

# ***Diversity in Research & Evaluation***



BEHAVIORAL  
ASSESSMENT  
INC.

## **CAPABILITY STATEMENT**

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## Company Background

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Behavioral Assessment, Inc. (BAI) was established in 1987 and incorporated in 1993. In addition, in November 2002 BAI was certified with the United States Small Business Administration as a Small Disadvantaged Business in the 8(a) program. The corporation offers research, training, and consultation services, as well as professional program evaluation services. BAI has a long history of providing culturally sensitive and community based services that address the needs of emerging ethnic and cultural groups, and longer-term resident communities. BAI staff and consultants have over 30 years experience in the community and hold academic positions at major research and teaching universities. Staff and consultants are bilingual, bicultural, and represent Latino, Asian and Pacific Islander, and African American communities. BAI has provided services to international, federal, state and local governments, for profit and non-profit 501c(3) organizations. BAI clients have included the U.S. Department of Health and Human Services, the states of Texas, Arizona, and New Mexico, the City of Los Angeles, and foundations such as the California Endowment, Ford Foundation, and Mott Foundation. Currently BAI serves as technical advisor to the United Nations Developing Countries Program. The overall mission of BAI is to build the research, training, and evaluation capacity of communities.

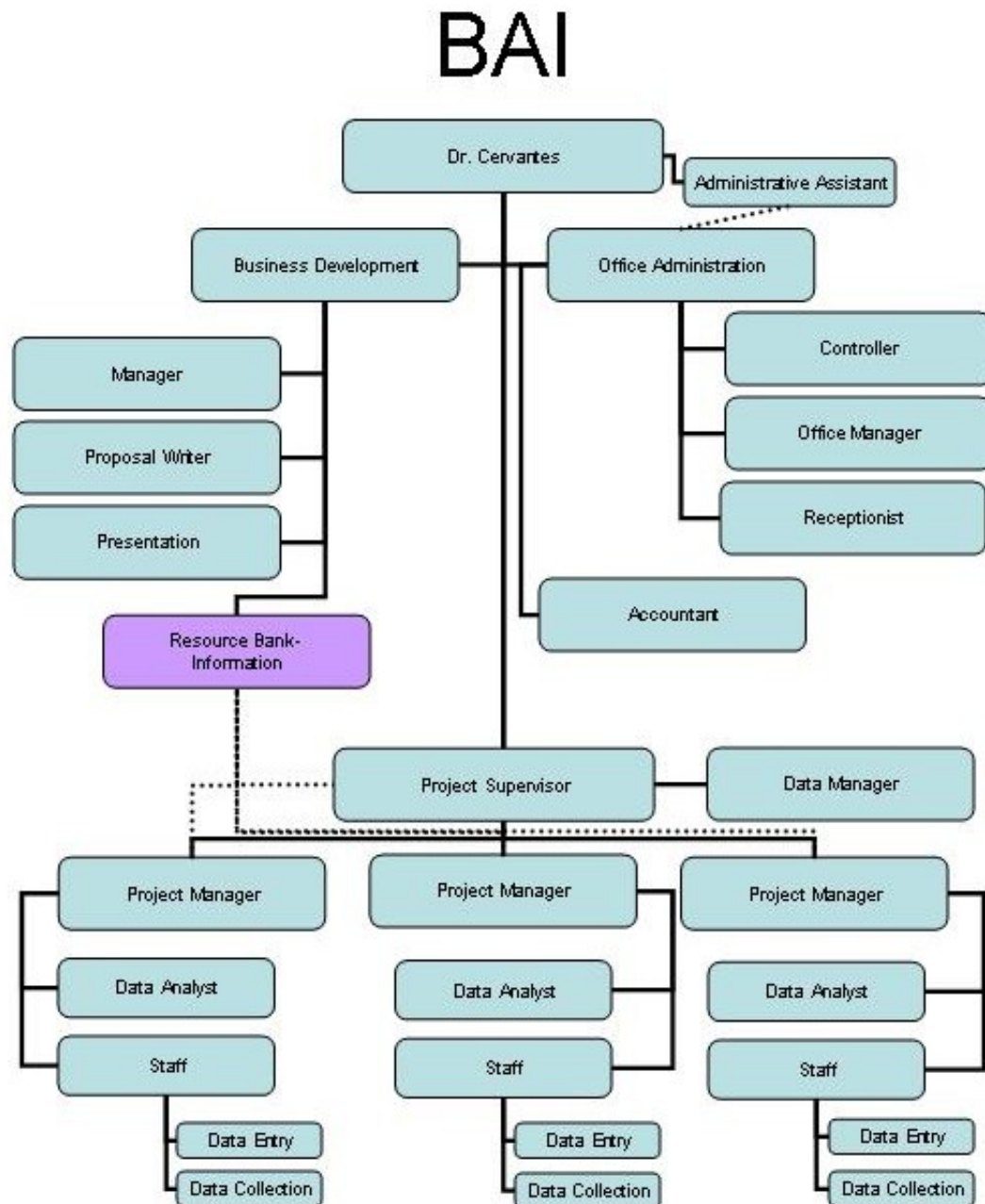
*NAICS CODE: 541720*

*SIN Category 874-1: Consulting Services*

*SIN 874-3: Survey Services*



# Organizational Chart



## **SERVICES OFFERED**

BAI is a knowledge management and advisory firm offering clients a combination of value-added and cost-saving services. The company is committed to providing first-rate service to organizations by providing a team of talented, committed, and professional staff and consultants with advanced experience and education. Services offered by the company are represented by, but are not limited to, the following areas:

