*** Client-based information, including demographic, assessment, and treatment data, was accessed from the CHARI database in a manner that ensured client confidentiality.
- ***Parent surveys.*** Clinicians distributed anonymous parent/caregiver surveys at the end of interventions to collect information regarding family involvement in and satisfaction with MOST services, and to gather a critical perspective on the effects of the intervention. YPI and Partnership supervisors are careful to ensure that respondents understand that survey completion is voluntary and confidential.
  - Of the 193 Secondary MOST cases closed and completed during the period of mid-October 2009 through mid-July 2012, 105 parents and caregivers completed surveys (55% of all closed and completed cases).
  - During the same time period, there were 54 Pre-K MOST cases closed and completed, and 47 parents/caregivers completed surveys (87% of all closed and completed cases).

  These are exceptionally high return rates, in large part the result of MOST clinicians making personal requests for participation at the closing of cases. Such a high level of participation ensures that survey data accurately reflect the opinions of the primary caregivers of MOST clients.
- ***Site visits, interviews, and focus groups.*** Each project year, YPI staff conducted site visits to all SS/HS Initiative buildings. These visits included interviews with building administrators and focus groups with student support and instructional staff to assess the degree to which MOST referral and counseling services were being implemented as anticipated and the extent to which these programs have become accepted parts of the school communities. YPI also conducted an annual focus group with the MOST clinical staff, and interviewed MOST's clinical director on multiple occasions each year.

I. The MOST Model

MOST, both at the Pre-K and secondary school levels, is a research-based model for delivering mental health and other support services. Developed by the Partnership for Results over a decade ago, MOST has several components that are essential for achieving positive results (summarized in **Table 1**, below):

1. *Screening.* Systematic screening of students by teachers for mental health and other risk factors using the Observation Checklist (Secondary MOST only).
2. *Comprehensive Assessment.* Multi-disciplinary, comprehensive assessment by clinicians using the Devereux Early Childhood Assessment Clinical Form (DECA-C) in Pre-K MOST and the Well-Being Assessment Instrument (known as the "WellBAT") in Secondary MOST.
3. *Monitoring and Data Collection.* Service delivery monitored with the Partnership's interagency database (CHARI – Children At-Risk Interagency database).
4. *Integrated Service Plans.* Development of integrated service plans to support resolution of underlying problems affecting both the client and household members.

5. *Evidence-Based Interventions.* Provision of evidence-based therapeutic interventions – either Child-Centered Play Therapy (CCPT) for young children or Cognitive Behavioral Therapy (CBT) for secondary school students.
6. *Established Caseload and Number of Sessions.* Under the MOST model, each clinician maintains a caseload of approximately 23-25 students (depending somewhat on the intensity of the clients' needs) and provides, among other services, a maximum of 21 counseling sessions in Pre-K MOST and Secondary MOST.

Table 1: Essential Components of the MOST Model

	Pre-K MOST	*Secondary MOST*
Screening (Observation Checklist)		✓
Comprehensive Assessment	DECA-C	WellBAT
CHARI Monitoring and Data Collection	✓	✓
Child-Centered Play Therapy (CCPT)	✓	
Cognitive Behavioral Therapy (CBT)		✓
Established Caseload (23-25 students)	✓	✓
Maximum Number of Counseling Sessions	21	21

II. Secondary MOST

Cases Opened. Over the 36-month period from mid-August 2009, when program services became available, through mid-July 2012, 395 students became Secondary MOST clients in the middle and high schools of the 5 participating school districts.

Closed and Completed Cases. By mid-July 2012, of the 395 cases opened during the course of the project, 193 were closed and completed, 130 were closed before being completed, and 72 were still open. In other words, of the 323 closed cases, 60% received MOST services in their entirety. **Based on other YPI evaluations of MOST services in secondary schools, this is a typical closed and completion rate.**

In all closed and completed cases, the program:

- Provided two comprehensive assessments at the beginning and the end of the intervention;
- Provided each client with 21 sessions of school-based counseling services over a period of six to seven months;
- Developed integrated service plans for clients and their families and improved access to ancillary programs and services; and
- Developed and implemented discharge plans.

A systematic analysis of the closed and completed Secondary MOST cases indicates that most demographic and contextual factors did not affect whether students and their families completed the entire intervention as planned. For example:

- 52% of opened cases involved male clients, as did 51% of all closed and completed cases;
- The distributions of opened and closed and completed cases by income were nearly identical;
- Of the opened cases, 94% of the clients were white and 6% were students of color. Of the closed and completed cases, 95% were white and 6% were students of color;[2] and

[2] Given the very few students from minority groups, it is necessary to combine all non-white students into one grouping; the term "students of color" is used to describe this grouping of all students who choose not to be identified as white.

- The distribution of opened and closed and completed cases by district were indistinguishable.

It is evident, from these data, that Secondary MOST cases are closed and completed at the same rate, regardless of demographics, location, and, since there is one clinician per district, clinician. This is the sign of a mature and well-administered service.

Closed Cases That Are Not Completed. Since Secondary MOST services were first offered**, there has been a steady and significant decline in the percentage of cases that are closed before completion**, from 37% of opened cases in Year 1 of the Initiative, to 34% in Year 2, and 28% in Year 3**.**

Based on evidence from interviews and site visits and a trend analysis of assessment data, this decline is most likely the result of several factors:

- Improved coordination of efforts between school support staff and MOST clinicians;
- A greater ability to identify clients most likely to benefit from the intervention; and
- Improved clinician skills in motivating students and their primary caregivers to participate.

Of the 130 cases that were terminated before they were completed, a majority (62%) were closed prematurely when the students indicated a clear unwillingness to continue treatment. The remainder of these early closures involved families moving away from the jurisdiction (18%) and other situations that made it impossible to provide essential services (20%).

Key Characteristics of Secondary MOST Participants

Table 2: Family Characteristics of Secondary MOST Participants (N=395)

	August 2009-July 2012
Number of Times the Household has Moved in the Past 5 Years	
0 (did not move)	48%
1 time	29%
2 or more times	23%
Annual Household Income	
< $20,000	34%
$20,000 - $34,999	23%
$35,000 - $49,999	29%
$49,999+	15%
Family Structure	
Both biological parents	39%
Mother only	37%
Father only	10%
Neither biological parent	14%

Family Characteristics – Table 2

Family Mobility. Nearly one-half of the Secondary MOST families stayed in the same residence during the 5 years before the case was opened. More than one in five students, however, moved frequently (at least 2 times) and as a result, changed schools more often than those who were less mobile. Of those students who moved 2 or more times in the past 5 years, 47% had attended three or more schools during their academic career, compared to only 6% of clients whose families stayed in the same residence.

