

**FINAL REPORT**

**STRIVE SAN DIEGO**

**MENTAL HEALTH SERVICES EVALUATION**

**[MARCH 2000 THRU MAY 2001 – STRIVE CYCLES 21-32]**

**Final Report Prepared by:**

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**Project Funded by:**

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Scott Silverman, Executive Director  
July 12, 2001**

# **EXECUTIVE SUMMARY**

## **STRIVE SAN DIEGO**

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**August 6, 2001**

## **EXECUTIVE SUMMARY**

This report presents findings of the STRIVE Evaluation Project. The aims of this project were to investigate the effects of mental health services introduced at STRIVE on mental health and employment outcomes among STRIVE graduates. Data were collected between March 2000 and May 2001 (STRIVE Cycles 21-32). During the first six months of this time period, STRIVE clients participated in the standard program without in-house mental health services (i.e., usual care group). During the second six months of the period, STRIVE clients participated in the standard STRIVE program and were offered a variety of mental health services (i.e., treatment group). To investigate the effects of these mental health services, STRIVE clients completed a questionnaire as part of the application process before participating in the STRIVE program, at graduation, and two months after graduation. In addition, persons leaving the program before graduation were interviewed to better understand drop-out from STRIVE.

This report describes in more detail

1. Number of Applicants, Participants, Graduates, and Drop-Outs at STRIVE
2. Characteristics of STRIVE Applicants
3. Differences Between STRIVE Graduates and Program Drop-Outs
4. Reasons for Not Participating in or Leaving STRIVE
5. Mental Health Services Offered at STRIVE
6. Changes in Mental Health Outcomes, Psychosocial Variables, and Employment in the Usual Care and Treatment Groups
7. Caveats and Conclusions
8. Recommendations

## **MAJOR HIGHLIGHTS**

### **CAVEATS**

Two important caveats must be noted before reviewing the evaluation findings:

STRIVE clients entering the program during Cycles 21-26 (i.e., usual care group) differed from those entering the program during Cycles 27-32 (i.e., treatment group) in important characteristics. Clients in the treatment group were more likely to have medical problems and a history of mental health problems than clients in the usual care group. In addition, a change in STRIVE program trainers occurred such that clients participating in the usual care and treatment groups were trained by different persons. Consequently, the usual care and treatment groups are nonequivalent, and the evaluation of treatment effects is rendered ambiguous. That is, differences in outcomes at graduation and follow-up could be due to the introduced mental health services or to initial differences at intake.

Despite considerable efforts, attrition to follow-up was unacceptably high. Approximately, three out of four graduates could not be reached for a follow-up interview. Consequently, conclusions regarding the effects of mental health services provided after graduation are highly limited. That is, the findings presented in this report describe short-term effects of the initial component of the mental health services. The effects of the short-term and long-term effects of STRIVE and its mental health services cannot be known until more complete follow-up data can be collected.

With the above caveats in mind, here is a summary of the major highlights.

## **1. Participation and Drop-Out**

1.1 Approximately half of all STRIVE applicants did not attend orientation and thus did not enter the program. Of those who entered the program, approximately 45% failed to complete the program. Of those who graduated from STRIVE, only 17% could be reached for follow-up interviews.

1.2 Orientation attendees were more likely than orientation no-shows to be single, to live in a drug treatment facility, to have a criminal record, to have a drug abuse history, to have completed application forms more recently, to have not been actively looking for employment recently, and to have internal attributions of control.

1.3 Program graduates were more likely than program drop-outs to live in drug treatment facilities, to have a larger number of children, to have a criminal record, to have not been actively looking for employment recently, and to have internal attributions of control.

1.4 Follow-up interviews revealed that the major reasons for not entering and dropping out of STRIVE were having found employment (24%) and personal issues, such as recovery, illness, family problems, not being ready, personal commitments (26%). Another 20% reported that certain program features (e.g., strictness, full days, three weeks) made it difficult to start or continue in STRIVE

## **2. STRIVE Applicants**

2.1 The population of STRIVE applicants is diverse with respect to gender and racial/ethnic background. Approximately equal numbers of men and women completed intake forms, a majority of whom were in their 30's and either single/never married or divorced. Approximately 34% of STRIVE applicants report to be African-American, 29% Caucasian, and 23% Latino. About 30% had at least some college education, and an additional 40% had completed high school or had earned a GED.

2.2 One out of two STRIVE applicants had been incarcerated, and one out of 3 reported past alcohol or drug abuse.

2.3 STRIVE applicants reported significant levels of psychological distress: 69% of men and 59% of women scored in the clinical range on at least one BSI scale, most commonly depression (55% men; 41% women).

## **3. Mental Health Services**

3.1 Almost all STRIVE clients in the treatment group received the introduction to mental health services (95%), initial assessment (95%), and invitation to the graduate group (96%).

3.2 Approximately 29% of STRIVE clients in the treatment group participated in one or more individual counseling sessions and approximately 85% participated in one or more group counseling sessions. A significant amount of the individual and group counseling took place after graduation.

#### **4. Mental Health Outcomes in the Usual Care and Treatment Groups**

4.1 STRIVE graduates in the usual care and treatment groups showed a significant reduction in depression and significant increases in self-efficacy and internal attributions.

4.2 STRIVE graduates in the treatment group did not show better mental health outcomes than graduates in the usual care group. In fact, STRIVE graduates in the treatment group showed a significant increase in anxiety and hostility at graduation compared to intake. Because of the differences between these groups at intake, it is unclear whether the observed outcomes are due to pre-existing differences between the groups or due to the timing and nature of the mental health services.

4.3 The substantial attrition to follow-up precludes strong conclusions about the effects of mental health services offered after graduation. Some 82% of STRIVE graduates in the treatment groups who could be reached for a follow-up interview reported being employed. This compares to 57% of STRIVE graduates in the usual care group.