- **Evaluation**
- **Training**
- **Research**
- **Data Analysis**
- **Technical Assistance**
- **Survey Development**
- **Sampling**
- **Delinquency Prevention**
- **Developing Just Societies**
- **Database Management**
- **Violence Prevention**
- **Language / Translations**
- **Workforce Development**
- **Behavioral Health**
- **Substance Abuse**
- **Family Planning & Child Development**
- **HIV/AIDS Prevention**
- **Immigration & Border Health**
- **Courts**
- **Policy Analysis**



## PROJECT EXPERIENCE

<b>BAI CORE COMPETENCY MATRIX</b>					
<b>PROJECT TITLES</b>	<b>TECHNICAL ASSISTANCE &amp; TRAINING</b>	<b>SURVEY DEVELOPMENT</b>	<b>SAMPLING</b>	<b>ANALYSIS</b>	<b>EVALUATION</b>
<b>SUBSTANCE ABUSE</b>					
<i>INTEGRATED BEHAVIORAL HEALTH, INC. SUBSTANCE ABUSE &amp; HIV PREVENTION SAMHSA-CSAP PROJECT</i>		X	X	X	X
<i>SUNRISE COMMUNITY COUNSELING CENTER, INC. SUBSTANCE ABUSE AND HIV PREVENTION READY-TO-RESPOND (SCCC SA/HIV RTR) SAMHSA-CSAP PROJECT</i>		X	X	X	X
<i>PROJECT SALUD, ATRE, FAMILIA, EDUCACIÓN (S.A.F.E.)</i>		X	X	X	X
Project Fuerza Planning Grant			X		
NEW MEXICO BEHAVIORAL HEALTH SERVICES DIVISION – SUBSTANCE ABUSE PREVENTION		X	X	X	X
Project Youth Connect (PYC) – Costa Mesa		X	X	X	X
Stop Short of Addiction – Spanish Language Program		X	X	X	X
Project SAFE – San Antonio Family Enhancement		X	X	X	X
<b>HIV/AIDS</b>					
Project Youth Connect (PYC) – Santa Ana		X	X	X	X
Youth Adelante		X	X	X	X
Joven Noble – Male Involvement Program		X	X	X	X
Project HEAL		X	X	X	X
Institute for Women’s Health– Targeted Capacity Expansion		X	X	X	X
HIV/AIDS Prevention & Intervention for Female Youth at Risk for Juvenile Delinquency		X	X	X	X
<b>MENTAL HEALTH</b>					
Center for Multicultural Development		X	X	X	X
Latina Youth Development Project		X	X	X	X
NIH-Hispanic Stress Inventory Ver 2 -SBIR Phase I		X	X	X	X
NIH-Standardization of Hispanic Stress Inventory Ver 2- SBIR Phase II		X	X	X	X
NIH-Hispanic Stress Inventory- Adolescents -SBIR Phase I		X	X	X	X
NIH-Hispanic Stress Inventory- (Immigrant & Non-Immigrant Adolescents ) SBIR Phase II		X	X	X	X
California Endowment: Joven Noble			X	X	X
Skills for Prevention, Intervention, Recovery, Individual Treatment, & Training (SPIRITT)					

<b>PROJECT EVALUATION</b>					
New Mexico State Incentive Grant		X	X	X	X
Texas State Incentive Grant		X	X	X	X
California State Incentive Grant		X	X	X	X
Project Bienestar		X	X	X	X
Sunrise Community Counseling		X	X	X	X
Orange County Bar		X	X	X	X
SW Region Behavioral Health Conf Evaluation		X	X	X	X
New Mexico Mental Health Transformation (TSIG)		X	X	X	X
<b>TRAINING &amp; TECHNICAL ASSISTANCE</b>					
OWH: Model Mentorship 2005 & 2006		X	X	X	X
SAMHSA/CSAP:U.S. Counties along Mexico Border Initiative (Border Initiative)			X	X	X
<b>POLICY</b>					
New Mexico Administrative Office of the Courts - Justice System Interpreter Resource Partnership (NM AOC JSIRP)	X				