Family Income. One-third of participating families have household incomes of less than $20,000 per year, compared to less than 15% of rural households in Cayuga and Onondaga Counties. 57% of the participants live in households with incomes below $35,000, while the median household income in the region is over $48,000 (U.S. Census 2010).

These data clearly indicate that MOST is providing low-income students and their families a service that, most likely, would otherwise be unavailable due to lack of transportation and inadequate insurance coverage.

MOST is also **increasingly serving poor families**. This is almost certainly related to the fact that the community served by the SS/HS Initiative is enduring a steady economic decline. In Year 1, 51% of MOST households had incomes below $35,000, rising to 57% of households in Year 3.

Family Structure. A majority of Secondary MOST clients live in single head-of-household families (37% in single-mother families and 10% in single-father); this is a level significantly higher than that found nationally in rural families, in which 29% are single-mother and 5% are single-father.[3] An additional 14% of Secondary MOST clients live with neither biological parent.

Living in single head-of-household families presents significant challenges to children and youth, and is linked to, among other factors, chronic poverty and lower levels of academic achievement.[4]

Table 3: Characteristics of Secondary MOST Clients (N=395)

	August '09-July '12
Gender	
Female	52%
Male	48%
Race/Ethnicity	
Whit	95%
Mixed Race or "Other"	4%
African-American	1%
Hispanic or Latino	1%
Age of Secondary MOST Clients	
11	10%
12	13%
13	13%
14	13%
15	15%
16	13%
17	13%
18+	12%
School Districts	
Cato-Meridian	20%
Jordan-Elbridge	22%
Moravia	20%
Southern Cayuga	16%
Union Springs	21%
Special Education Status	
No IEP	76%
IEP	24%

Client Characteristics – Table 3

The Secondary MOST program is working with students who are, in most respects, representative of the larger middle and high school student population in the participating schools.

Gender. There are marginally more female than male clients.

Race/Ethnicity. The race/ethnicity of Secondary MOST clients mirrors that of the student population at large.

Age. There is a relatively even distribution of students by age across the middle and high school years.

School Districts and Caseload. With the slight exception of Southern Cayuga CSD, which experienced an interruption of services during the first project year, there is a roughly equal distribution of Secondary MOST cases among the remaining four districts. Each of these districts served approximately the same number of middle and high school students. Clinicians in each district have maintained average caseloads of between 17 and 22 students.

Special Needs. 24% of the Secondary MOST clients have Individualized Education Plans (IEPs), none of which include classification for emotional disturbance. In other words, **MOST clients are considerably more likely to be classified as having special needs than the general population of students.** These students are not equally distributed across the districts. Very few Secondary MOST clients with IEPs attend Jordan-Elbridge schools (9%) compared to Cato-Meridian (27%), Moravia (22%), Southern Cayuga (17%) and Union Springs schools (25%).

Complex Service Needs

Well-Being Assessments. At the outset of each case, Secondary MOST clinicians administer the Well-Being Assessment (WellBAT), a multi-disciplinary service planning and assessment instrument with 37 sub-scales. The completed WellBAT helps each clinician determine the extent to which student clients and their households will benefit from the core elements of the program: Cognitive Behavioral Therapy (CBT) counseling; the development of an integrated service plan; and comprehensive management of the case by the clinicians.

[3] M. Mather (May 2010). U.S. Children in Single-Mother Families. *Data Brief: Population Reference Bureau* http://www.ers.usda.gov/publications/EIB1/eib1.pdf

[4] K.A. Moore (April 2009). Children in Poverty: Trends, Consequences, and Policy Options. *Child Trends Research Brief.* http://www.childtrends.org/Files//Child_Trends-2009_04_07_RB_ChildreninPoverty.pdf

Initial administrations of the WellBAT indicated that students served by MOST are affected by a wide range of adverse circumstances that need to be addressed with core services. In other words, **Secondary MOST is serving the intended target population.**

- Through mid-July of 2012, Secondary MOST therapists completed 336 initial WellBATs. The WellBAT scores indicate that program participants have, on average, moderate to severe problems on 15.2 of the 37 subscales, and severe issues on 5.3 subscales. There has been little variation in these averages over time.

"Serious" WellBAT issues. The WellBAT subscales for which Secondary MOST clients were most frequently assessed as having severe (or particularly intense) problems or situations are listed below (**Table 4**). Between 28% and 34% of these MOST clients have severe internalizing, externalizing, and/or academic problems. To a great extent, these client issues can be seen as being intensified, or perhaps even caused, by family crises compounded by pervasive risk-taking behaviors of household members.

Table 4: "Serious" WellBAT Ratings Affecting at least 20% of Secondary MOST Clients

N=336	% of Clients
1. *Stressful events* – client experienced a stressful event within the year such as parent divorce or death of a loved one.	41%
2. *Internalizing behaviors* – client exhibits anxiety, mood, and depression disorders.	34%
3. *Family history of substance abuse* – client's parents or siblings have a history of drug use.	28%
4. *Academic performance* – client failed 2 or more courses during current academic year or has repeated a grade level.	28%
5. *Temperament problems* – client exhibits signs of high reactivity and poor adaptability.	28%
6. *Family history of mental illness* – client's parents or siblings have a history of mental health problems.	26%
7. *Access to tobacco/alcohol/drugs* – client perceives these substances to be easily accessible within or outside home.	20%

"Moderate" or "Serious" WellBAT issues. The service needs of Secondary MOST participants, for both intense and emerging problems, are pervasive, including excessive reactivity, poor problem-solving and social skills, an underdeveloped sense of family belonging, and academic underachievement (**Table 5**).