## PROJECT DESCRIPTIONS

### SUBSTANCE ABUSE

#### ***INTEGRATED BEHAVIORAL HEALTH, INC. SUBSTANCE ABUSE & HIV PREVENTION SAMHSA-CSAP PROJECT***

***OCTOBER 2010 – OCTOBER 2015***

Behavioral Assessment, Inc. (BAI) was contracted to evaluate Years Two – Five of the Integrated Behavioral Health Substance Abuse & HIV Prevention Project. Integrated Behavioral Health, Inc. (IBH, Inc.) implemented the evidenced-based prevention intervention Project SUCCESS for substance abuse prevention and RESPECT for HIV prevention with our priority population youth ages 12-17 years old. Project SUCCESS core curriculum consist of eight weeks of group prevention counseling and education led by two Masters Degree Level Prevention Counselors at 2 middle school sites and 2 high school sites. RESPECT consists of two individual counseling sessions with program participant with emphasis on HIV and other Sexually transmitted disease prevention. IBH's selected prevention activities fit well with our existing model of collaborating with our community partners. IBH is an active member of the community coalition group in the City of Corona and Norco with a primary focus on substance abuse prevention and education. The community coalition group members include the local school district, law enforcement, Riverside County Department of Mental Health, Local Municipal representative, faith-based organization, parents and youth. The community and their target schools are familiar with Project SUCCESS because IBH has implemented this school-based prevention program at two of the four schools over the past four years. IBH continue to collaborate with our primary partner Corona-Norco School District in delivering our integrated substance abuse and HIV prevention services to our priority population. IBH anticipates serving additional 100 youth each of the subsequent years for a total of 400 unduplicated youth.

#### ***SUNRISE COMMUNITY COUNSELING CENTER, INC. SUBSTANCE ABUSE AND HIV PREVENTION READY-TO-RESPOND (SCCC SA/HIV RTR) SAMHSA-CSAP PROJECT***

***OCTOBER 2010 – OCTOBER 2015***

Sunrise Community Counseling Center, Inc. (SCCC) program entitled *Family-Centered Substance Abuse and HIV Prevention for Latina Women with Children* will provide family-based counseling, case management and HIV testing to Latina mothers and their family members, as well as environmental strategies interventions. BAI is contracted for evaluation. This program will increase the capacity of prevention services at SCCC, expand access to resources for Latinas and their families, decrease substance abuse and HIV risk behaviors, increase integration of community resources, and positively affect community understanding and norms associated with issues of substance abuse and HIV risk. The program is family-inclusive and culturally appropriate for the local Latino/Hispanic community in its use of the evidence-based Brief Strategic Family Therapy (BSFT) model. Fourteen weekly BSFT counseling sessions focus on establishment of healthy communication to promote healthy, adaptive family functioning and support. Integrated psycho-education and peer support instill knowledge and self-efficacy for healthy decision making and behavior. Counselors are culturally and linguistically competent, and will employ the BSFT model with operational instruments to address issues related to race, religion, gender, geography, and socioeconomic status; language and literacy; sexual and gender identity, sexual orientation; and mental and physical health and disability. Specialized HIV

curriculum considers needs and characteristics of the subpopulation of focus. No-cost HIV testing with pre and post-test counseling will be offered to all participants. Those testing positive for HIV will receive comprehensive treatment services. The Latina Community Leadership (LCL) environmental strategy component is based upon a Promotora community health literacy leadership model, which engages Latina program participants for positive environmental change. Latina Community Leadership is coupled with an awareness campaign designed by LCL participant community leaders themselves, ensuring the “fit” of the environmental strategy within the target community. Input from providers and consumers alike will drive programming from planning and outreach throughout implementation and evaluation. The integration of substance abuse and HIV prevention in conjunction with mental health and wrap-around support services, and integration of families in the counseling process increases the likelihood of successfully empowering Latina mothers in their community and home lives.

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**PROJECT SALUD, ATRE, FAMILIA, EDUCACIÓN (S.A.F.E.)**

**OCTOBER, 2008 – SEPTEMBER 2013**

A culturally based substance abuse and HIV prevention program for Latino youth, ages 12 to 17 years and their families, who reside in Greater East Los Angeles. Services included prevention classes and cultural arts for youth, and prevention-oriented parenting education for parents. The project served **270** youth ages 12 to 17 and their families over a 5 year period (**30** in year one, **60** per year in years 2-5). The goal was to prevent and delay the onset of substance abuse and HIV/AIDS risk behaviors among Latino youth. Objectives for the community included: To identify and prioritize the needs of the targeted population related to substance abuse and HIV, including capacity building; development of a comprehensive strategic plan; increase involvement of community stakeholders in efforts to prevent SA and HIV among youth; implement evidence-based prevention programs and infrastructure development activities. Objectives for adolescents include: 1) conduct communitywide outreach and provide community networks with information about the project; 2) enroll 270 adolescents into the evidence-based program model; 3) increase knowledge of addiction as a family disease; 4) reduce drug and alcohol use among participating adolescents; 5) increase survival, problem-solving and resiliency skills; 6) increase knowledge concerning HIV/AIDS; 7) reduce behaviors that put adolescents at risk for HIV/AIDS; 8) increase access to HIV/AIDS testing, treatment and counseling services; 9) to increase opportunities for youth to explore their talents and strengths; 10) develop youth’s capacities to plan, implement and evaluate prevention-related projects. Objectives for parents include: 1) increase parents’ knowledge and skills related to parenting high-risk adolescents; 2) improve parent/child communications and relationships; and, 3) assist parents with accessing community resources. *Evaluation is being conducted by Behavioral Assessment, Inc., demonstrating BAI’s expertise in the evaluation of culturally responsive prevention services. Evaluation will be designed to integrate both process and outcome methods to assess the community planning process, and effectiveness of the prevention and community capacity building services.*

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**PROJECT FUERZA**

**NOVEMBER 2003 – SEPTEMBER 2007**

The *FUERZA Project* was a selective intervention to target those individuals who were at greater risk for substance abuse. Implementation occurred during the second year, allowing year one to be fully designated to planning. Targeted individuals were identified based on the number of risk factors for substance abuse to which they may have been exposed. This approach was taken by the *Greater Alliance of Prevention Services (GAP)* that provided prevention information in a culturally relevant manner; alternative activities for youth to help them learn about their culture; a social competence component on peer leadership groups; educational groups for parents to learn about child development; and involvement of community leaders in the

development of a community action plan that promotes substance abuse prevention (Department of Health and Human Services, 2002). *The theoretical rationale for the FUERZA Project is to reduce the risk factors among high-risk youth while enhancing the protective factors across multiple domains.*

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**NEW MEXICO BEHAVIORAL HEALTH SERVICES DIVISION –SUBSTANCE ABUSE PREVENTION**

**APRIL 2004 – SEPTEMBER 2007**

Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA)/ Center for Substance Abuse Prevention (CSAP), the New Mexico Behavioral Health Services Division implemented evidence-based substance abuse prevention programs directed at reducing risks and promoting resiliency and school preparedness. Participants included children ages 0 to 6, (NM 0-6) inclusive of families and communities. Service providers selected a variety of science-based curricula to implement in their communities. *BAI's role was to develop an evaluation plan, and to provide Technical Assistance to new service providers /sub-recipients.*

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**STOP SHORT OF ADDICTION – SPANISH LANGUAGE PROGRAM**

**OCTOBER 2003 – SEPTEMBER 2006**

Funded by the California Endowment and the Unihealth Foundation, the PSSOA was a program designed by the Orange County Bar Foundation conjunctively with BAI. The main program goals were to prevent substance abuse, criminal activity and mental health problems in Latino adolescents (male and female), ages 12-17, and their families. The targeted participants were identified as currently using alcohol and/or drugs by a law enforcement agency, parent or family member, school official, or a community agency. A total of 250 high-risk Latino youth (10 in the start-up year and 60 in years 2-5) living in economically strained communities dealing with acculturation issues and exposure to crime and/or violence were recruited throughout the project. Program objectives were to reduce drug and alcohol use, criminal involvement, and emotional behavioral problems, while increasing prevention and improving school bonding, academic performance, and family and peer functioning.

Intervention activities were organized in 3 pre-therapy sessions and 8 family system drug treatment sessions based on four models: Strategic Therapy (Salvador Minuchin), Family systems (Virgilia Satir), Functional Family Therapy (Alexander & Parsons) and the Brief Strategic Family Therapy (Jose Szapoznick). Youth were evaluated on demographic information, CSAT/GPRA questionnaire on drug and alcohol use, education, employment, and attitudes and beliefs of drug use. Parents were evaluated on demographic information, Stress (using the Hispanic Stress Inventory), and youth behavior (using SIPA). The effectiveness of the program was based on comparing information collected at baseline, post-test (around 6 months) and follow-up (12 months). *This program demonstrates BAI's cultural competence and expertise in diagnosing social conditions of high risk, minority youth as well as an expertise in designing and implementing programs, providing input on outreach and recruitment, and providing training to staff on data collection, scientific methods, and scientific based models for treatment and prevention.*

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**PROJECT SAFE – SAN ANTONIO FAMILY ENHANCEMENT**

**OCTOBER 2002 – SEPTEMBER 2006**

Funded by the SAMHSA Center for Substance Abuse Treatment (CSAT), the University of Houston developed Project SAFE to focus on the expansion of outreach, prevention, and treatment capacity for high-risk, HIV/AIDS-STDs, criminal activity, and gang affiliated youth from the ages 12 to 17. The program utilized three community based organizations (Guadalupe Community Center, YWCA of San Antonio and JOVEN) in Texas to provide drug treatment and social services to high-risk Mexican American youth in three distinct *barrios* in the Hispanic community.

Program objectives were to conduct community based outreach and recruitment, improve school bonding, academic performance, family bonding, family and peer functioning, and to reduce gang identification, gang involvement, and HIV/AIDS-STDs risks. The evaluation of the program's effectiveness consisted of a quasi-experimental study that compared random assigned control and treatment groups. The evaluation of the program was based on comparing information between control and comparison groups collected at baseline, post-test (6 months) and follow-up (12 months). *BAI was the external evaluator of this program in addition to supporting Houston University with designing the program, entering and analyzing data for GPRA, and managing the internal database used to evaluate the program's effectiveness.*

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**PROJECT YOUTH CONNECT (PYC) – COSTA MESA**

**OCTOBER 1998 – SEPTEMBER 2005**

PYC Costa Mesa was a unique mentoring program targeting younger high-risk Latina girls, ages 9-15, residing in the city of Costa Mesa, California. The program served approximately 173 youth/families during an 18-month period. The goal of the program was to reduce and/or delay substance abuse and HIV/AIDS-STDs infection among youth who were participating in the program. The intervention focus was on strengthening school bonding and academic performance, life management skills, and promoting family formation, family bonding, and family functioning. *This project was an extension of the PYC designed for the Orange County Bar Foundation in Santa Ana, CA. It demonstrates BAI's evaluation expertise interviewing young Latina women within their own environment, to fulfill the requirements important to conducting a process evaluation.*