Table 5: Most Common "Moderate" *or* "Serious" WellBAT Ratings Affecting at least 50% of Secondary MOST Clients

N=336	% of Clients
1. *Temperament problems* – client exhibits signs of moderate to high reactivity and poor adaptability.	71%
2. *Stressful events* – client experienced a stressful event such as parent divorce or death of a loved one either a) in previous years and has difficulty adapting to change (moderate) or b) within the last year (serious).	68%
3. *Problem solving self-efficacy* – client feels he/she might be successful in solving problems but is unsure of his/her ability (moderate); client feels unable to handle problems and finds them overwhelming or out of his/her control (serious).	61%
4. *Social competence* – client is timid about social interactions and tends to avoid situations that require the use of social skills (moderate); client is unable to read social settings and to determine the appropriate responses (serious).	61%
5. *Family belonging* – client recognizes efforts to provide family environment but wishes to have a closer relationship with family (moderate); client is isolated from family and unable to identify ways families care for each other (serious).	55%
6. *Relationship with peers* – client has isolated negative experiences as a victim or bully and/or maintains distant friendships or tends to have friends of a different age group or gender.	51%
7. *Self-direction* – client expresses a) uncertainty about goals (moderate); b) lack of interest in setting goals (serious).	50%
8. *Academic performance* – client is failing 1 or more courses during current academic year or has repeated a grade level.	50%

Factors Influencing Problem Severity. In order to explore the factors affecting the severity of issues at intake, YPI examined variation in the sum of each MOST client's WellBAT ratings (i.e. scores of 0, 1, and 2 for all 37 rubrics) at intake using a range of demographic and contextual factors (**Table 6**).

- It is evident that there is a **strong negative correlation between total WellBAT scores and household income.** The lower the income, in other words, the greater the extent of risk confronted by the client (Spearman rank correlation coefficient of -.800, $p < 0.100$).
- **It is also clear that MOST clients with IEPs are at greater risk at intake than those without an IEP.**
- **There was also significant variation in the WellBAT scores by school district and MOST clinician** (Spearman .900, $p < .019$). It is not clear whether this is a reflection of patterns of referral by district or whether there are significant differences in the WellBAT rating techniques of different MOST clinicians. Given the extensive supervision of MOST clinicians by project staff, the former is more likely the case. This is an issue that YPI advises the project to explore.
- There is no substantial correlation between total WellBAT scores and age (Spearman .405, $p < .160$).

Table 6: Variation of Total Secondary MOST WellBAT Scores at Intake (N = 336)

	Average Total WellBAT Score at Intake
Annual Household Income	
< $20,000	24.75
$20,000 - $34,999	20.62
$35,000 - $49,999	20.91
$49,999+	17.76
Gender	
Female	21.27
Male	21.85
Special Education Status	
No IEP	20.71
IEP	24.27
Age of MOST Client	
11	21.10
12	19.85
13	18.45
14	22.06
15	20.21
16	21.17
17	20.83
18	21.45
School District/MOST Clinician	
Cato-Meridian	24.74
Jordan-Elbridge	24.24
Moravia	20.05
Southern Cayuga	22.20
Union Springs	14.63

Fidelity to MOST Program Model

It is now well-established that, for school-based counseling programs, in particular, and therapeutic interventions, in general, a higher level of fidelity to proven practices and procedures translates to a greater level of program efficacy. Data collected from the Partnership's CHARI database, parent surveys, and staff interviews indicate that **project staff maintained a very high level of fidelity to the MOST model across its salient protocols and procedures.**

Service Integration and Case Management. In keeping with the MOST model, the clinicians have routinely developed integrated service plans for Secondary MOST clients and referred clients and family members for collateral or ancillary services. In the 193 cases that were closed and completed through mid-July of 2012, Secondary MOST clinicians made an average of 1.4 referrals per case for collateral services (264 referrals).[5] **Compared to other implementations of the MOST model, Secondary MOST clinicians are making, on average, relatively few referrals to community-based ancillary services.**

- Other versions of MOST in less rural areas have managed to achieve an average of 1.7 to 2.0 referrals for additional services per case. Given the complexity of the needs of the clients and their households, one would expect a higher rate of referral in Secondary MOST cases than Initiative data reports. Interview data indicates several reasons for this state of affairs:

[5] Most referrals were for family support services (55% of all referrals), with the remainder for mental health services (39%) and educational supports (7%).

(1) Secondary MOST clinicians are having difficulty overcoming primary caregivers' resistance to home visits and referrals for services;

(2) It is difficult for rural families to access appropriate community-based services, which are largely urbanized, in the target area; and

(3) Secondary MOST clinicians are still learning about the full range of services available and the extent to which appropriate services can be identified in CHARI.

- It is clear, however, that in Year 2, when more attention was paid at staff meetings to the use of successful referral techniques and effective (and available) community-based services, referral rates did increase. The average number of referrals per case in Year 1 was 1.1 and in Year 2, 1.7. In Year 3, however, the referral rate dropped to 1.2 referrals per case. This recent decline may indicate a return to an earlier pattern, or it may be an aberration, given the small number of closed and completed cases in Year 3 (32) as compared to Year 2 (87).

Treatment goals. For the 193 closed and completed cases, there was an average of 5.8 goals per participant. This is higher than other implementations of MOST in secondary schools (which tend to average between 3 and 4 goals per client). The great majority of treatment goals, 86%, were in three treatment areas: mental health (30% of treatment goals); education (29%); and family support (27%). In addition, 9% of treatment goals addressed substance use issues.

- **These quantitative data, supported by qualitative data, indicate that Secondary MOST clinicians consistently adopt a comprehensive, multi-disciplinary approach to resolving their clients' problems.**
- CHARI data indicates, moreover, that clinicians routinely monitored all treatment goals to determine progress being made and adjusted treatment plans, when warranted, to improve the efficacy of the intervention.

Parent/Caregiver Involvement. Parents and caregivers have a critical role to play in Secondary MOST services. The success of the intervention depends to a great extent on their understanding of program components from the outset, their involvement in and approval of the intervention's diagnostic and service coordination activities, and their efforts to reinforce the therapeutic strategies. YPI administered a parent/caregiver survey to gauge the extent to which Secondary MOST has maintained fidelity to the model in these critical areas.

As noted above (page 2), of the 193 closed and completed cases, 105 primary caregivers completed surveys. The high participation rate ensures that respondents to the survey accurately represent the entire population of parents/caregivers of youth who completed Secondary MOST services.

- *Parent/Caregiver Understanding of Program and Involvement.* A significant majority of respondent caregivers "strongly agree" that: the Secondary MOST program was thoroughly explained to them at the outset; their questions or concerns with the program were sufficiently addressed; they were involved in the development of a service plan; and they were encouraged by the project clinicians to be involved in the intervention (**Table 7**, below).