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**HIV / AIDS**

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**INTEGRATED BEHAVIORAL HEALTH, INC. (FORMERLY CALIFORNIA RECOVERY CLINICS, INC.) SUBSTANCE ABUSE & HIV PREVENTION SAMHSA-CSAP PROJECT**

**OCTOBER 2010 – OCTOBER 2015**

Behavioral Assessment, Inc. (BAI) was contracted to evaluate Years Two through Five of the Integrated Behavioral Health Substance Abuse & HIV Prevention Project. Integrated Behavioral Health, Inc. (IBH, Inc.) implemented the evidenced-based prevention intervention Project SUCCESS for substance abuse prevention and RESPECT for HIV prevention with our priority population youth ages 12-17 years old. Project SUCCESS core curriculum consist of eight weeks of group prevention counseling and education led by two Masters Degree Level Prevention Counselors at 2 middle school sites and 2 high school sites. RESPECT consists of two individual counseling sessions with program participant with emphasis on HIV and other Sexually transmitted disease prevention. IBH's selected prevention activities fit well with our existing model of collaborating with our community partners. IBH is an active member of the community coalition group in the City of Corona and Norco with a primary focus on substance abuse prevention and education. The community coalition group members include the local school district, law enforcement, Riverside County Department of Mental Health, Local Municipal representative, faith-based organization, parents and youth. The community and their target schools are familiar with Project SUCCESS because IBH has implemented this school-based prevention program at two of the four schools over the past four years. IBH continue to collaborate with our primary partner Corona-Norco School District in delivering our integrated substance abuse and HIV prevention services to our priority population. IBH anticipates serving additional 100 youth each of the subsequent years for a total of 400 unduplicated youth.

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***SUNRISE COMMUNITY COUNSELING CENTER, INC. SUBSTANCE ABUSE AND HIV PREVENTION READY-TO-RESPOND (SCCC SA/HIV RTR) SAMHSA-CSAP PROJECT*** ***OCTOBER 2010 – OCTOBER 2015***

Sunrise Community Counseling Center, Inc. (SCCC) program entitled *Family-Centered Substance Abuse and HIV Prevention for Latina Women with Children* will provide family-based counseling, case management and HIV testing to Latina mothers and their family members, as well as environmental strategies interventions. BAI is contracted for evaluation. This program will increase the capacity of prevention services at SCCC, expand access to resources for Latinas and their families, decrease substance abuse and HIV risk behaviors, increase integration of community resources, and positively affect community understanding and norms associated with issues of substance abuse and HIV risk. The program is family-inclusive and culturally appropriate for the local Latino/Hispanic community in its use of the evidence-based Brief Strategic Family Therapy (BSFT) model. Fourteen weekly BSFT counseling sessions focus on establishment of healthy communication to promote healthy, adaptive family functioning and support. Integrated psycho-education and peer support instill knowledge and self-efficacy for healthy decision making and behavior. Counselors are culturally and linguistically competent, and will employ the BSFT model with operational instruments to address issues related to race, religion, gender, geography, and socioeconomic status; language and literacy; sexual and gender identity, sexual orientation; and mental and physical health and disability. Specialized HIV curriculum considers needs and characteristics of the subpopulation of focus. No-cost HIV testing with pre and post-test counseling will be offered to all participants. Those testing positive for HIV will receive comprehensive treatment services. The Latina Community Leadership (LCL) environmental strategy component is based upon a Promotora community health literacy leadership model, which engages Latina program participants for positive environmental change. Latina Community Leadership is coupled with an awareness campaign designed by LCL participant community leaders themselves, ensuring the “fit” of the environmental strategy within the target community. Input from providers and consumers alike will drive programming from planning and outreach throughout implementation and evaluation. The integration of substance abuse and HIV prevention in conjunction with mental health and wrap-around support services, and integration of families in the counseling process increases the likelihood of successfully empowering Latina mothers in their community and home lives. *The program demonstrates BAI’s culturally sensitive approach to site visit work and evaluation competencies.*

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***INTEGRATING HIV AND SUBSTANCE ABUSE PREVENTION FOR HISPANIC FAMILIES: LA FAMILIA ADELANTE (1R43MD006150-01/GRANT #10503591)*** ***NOV. 1, 2010 – SEPT. 30, 2011***

There is a dearth of research on the affects of recent and remote stressors (including premigration stress events) in the Hispanic population and there remains the need for the development of interventions which can address these stressors, and reduce negative risky behavior such as drug use and risky sexual behaviors (Avison & Gotlib, 1994). As such, there currently exists a large market of mental health professionals, school counselors, pediatricians, and researchers who are in need of effective behavioral health prevention interventions for Hispanic youth and their families. Although many Hispanic youth are at increased risk for substance abuse, teen pregnancy, unsafe sexual practices and HIV (Prado et al., 2006), there is a lack of commercially available evidence-based practices for Hispanic youth which target substance abuse and HIV prevention (Cervantes, Kappos, Duenas & Arellano, 2003). The long term objective of this proposed SBIR Phase I research is to revise the Familia Adelante (FA) early drug intervention and prevention program (Cervantes, 2005) to incorporate an HIV prevention component, so as to make Familia Adelante an effective and commercially available model program. Through qualitative data collection with an expert panel and members of the target population of Hispanic families (n=144), this Phase I SBIR study will revise the FA

program to include an HIV prevention component, as well as determine the feasibility of designing a Phase II SBIR study which will test the Familia Adelante-Revised (FA-R) in a multisite randomized clinical trial sample of Hispanic families. *Upon successful completion of the Phase II SBIR study, BAI aims at marketing the FA-R for commercial purposes to health and mental health care providers, school mental health personnel and researchers who work with Hispanic families.*