Table 7: **Parent/Caregiver Understanding of Secondary MOST Model and Involvement in Service Planning**

(N=105)	***Strongly Agree***	***Agree***	***Disagree***	***Strongly Disagree***
The clinician thoroughly reviews the program with parents/caregivers before services are provided.	84%	15%	1%	0%
Parent/caregiver questions and concerns about the program are satisfactorily addressed by the Secondary MOST clinician.	81%	19%	0%	0%
The clinician develops a service plan in a way that involves parents/caregivers and other family members.	62%	34%	5%	0%
Parents/caregivers are encouraged to be involved in the Secondary MOST services provided to their children.	63%	36%	1%	0%

The MOST model, in general, and the therapeutic technique of cognitive behavioral therapy, in particular, benefit from the involvement of the parents and caregivers. **Table 8** shows **frequent parent/caregiver involvement in the intervention.**

Table 8: Parent/Caregiver Involvement in Secondary MOST Services (N=105)

The frequency with which parents/caregivers…	***Daily***	***Weekly***	***Monthly***	***Several Times/Year***	***Never or Rarely***
Speak with the clinician regarding the progress their child is making.	2%	24%	44%	26%	4%
Speak with their child regarding the progress he or she is making in Secondary MOST.	14%	60%	13%	10%	4%
Speak to other family members about the Secondary MOST program.	5%	19%	24%	20%	31%
Participate in a Secondary MOST therapy session.	1%	16%	19%	12%	52%
Use any of the strategies suggested by the clinician.	29%	29%	20%	16%	6%
Seek additional services for their child or themselves based on suggestions from the clinician.	5%	18%	17%	22%	38%

- *Monitoring Child's Progress.* More than 7 in 10 respondents reviewed the progress their children were making in the program with the Secondary MOST counselor on at least a monthly basis, 26% at least weekly.
- *Discussing Intervention with Child.* Parents/caregivers were even more inclined to discuss the intervention with their children, with three-quarters doing so at least weekly. Parents/caregivers were considerably less inclined to discuss the intervention with other family members, with approximately one-quarter doing so at least weekly.
- *Employing Recommended Strategies.* Beyond monitoring the impact of Secondary MOST services on their children, parent/caregiver respondents indicated that they supported the intervention in other critical ways. Nearly one-half of primary caregivers participated at least occasionally in therapy sessions with their children. In addition, project clinicians imparted strategies to primary caregivers to enlist them as allies in the therapeutic intervention. More than half (58%) of these primary caregivers employed these CBT strategies at least weekly.
- *Using Additional Services.* In order to help the family members of Secondary MOST clients address unmet service needs, project clinicians developed coordinated service plans and assisted primary caregivers in accessing needed programs and interventions. In this area, there was substantial success, with 62% of primary caregivers reporting that they sought additional services for their children or themselves based on suggestions from Secondary MOST clinicians (**Table 8**, above).

Since parents/caregivers found the project clinicians to be accessible and responsive to their needs, and, as reported below, viewed the intervention as effective, it is not surprising that parents and caregivers reported exceptionally high levels of satisfaction with the Secondary MOST program and its staff. 93% of parent/caregiver respondents were "very satisfied" with the quality of the Secondary MOST clinicians, and 86% with the quality of the program. **Not one parent expressed dissatisfaction with the counseling staff or the program** (**Table 9**).

Table 9: Satisfaction of Parents/Caregivers with the Secondary MOST Program and Staff (N=105)

	Very Satisfied	*Somewhat Satisfied*	*Not at All Satisfied*
Satisfaction with the program in general	86%	14%	0%
Satisfaction with the quality of the Secondary MOST clinician	93%	7%	0%

Secondary MOST Outcomes

YPI conducted a multi-faceted analysis using a wide range of data sources to gauge MOST program outcomes within the Initiative. These sources include:

1. Clinical assessments of progress made by clients toward meeting treatment goals;
2. Levels of improvement in mental health status as measured by the Youth Pediatric Symptom Checklist (Y-PSC), a validated client self-report instrument which is administered at the beginning and end of Secondary MOST services;
3. Changes in aggregate WellBAT scores over the course of Secondary MOST services;
4. Levels of improvement in risk of substance use as measured by administration of the Personal Experience Screening Questionnaire (PESQ), also a validated client self-report instrument, administered at the beginning and end of Secondary MOST services; and
5. Parent/caregiver assessments of their children's progress as a result of Secondary MOST services.

In general, for clients that have completed services and have had their cases closed, Secondary MOST brings about substantial positive results, improving the ability of clients to positively develop socially, emotionally, and educationally.

Progress toward meeting treatment goals. As seen in **Table 10**, for closed cases where services were completed, clinicians reported that their clients:

- **Either met or made significant progress toward meeting 52% of their treatment goals**;
- Made moderate progress towards 23% of their goals;
- Made minor progress towards 15% of their goals;
- Had no change in status for 6% of established treatment goals; and
- Showed regression for 4% of the goals.

Table 10: **Progress Toward Meeting Treatment Goals, Closed & Completed Cases (280 goals; 56 cases)**

	Goals Met	*Significant Progress Toward Meeting Goal*	*Moderate Progress Toward Meeting Goal*	*Minor Progress Toward Meeting Goal*	*Unchanged*	*Failed to Cooperate or Minor to Significant Regression*
All Goals (N=1121)	**36%**	**16%**	**23%**	**15%**	**6%**	**4%**
Mental Health Goals (N=335)	26%	24%	27%	16%	5%	2%
Substance Use Goals (N=99)	55%	3%	18%	8%	9%	7%
Education Goals (N=328)	41%	12%	20%	14%	7%	6%
Family Goals (N=304)	31%	15%	29%	18%	3%	4%

- ***Variation by treatment area in meeting goals.*** Across the different treatment areas, most of the variation in progress Secondary MOST clients made toward meeting treatment goals was focused on whether a goal was met or whether there were significant strides taken toward meeting the goal. Overall, if one combines the nearly indistinguishable categories of "goal met" and "significant progress," **there is no statistically significant difference in the progress made toward meeting mental health, education, and family treatment goals.**

Aggregate Well-Being Assessment (WellBAT). As noted earlier in this report, the WellBAT, a 37-item validated assessment and service planning instrument, is scored by a clinician who relies on a wide range of sources of information to administer the instrument.