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**ORANGE COUNTY BAR FOUNDATION SAMHSA-CSAP PROJECT**

**OCTOBER 2005 - PRESENT**

The Orange County Bar Foundation Project uses the *Stop Short of Addiction* substance abuse intervention model to include integrated HIV/Hepatitis prevention education and counseling, testing, and referral services for a target population of hard to reach Latino and re-entry youth in Orange County, California that have been identified as abusing alcohol/drugs and are at high risk of HIV/AIDS and Hepatitis. The purpose of the project is to reduce the spread of substance abuse, which increases the risk for HIV/AIDS, Hepatitis, and other infectious diseases among Latino and re-entry youth populations. The project provides integrated substance abuse and HIV/Hepatitis prevention services in a culturally competent manner to the target population. The Orange County Bar Foundation targets Latino youth, males and females, ages 12-18, in Orange County, CA that are at high risk of substance abuse and HIV/Hepatitis infection. These youth have been identified as currently using alcohol and/or drugs by law enforcement agencies, parent/family members, school officials, a community agency, or by the County's juvenile detention facilities as re-entering the Orange County population.

The Orange County Bar Foundation's model program, Stop Short of Addiction, includes: 1) clinical intake assessment; 2) substance abuse prevention sessions; 3) ethnic-specific, science-based Brief Strategic Family Therapy, and 4) Case management and referral services. All program services are provided in Spanish, in a culturally appropriate and sensitive manner. The project will incorporate components of the HIV/Hepatitis prevention curriculum from our current CSAP and CDC approved programs, *Project Youth Connect* and *Hermana Project*, to the existing Stop Short of Addiction program services. Access is provided to HIV and Hepatitis C testing, pre/post counseling, and referrals to Hepatitis A/B immunization services.

The proposed project will fill the gap in existing community services by providing substance abuse, HIV, and Hepatitis prevention services that address the unique needs of underserved populations of Latino and re-entry youth. *BAI will effectively plan, deliver, and sustain proposed services to the Orange County Bar Foundation through engaging the five steps of SAMHSA's Strategic Prevention Framework by: 1) Conducting a community needs assessment; 2) Building local capacity and mobilizing community resources; 3) Using the documented community needs assessment to develop a comprehensive strategic plan; 4) Implement evidence-based substance abuse, HIV, and Hepatitis prevention interventions; and 5) Monitoring and evaluating project effectiveness.*

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**HIV/AIDS PREVENTION & INTERVENTION SERVICES FOR FEMALE YOUTH AT RISK FOR JUVENILE DELINQUENCY**

**OCTOBER 2007-PRESENT**

In this Office on Women's Health, Office of Public Health and Sciences, Young Women's Health Project, BAI proposes a quality program design for the prevention of violence and substance abuse for young Latinas who are at-risk for delinquency and high-risk behavior, including unprotected sexual activity. BAI's will coordinate and work with three partner community based organizations: Orange County Bar Foundation (OCBF), San Fernando Valley Partnership (SFVP), and Sunrise Community Counseling Center (SCCC) to articulate

program goals and implementation strategies. During the planning phase, BAI will establish an Advisory Group to oversee the curriculum, program materials, and staff training manuals. BAI will supervise all program activities including recruiting the participants. At-risk Latina youth who exhibit behavioral problems such as truancy, substance abuse, and/or incidents of violence will be recruited from local schools by various sources: school counselors, teachers, and principals. An intensive 10-week program will be offered that addressed risk factors across 5 domains: Individual, Family, Community, School, and Peer factors. Program activities surround life skills, mentoring, and health education on HIV/AIDS, pregnancy, and substance abuse. Youth participants will have opportunities to engage in leadership and recreational activities designed to build their confidence and self-esteem. *The program demonstrates BAI's culturally sensitive approach to program design and program development competencies.*

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#### **JOVEN NOBLE – MALE INVOLVEMENT PROGRAM**

**OCTOBER 1997 – PRESENT**

The main goal of the Male Involvement Program, a federally funded research project by the Bienvenidos Family Services & Children's Center, Inc., is to prevent and reduce unplanned pregnancies, promote abstinence, and improve male reproductive health and responsibility among participating high risk or at risk males. The project focus is to increase participating male and/or families' knowledge of sexually transmitted disease prevention, HIV prevention, family planning methods, male family planning services (i.e., increasing the use of contraceptives and safe sex practices), and to increase community involvement in the prevention of unplanned pregnancies. The program also works with and involves the parents or adult caregiver, offering them the above education with an emphasis on the family unit focused on improving parental skills and supervision, as well as family communication on reproductive health and healthy relationships. The project is divided into three Tiers. Tier I is a ten-session core Joven Noble Curriculum serving a total of 120 males and 60 parent/adults per year. Evaluation will occur as a qualitative/quantitative questionnaire both at baseline and upon exit with dosage being tracked during each session. Tier II is a two session Joven Noble crash course on male reproductive health for males between the ages of 14 to 24. A total of 400 males will receive this curriculum per year. Evaluation will be assessed on a voluntary basis at the end of the sessions with a three-page qualitative/quantitative questionnaire. Tier III will service 2140 males per year between the ages of 14-24. These males will receive numerous materials regarding male reproductive health. They will also be invited to the male clinic for testing on STI's and HIV/AIDS. Sign-in sheets will be collected to track the number of males reached and to identify which events attracted more males. A one-page qualitative/quantitative male satisfaction questionnaire will be distributed to assess those males who have received services from the clinic. *This project demonstrates BAI's expertise in evaluation research that especially calls upon our use of logic models, site visit protocol development, and site visit interviews in conducting a process evaluation.*