Of those 37 items, 11 are measures of risk and resilience that are beyond the capacity of a Secondary MOST clinician to affect: school expectations for behavior; family histories of mental illness, substance abuse, and criminal activity; stability of household living arrangement; family mobility; school mobility; stressful events; child abuse; domestic violence; and exposure to violence.

The remaining 26 WellBAT items, such as a student's sense of family and school belonging, temperament, peer relations, or externalizing behaviors, can to a greater or lesser extent be influenced by a MOST clinician's assessment, service coordination, and counseling activities.

Each WellBAT item is scored as a "0" (resilience), "1" (moderate risk), or "2" (substantial risk). For the 26 items included in this portion of the outcome evaluation analysis, the students most at risk would have a total score of 52, those most resilient, a total score of 0.

For closed cases where services were completed, YPI analyzed changes in the overall risk and resilience of Secondary MOST clients in the areas that could be affected by the project clinicians by comparing the pre- and post-service total WellBAT scores for the 26 selected items.

- The average total WellBAT score at intake was 14.32; at discharge, the average score was 10.97. **The change in average WellBAT scores from pre- to post-service indicates that clients experienced a 23.4% decline in their exposure to adversity as a result of Secondary MOST services**.
- *Variation in Pre-Post Change in Total WellBAT Scores by Demographic and Contextual Factors* – **Table 11**.[6]
  - Students from very low income households (less than $20,000 a year), who were also at the greatest risk according to WellBAT scores at intake, benefitted the most from Secondary MOST services.
  - Declines in total WellBAT scores were similar among males and females.
  - Students with special needs had a greater decline in WellBAT scores than those without IEPs.

Table 11: Variation in Pre-Post Total WellBAT Scores by Demographic and Contextual Variables, Mid-August 2009 – Mid-July 2012 (N = 208)

	% Change, Pre-Post MOST Services
Annual Household Income	
< $20,000	-30.4%
$20,000 - $34,999	-20.2%
$35,000 - $49,999	-14.6%
$49,999+	-24.1%
Gender	
Female	-22.8%
Male	-24.1%
Special Education Status	
No IEP	-22.3%
IEP	-27.5%
School District/MOST Clinician	
Cato-Meridian	-25.9%
Jordan-Elbridge	-31.4%
Moravia	-17.9%
Southern Cayuga	-24.5%
Union Springs	-18.1%

[6] There was extensive variation in the percentage change in total WellBAT score by grade, but this finding is not statistically significant given the relatively few pre-post WellBAT scores for closed and completed cases by grade.

- Secondary MOST clients at Cato-Meridian schools experienced the most substantial declines in total WellBAT scores, while those at Moravia and Union Springs experienced the smallest declines. However, on average, students in the five districts experienced significant declines in total WellBAT scores as a result of receiving Secondary MOST services.

Overall, these WellBAT data clearly indicate that Secondary MOST services are improving the likelihood that children who are multiply at-risk will acquire the resilience to thrive socially, emotionally, and academically.

Youth Pediatric Symptom Checklist (Y-PSC). The Y-PSC is a validated assessment instrument completed by clients aged 11 and over. The total score of the Y-PSC gauges the extent of both internalizing and externalizing disorders. Using Y-PSC scores, YPI analyzed the changes in the mental health status of Secondary MOST clients whose cases were closed and completed.

- At intake, the average total Y-PSC score was 25.6, a level at which mental health services are recommended (greater than 24.0). At discharge, the average score was 20.2, indicating that, **on average, Secondary MOST clients experienced a *21% improvement* in their mental health status over the course of the intervention and no longer required mental health services**.
- Overall, 66% of Secondary MOST clients whose cases were closed and completed experienced an improvement in their Y-PSC score, 31% regressed, and 3% experienced no change over the course of the intervention. This, to a certain extent, confirms the analysis of treatment goals, which indicated that 75% of clients met or made moderate to significant progress toward meeting their mental health treatment goals.

Personal Experience Screening Questionnaire (PESQ). The PESQ is a validated assessment instrument completed by clients aged 11 and over whose total score provides a reliable measure of the risk of substance use.

- For the 181 closed and completed cases where there was a PESQ score at the outset and end of services, there was, on average, a *6.4% decline in the risk of substance use* among Secondary MOST clients, declining from an average score of 32.8 to 30.7.
- Overall, 48% of Secondary MOST clients whose services were closed and completed experienced an improvement in their PESQ score. 26% regressed, and 26% experienced no change over the course of the intervention.

Parent/Caregiver Assessments of Change. At the termination of closed and completed cases, parents and caregivers of Secondary MOST clients were surveyed about their experience with the services and about the perceived effect of the intervention on the client (**Table 12**, below).

- A large majority (77%) of caregivers indicated in surveys that they were "very satisfied" with the progress of their children because of Secondary MOST; 21% were "somewhat satisfied," and only 2% were dissatisfied.
- **For each of the 8 areas of behavior included in the survey, at least 88% of primary caregivers reported that their children benefitted from Secondary MOST either "a little" or "a lot."**
  - In all but one of the areas surveyed, over 40% of primary caregivers reported that Secondary MOST had benefitted their child substantially ("a lot").

Table 12: Impact of Secondary MOST services on clients according to Parents/Caregivers (N = 105)

Extent of improvement of their children during the year in their…	***A Lot***	***A Little***	***None***
Attitude toward school	48%	43%	10%
Abilities to get along with family members	41%	54%	5%
Self-esteem	54%	40%	6%
Self-confidence	49%	46%	6%
Ability to express and control emotions in positive ways	43%	49%	9%
Capacity to take personal responsibility for their own behaviors	41%	47%	12%
Ability to manage stress and tension in healthy ways	39%	54%	7%
Willingness and ability to make safe and healthy choices	54%	40%	6%

III. Pre-K MOST

In most respects, Pre-K MOST is similar to Secondary MOST, with five notable exceptions:

1. Pre-K MOST serves children attending Head Start and other pre-school programs in the participating SS/HS Initiative districts, while Secondary MOST targets middle and high school students.
2. Referrals to Pre-K MOST are made without the use of the Observation Checklist. Early childhood educators work in conjunction with the MOST clinician to identify children who will most likely benefit from the service.
3. The assessment instrument used in Pre-K MOST is the DECA-C, which is an age-appropriate instrument that facilitates service planning.
4. The Pre-K MOST clinician uses Child Centered Play Therapy (CCPT) techniques, instead of CBT.
5. One Pre-K MOST clinician serves children in all the early childhood programs operating in the five participating districts.