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#### **PROJECT YOUTH CONNECT (PYC) – SANTA ANA**

**OCTOBER 1998 – SEPTEMBER 2007**

Funded by SAMHSA CSAP through the Orange County Bar Foundation, PYC was a culturally sensitive mentoring program created for young Hispanic girls and their mothers in the city of Santa Ana, California. The program used a science-based, family mentoring approach to prevent high-risk behaviors, substance abuse, HIV/AIDS, STDs, and unwanted pregnancies in a high-risk population of young Hispanic women (ages 12-17). PYC promoted family and school bonding, education on family preservation topics, as well as teaching life management skills to young women. Individual and group mentoring were the primary strategies to reach these goals. The program also worked to improve family communication and women's negotiation skills with male partners, including strategies for encouraging male condom use. The program<sub>13</sub>

served approximately 178 youth and their mothers during each 10-month period. *Data analysis performed by BAI researchers show that PYC had proven effective in minimizing risk factors (impulsivity, conduct disorder, etc.) and maximizing protective factors (i.e., bonding with families, HIV knowledge, condom use negotiation with partners, etc.) to prevent high-risk behaviors and HIV/AIDS-STDs infection in young Latinas of Santa Ana, CA. This project demonstrates BAI's evaluation skills including an annotated literature review, site visits, protocol development, interviews, and data analysis work.*

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**INSTITUTE FOR WOMEN'S HEALTH: TARGETED CAPACITY EXPANSION**

**OCTOBER 1997 – SEPTEMBER 2007**

Originally funded as the *Instituto Para La Salud Femenina* to provide comprehensive treatment service for Latina women residing in East and Southeast Los Angeles who engaged in high-risk behaviors and/or were HIV positive, this project was refunded by SAMHSA as the *Institute for Women's Health Targeted Capacity Expansion– HIV Project*. Participants were provided a one-year Drug Treatment and Education Program that included baseline, 6-month, and 12-month follow-up phases. BAI provided a process evaluation that required site visits and home visit follow-up, data collection, and interviews with difficult to reach at-risk populations. Program services included high-risk behavior prevention, substance abuse treatments, HIV/AIDS related services, as well as psychologist in-home assessment and counseling. The program curriculum emphasized relapse prevention, physical and psychological effects of engaging in high-risk behaviors, HIV/STD/Hepatitis C transmission, risk reduction, and safer sex practices (including contraception, pregnancy prevention, and abstinence). In addition, project participants were provided with community based recovery services and outpatient treatment for substance abuse and HIV/AIDS prevention. The project also provided outreach, case management, parent-child interaction activities, transportation, respite childcare, and a drop-in center. A marriage and family counselor was also on site to provide mental health services, counseling on healthy relationships, healthy marriages, recovery classes, preventive education classes for children, and parenting classes to enhance parenting skills and communication.

The evaluation of this treatment program was conducted by BAI using the local site-specific qualitative/quantitative questionnaires and the GPRA tool (developed by SAMHSA), which were provided in both English and Spanish. Evaluation took place at baseline, 6-months, and a 12-month follow-up. A total of 55 women per year were assessed for the duration of the five-year project. BAI developed the local data codebook and database and trained an on-sight data collector for convenience and accuracy to the program. *The program demonstrates BAI's culturally sensitive approach to site visit work and process evaluation competencies.*

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**YOUTH ADELANTE**

**OCTOBER 2001 – SEPTEMBER 2005**

Funded by SAMHSA CSAP, the Youth Adelante program was a ten-week substance abuse & HIV prevention program for middle school youth in the San Fernando Valley. The study was a three-year project, targeting 153 youth and their parents. Youth ranged in age from 12-14 and included both males and females. Youth were referred to the program by school staff. Youth criteria were based on recent history of mild to moderate behavioral problems, contacts with school police or law enforcement, possession of alcohol and drug substances, excessive absences and/or promiscuous behavior.