Cases Opened. Over the 33-month period, from mid-November 2009, when program services became available, through mid-July 2012, 92 children participated in the early childhood program.

Closed and Completed Cases. By mid-July 2012, 54 of the 92 Pre-K MOST cases that were opened were closed and completed – meaning that the students and their families had completed the entire intervention as planned. The Pre-K MOST completion rate was 59%, similar to the Secondary MOST completion rate, and in keeping with other implementations of this research-based program.

In all closed and completed cases, the program:

- Conducted two comprehensive assessments, at the beginning and the end of the intervention involving, in the great majority of cases, both a primary caregiver and a teacher (see the discussion of the DECA-C below);
- Provided 21 sessions of center-based counseling services for the student;
- Developed integrated service plans and improved family access to ancillary programs and services; and
- Developed and implemented discharge plans.

An analysis of the closed and completed Pre-K MOST cases indicates that most demographic factors[7] did not affect whether students and their families completed the entire intervention as planned. For example:

- 68% of opened cases involved male clients, as did 67% of all closed and completed cases;
- The distribution of opened and closed and completed cases by income were nearly identical; and
- Of the opened cases, 85% of the clients were white and 15% were students of color. Of the closed and completed cases, 86% of the MOST participants were white and 14% were students of color.[8]

Key Characteristics of Pre-K MOST Participants

Family Characteristics – Table 13

Family Mobility. Families participating in Pre-K MOST were more likely to change residences than those participating in Secondary MOST. 70% of Pre-K MOST families moved at least once in the past 5 years (compared to 52% of Secondary MOST families).

Family Income. Frequent residential mobility in rural communities is linked to poverty. This was certainly the case for Pre-K MOST households, 43% of whom had annual household incomes below $20,000, with 56% below $35,000. Pre-K MOST families have access to far fewer resources than those participating in Secondary MOST. These income data clearly indicate that this early childhood intervention is providing a critical support to low-income families who otherwise would not have access to assessment, counseling, and service coordination programming.

Family Structure. Two-thirds of Pre-K MOST clients lived with both biological parents, a level equivalent to that found among young rural families nationally. The percentage of clients who lived in mother-only households (23%) was roughly the same as that found nationally in rural communities.

Table 13: Family Characteristics of Pre-K MOST Participants (N=92)

	Nov '09 - July '12
Number of Times the Household has Moved in the Past 5 Years	
0 (did not move)	30%
1 time	32%
2 or more times	38%
Annual Household Income	
< $20,000	43%
$20,000 - $34,999	13%
$35,000 - $49,999	30%
$49,999+	13%
Family Structure	
Both biological parents	65%
Mother only	23%
Father only	3%
Neither biological parent	9%

Student Characteristics – Table 14

Gender. Of the Pre-K MOST program clients whose cases were opened, *68% of the young children were male and 32% female.* Evidence from interviews and site visits indicates that early childhood educators believe boys in this age group are more disruptive or unmanageable than girls, and thus more likely to benefit from Pre-K MOST services.

Table 14: Characteristics of Pre-K MOST Clients (N=92)

	Nov '09 - July '12
Gender	
Female	32%
Male	68%
Race/Ethnicity	
White	85%
Mixed Race or "Other"	10%
African-American	1%
Hispanic or Latino	4%
Age of Secondary MOST Client	
3	16%
4	62%
5	21%

- It should be noted that there are other presenting behaviors beside aggression that can be successfully addressed by this intervention, including anxiety and withdrawal, and that there is no evidence, as discussed below, that one gender benefits from the intervention more than the other.

[7] Given the low number of Pre-K MOST clients per early childhood setting, there is insufficient data to examine variations in Pre-K MOST outcomes by location of service.

[8] Given the very few students from minority groups, it is necessary to combine all non-white students into one grouping; the term "students of color" is used to describe this grouping of all students who choose not to be identified as white.

YPI recommends that the Pre-K MOST clinician and project staff address this gender imbalance by conducting informational site visits at each of the participating early childhood programs.

Race/Ethnicity. Of those served by Pre-K MOST, 15% are children of color, a higher percentage than the larger population in the target area of the SS/HS Initiative.

Age. The majority of these young clients are 4 years old (62%). The age distribution of Pre-K MOST participants is a reflection of the age distribution of all children attending Head Start, Universal Pre-K, and other participating early childhood programs.

DECA-C Assessments at Intake. All students receiving Pre-K MOST services were evaluated using the Devereux Early Childhood Assessment Clinical Form (DECA-C), with both teachers and parents/caregivers serving as raters. The instrument has a total of 9 scales, including four protective factor scales (**Table 15**) and five behavioral concern scales (**Table 16**).

Table 15: Devereux Early Childhood Assessment – Clinical (DECA-C) Protective Factor Scales

Initiative	The extent to which a child can use independent thought and action to have his/her needs met in a socially acceptable fashion.
Self-control	A child's ability to experience a range of feelings and express them in socially appropriate ways.
Attachment	The extent to which a child is establishing mutual, strong, and long-lasting relationships with significant adults.
Total Protective Factors	An overall measure of a child's capacity to overcome adversity.

Table 16: Devereux Early Childhood Assessment – Clinical (DECA-C) Behavioral Concern Scales

Attention Problems	The extent to which a child has difficulties focusing on a task and ignoring competing environmental stimuli.
Aggression	A measure of a child's use of hostile or destructive acts directed at persons or things.
Withdrawal/Depression	The extent to which the child is self-absorbed and often attends to his or her own thoughts or play, rather than engaging in reciprocal interactions.
Emotional Control Problems	A measure of a child's difficulties in modifying the overt expression of negative emotion.
Total Behavior Control Problems	An overall measure of a child's capacity to self-regulate normatively.

A T-score of 40 or below on a protective factor subscale is an indication of "concern" – a targeted therapeutic intervention is probably needed to address the skills measured by the subscale. A T-score of 60 and above on a behavioral concern scale also indicates that an intervention to address the problem is warranted.[9] Of the 90 children screened through mid-July 2012:

- 46% had a T-score of 40 or below (of concern) on at least one protective factor scale as rated by teachers and 50% as rated by caregivers.
  - 16% of Pre-K MOST clients had scores at a level of concern on all 3 protective factor subscales as rated by teachers and 20% as rated by caregivers.

[9] LeBuffe, P.A., & Naglieri, J.A. (1999). Devereux Early Childhood Assessment Program (DECA). The Devereux Foundation. Lewisville, NC: Kaplan Press.

- 69% had a T-score of 60 or above (of concern) on at least one behavior control scale as rated by teachers and 64% as rated by caregivers;
    - 21% of Pre-K MOST clients had scores at a level of concern on all 4 behavioral concern subscales as rated by teachers and 30% as rated by caregivers

Combining both teacher and parent/caregiver ratings (for a total of 18 scales), all (100%) of the students had a T-score on at least one DECA-C subscale (protective or behavioral) that indicated a concern that needed to be addressed with a targeted intervention. **There is little doubt that Pre-K MOST is serving its intended target population.**

Fidelity to the Pre-K MOST Program Model

Data collected from the CHARI database, Child-Centered Play Therapy fidelity checklists, and interviews with the program clinician and her supervisor indicate that **the intervention maintained, with the exception of service integration, a very high level of fidelity to the MOST model across its salient protocols and procedures.**

Service integration and case management. In the 54 cases that were closed and completed, the Pre-K MOST clinician made an average of 0.9 referrals per case for collateral services (46 total referrals). **This is a low referral rate compared to other implementations of the Pre-K MOST model.**

- Given that referrals were more frequently made during Year 1 of the SS/HS Initiative (1.3 referrals per case) than during Year 2 (0.6) or Year 3 (0.5), YPI recommends that more attention be devoted by the project supervisors and the Pre-K MOST clinician to identifying those referral techniques that were successful in the past and to cataloging those community-based services that are effective and available.

Treatment goals. There was an average of 3.7 goals per case for the 54 closed and completed Pre-K MOST cases. This figure is at the same level as other implementations of Pre-K MOST. All treatment goals were established in three treatment areas: education (35% of treatment goals); family (34%); and mental health (31%).

Parent/Caregiver Involvement. As with Secondary MOST, parents and caregivers have a formative influence on Pre-K MOST outcomes. Parents and caregivers should understand program components from the outset of the intervention, be involved in and approve of its diagnostic and service coordination activities, and should work to reinforce the therapeutic strategies. The YPI parent/caregiver survey gauges the extent to which Pre-K MOST has maintained fidelity to the model in these critical areas.

- ***Parent/caregiver understanding of the program and their involvement.*** 85% of respondent caregivers "strongly agreed" that the Pre-K MOST program was thoroughly explained to them at the outset and that their questions or concerns with the program were sufficiently addressed. About two-thirds of the respondents "strongly agreed" that they were involved in the development of a service plan and that they were encouraged by the project clinicians to be involved in the intervention (**Table 17**, below).

Table 17: Parent/Caregiver Understanding of the Pre-K MOST Model and Involvement in Service Planning (N=47)

	Strongly Agree	*Agree*	*Disagree*	*Strongly Disagree*
The clinician thoroughly reviews the program with parents/caregivers before services are provided.	85%	15%	0%	0%
Parent/caregiver questions and concerns about the program are satisfactorily addressed by the Pre-K MOST clinician.	85%	15%	0%	0%
The clinician develops a service plan in a way that involves the parents/caregivers and other family members.	64%	31%	4%	0%
Parents/caregivers are encouraged to be involved in the Pre-K MOST services provided to their children.	68%	25%	7%	0%

The MOST model, in general, and CCPT, in particular, benefit from the involvement of parents and caregivers. **Table 18** shows that **parent/caregiver involvement in the intervention was frequent.**

Table 18: Parent/Caregiver Involvement in Pre-K MOST Services (N=47)

The frequency with which parents/caregivers…	*Daily*	*Weekly*	*Monthly*	*Several Times/Year*	*Never or Rarely*
Speak with the clinician regarding the progress their child is making.	4%	40%	53%	0%	2%
Speak with their child regarding the progress he or she is making in Pre-K MOST.	6%	75%	17%	0%	2%
Speak to other family members about the Pre-K MOST program.	7%	46%	17%	13%	17%
Use any of the strategies suggested by the clinician.	44%	33%	13%	7%	4%
Seek additional services for their child or themselves based on suggestions from the clinician.	8%	18%	18%	8%	49%

- *Monitoring Child's Progress.* All of the caregivers reported that they reviewed the progress their children were making in the program with the Pre-K MOST counselor on at least a monthly basis, and 44% at least weekly.
- *Discussing Intervention with Child.* Parents/caregivers frequently discussed the intervention with their children, with 81% doing so at least weekly and 98% monthly. Parents/caregivers also frequently discussed the intervention with other family members, with 53% doing so at least weekly.
- *Employing Recommended Strategies.* As part of the Pre-K MOST intervention, the project clinician imparts CCPT strategies to primary caregivers to enlist them as allies in play therapy. Nearly all (96%) primary caregivers reported that they used such strategies with their children; 77% did so on at least a weekly basis.
- *Using Additional Services.* One-half of parents/caregivers reported seeking additional services for their children or themselves based on suggestions provided by the Pre-K MOST clinician. As noted above, however, the clinician made few such referrals in Years 2 and 3 of the Initiative.
- *Satisfaction with the Program.* Given that parents/caregivers found the Pre-K MOST clinician to be responsive to their needs and accessible, and given, as reported below, that primary caregivers viewed the intervention as effective, it is not surprising that **primary caregivers were very satisfied with the Pre-K MOST program and its staff** (**Table 19**, below). Not one parent expressed dissatisfaction with the staff or the program.

Table 19: Satisfaction of Parents/Caregivers with the Pre-K MOST Program and Clinician (N=47)

	Very Satisfied	*Somewhat Satisfied*	*Not at All Satisfied*
Satisfaction with the program in general	87%	13%	0%
Satisfaction with the quality of the Pre-K MOST clinician	94%	6%	0%

Pre-K MOST Outcomes

YPI used three data sources to gauge the program outcomes of Pre-K MOST:

(1) Clinical assessments of progress made by clients toward meeting treatment goals;
(2) Pre- and post-intervention administrations of the DECA-C; and
(3) Parent/caregiver assessments of their children's progress as a result of Pre-K MOST services.

In general, for clients that have completed services and have had their cases closed, Pre-K MOST had substantial positive results, improving the ability of clients to positively develop socially and emotionally.

Progress toward meeting treatment goals. For closed cases where services were completed, clinicians reported their clients made **at least significant progress on 33% of treatment goals and at least moderate progress on 69% of treatment goals** (**Table 20**).

Table 20: Progress Toward Meeting Treatment Goals, Closed & Completed Cases (202 goals; 54 cases)

Goals Met	*Significant Progress Toward Meeting Goal*	*Moderate Progress Toward Meeting Goal*	*Minor Progress Toward Meeting Goal*	*Unchanged*	*Failed to Cooperate or Minor Regression*
21%	12%	36%	24%	4%	3%

The Effect of Pre-K MOST as measured by the DECA-C. The DECA-C was administered by primary caregivers and by teachers at the initiation and termination of Pre-K MOST services. The assessment instrument has two sets of composite scores, *Total Protective Factors* (a cumulative score derived from three subscales defined on page 15 – Initiative, Self-Control, and Attachment) and *Total Behavioral Concerns* (derived from four subscales, defined on page 16 – Attention Problems, Aggression, Withdrawal/Depression, and Emotional Control Problems). For the 54 Pre-K MOST cases that were closed and completed, a great majority of both parents and teachers reported **substantial improvements** in both composite scores as a result of the intervention:

- For Total Protective Factors –
  - 74% of parent/caregiver scores were higher (indicating improvement in this area) at the end of the intervention, *with an average pre-post improvement of 11%;* and
  - 83% of teacher scores increased, *with an average pre-post improvement of 12%.*
- For Total Behavioral Concerns –
  - 75% of parental scores were lower (indicating improvement in this area), *with an average pre-post decline of 10%*; and
  - 63% of teacher scores decreased, *with an average pre-post decline of 8%.*

As measured by average T-scores, **both parents and teachers observed improvements in all of the protective factors and behavioral concern sub-scales as a result of the provision of Pre-K MOST services** (**Tables 21** and **22**).

Table 21: Pre- and Post-Intervention Mean DECA-C T Scores (*Parents* as Raters)

DECA-C Subscales	Pre-Intervention Mean T-scores	Post-Intervention Mean T-scores	Percent Change in Mean T-scores
Protective Factors (increase indicates improvement):			
Initiative	44.2	48.0	+7.9%
Self Control	42.1	49.2	+14.5%
Attachment	45.5	47.5	+4.2%
Total Protective Factor	41.8	46.9	+10.9%
Behavior Concerns (decline indicates improvement):			
Withdrawal/Depression	57.1	55.5	-3.02%
Emotional Control Problems	63.8	57.1	-11.9%
Attention Problems	61.9	57.2	-8.3%
Aggression	61.8	57.5	-7.6%
Total Behavior Concerns	64.0	58.1	-10.1%

Table 22: Pre- and Post-Intervention Mean DECA-C T Scores (*Teachers* as Raters)

DECA-C Subscales	Pre-Intervention Mean T-scores	Post-Intervention Mean T-scores	Percent Change in Mean T-scores
Protective Factors (increase indicates improvement):			
Initiative	46.1	53.0	+13.1%
Self Control	46.5	50.5	+7.9%
Attachment	45.7	49.4	+7.5%
Total Protective Factor	44.6	50.6	+11.8%
Behavior Concerns (decline indicates improvement):			
Withdrawal/Depression	54.4	50.4	-8.4%
Emotional Control Problems	52.2	49.0	-6.7%
Attention Problems	57.7	53.1	-8.6%
Aggression	53.6	51.4	-4.1%
Total Behavior Concerns	55.1	50.8	-8.4%

For both parents/caregivers and teachers, the average post-intervention Behavioral Concern T-scores for all subscales and for Total Behavior Concerns scale were below 60, indicating that, on average, there was no ongoing need for intervention in these areas of social and emotional risk.

As DECA-C raters, parents/caregivers and teachers both indicated that Pre-K MOST services had a substantially positive effect on children's protective factors or resilience (the capacity to thrive socially, emotionally, and academically in the face of adversity).

In sum, these data indicate that children are significantly more likely to overcome adversity as a result of the Pre-K MOST intervention, and, in general, are better able to emotionally self-regulate and to function in a structured pre-school environment.

Parent/Caregiver Assessments of Change: Surveys. At the termination of closed and completed cases, parents and caregivers of Pre-K MOST clients were surveyed about their experience with the services and about the perceived effect of the intervention on the client.

- A large majority (86%) of caregivers indicated in surveys that they were "very satisfied" with the progress of their children because of Pre-K MOST; 14% were "somewhat satisfied," and no respondents indicated they were dissatisfied.

- **For 6 of the 8 areas of behavior included in the survey, at least one-half of primary caregivers reported that their children benefitted "a lot" from Pre-K MOST services (Table 23).**
  - In every area surveyed, at least 98% of primary caregivers reported either "a little" or "a lot" of improvement.

Table 23: Impact of Pre-K MOST services on clients according to Parents/Caregivers (N = 19)

Extent of improvement of their children during the year in their…	*A Lot*	*A Little*	*None*
Attitude toward school	68%	32%	0%
Abilities to get along with family members	71%	27%	2%
Self-esteem	74%	24%	2%
Self-confidence	72%	28%	0%
Ability to express and control emotions in positive ways	59%	39%	2%
Capacity to take personal responsibility for their own behaviors	45%	53%	2%
Ability to manage stress and tension in healthy ways	49%	49%	2%
Willingness and ability to make safe and healthy choices	57%	40%	2%

Conclusions and Recommendations

In nearly every respect, the essential elements of the MOST model in the Pre-K and Secondary school versions have been fully implemented at a consistent and high level, including the targeting of clients likely to benefit from the services, administration of multi-disciplinary assessment instruments, and the development of integrated service plans. As noted in an earlier evaluation report, clinicians in both versions of MOST have also implemented the evidence-based therapeutic modalities (Child-Centered Play Therapy and Cognitive Behavioral Therapy) with a high degree of fidelity. There is room for improvement in one area: referrals for ancillary services in both the Secondary and Pre-K MOST programs.

Assessment data clearly indicate that both versions of MOST are identifying clients with complex service needs who are likely to benefit from the intervention. However, a disproportionate share of Pre-K MOST clients are boys; this is a matter that deserves careful examination by YPI and both school and project staff.

According to several measures from the perspectives of different raters, both Pre-K MOST and Secondary MOST are achieving positive programmatic outcomes. There is little doubt that both services are substantially promoting the positive social/emotional, behavioral, and educational development of participating students.

Questions about the Local Evaluation?

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