*BAI evaluated the effectiveness of the curriculum to improve youth well-being and family bonding while decreasing stress and reducing conflict within the family. Process evaluation identified barriers to program implementation, tracked modifications to the intervention, documented the extent of satisfaction with*

*cultural relevance of the Youth Adelante Project; and monitored the effects of the proposed interventions and dosage. The evaluations were mostly qualitative in nature, however, did not exclude the use of quantitative information (i.e., client satisfaction). All data had been collected for both youth and their parents at baseline, posttest (6 month), and follow-up (12-months) measurement points for each cohort. All Data entry was conducted by Behavioral Assessment Inc.*

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**PROJECT HEAL****OCTOBER 1997 – SEPTEMBER 2004**

In this Center for Substance Abuse Prevention (CSAP) funded program, was designed to provide substance abuse and HIV/STD prevention services to both young men and women and their parents or guardians, BAI performed a process evaluation that included site visits, site administration, staff training, data collection, and database management activities. Participants were provided with a one-year substance abuse and HIV/STD education program, family counseling, and family and youth activities. Project curriculum promoted family formation, positive family communication, parenting techniques, physical and psychological effects of alcohol, tobacco, and drugs, HIV/STD transmission, risk reduction, and safer sex practices (including abstinence, contraception, and teen pregnancy prevention). To help evaluate the progress of each participant, each member was given three questionnaires/surveys distributed at the beginning of the educational group, at 6 months, and again at 12 months. *This project demonstrates BAI's expertise in process evaluation that especially calls upon our use of site visit protocol development, including staff training, data collection, data entry, and site visit interviews.*

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**TRAINING & TECHNICAL ASSISTANCE**

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**U.S. COUNTIES ALONG THE MEXICAN BORDER INITIATIVE (HHSS277200800005C)****AUGUST 2008- AUGUST 2012**

U.S. Counties along the Mexican Border initiative addresses substance within the counties that are contiguous to the border. The contract will enable BAI and its regional subcontract partner the Alliance of Border Collaborative (ABC), to provide training and technical assistance on the Strategic Prevention Framework (SPF) process within the 24 counties within the U.S. -Mexico border area. This work will extend and enhance CSAP's efforts to prevent and reduce substance abuse and associated health issues across the U.S. Mexico Border region. The primary audience for this initiative is local prevention providers living and working in all venues (e.g., schools, community centers, workplace, and faith-based organizations) within the contiguous counties and the communities comprising those counties. Numerous types of State and local organizations are likely to be involved in these efforts as well.

*This project demonstrates BAI's professional skills in the areas of technical assistance and training, using face to face training in addition to Website resources, Webinar trainings & T/A, and distance learning.*

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**THE MODEL MENTORSHIP PROGRAM FOR STRENGTHENING ORGANIZATIONAL CAPACITY TO DELIVER HIV/AIDS SERVICES (MENTORS)****OCTOBER, 2005 – SEPTEMBER 2006**

Funded by the Office of Women's Health, Behavioral Assessment, Inc. (BAI) provided mentorship services for two Protégé organizations:

- 1) Inner Summit Inc., a non-profit organization, located in Decatur, Georgia
- 2) Vision Leadership Institute, a non-profit organization, located in Columbia, South Carolina.

The primary intent of this program was to improve capacity to deliver HIV/AIDS prevention services to minority women in both rural and urban communities. BAI conducted the Strength, Weakness, Opportunities & Threats (SWOT) assessment of each Protégé's needs in the areas of administration (fiscal management), technology, and marketing. BAI and both Protégés determined that these areas of need would strengthen capacity for both Protégés before they begin direct services with their clients under the OWH Mentorship program. Behavioral Assessment, Inc. assisted both Protégés in successfully achieving their goals for this OWH project through Technical Assistance, on-site training, weekly support and followup, and continuous assessment of needs and accomplishments. In addition, BAI conducted regular bi-weekly conference calls, e-mail contact (as necessary) and regularly scheduled site visits.

*This project demonstrates BAI's professional skills in the areas of capacity building, organizational development, technical assistance and training, in addition to providing mentorship to protégés in the areas of Curriculum Development, Funding, Board development, Technology, Volunteer Planning, and developing viable community partnership, as well as areas that increase the sustainability of the organizations.*

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***THE MODEL MENTORSHIP PROGRAM FOR STRENGTHENING ORGANIZATIONAL CAPACITY TO DELIVER HIV/AIDS SERVICES (MENTORS)*** ***OCTOBER 2004 – SEPTEMBER 2005***

This program was funded by the Office of Women's Health. The primary intent was to improve community-based (CBOs) and women's service organizations (WSOs) capacity to deliver HIV/AIDS prevention services to minority women in both rural and urban communities. Behavioral Assessment, Inc. (BAI) provided mentorship services for two protégé organizations:

- 1) *Chambers & Assoc., a Minority-Owned Business, located in the rural community of Grand Chain, Illinois*
- 2) *Mujeres Unidas Contra el Sida, Community-Based Organization, located in San Antonio, Texas.*

The four main areas of capacity building for each protégé were delivered through quarterly site visits In addition to monthly conference calls and regular e-mail contacts with both agencies. Both organizations actively participated in identifying the four areas of need, however, BAI has extended mentoring services to include several additional capacity building areas that were identified as areas of need by both BAI and each of the protégés. BAI and both protégés determined that mentorship/training in these additional areas of need would strengthen capacity for both agencies prior to their beginning direct services with their clients. BAI conducted an assessment of each protégé's needs in the areas of administration (Fiscal Management), Technology, and Marketing, using the Strengths, Weaknesses, Opportunities and Threats Analysis (SWOT) Assessment Tool at three data collection points (e.g. baseline, midyear and at program completion). The results of the SWOT analysis identified areas of capacity building that needed improvement, and helped to establish goals.

*This project demonstrates BAI's professional skills in the areas of capacity building, organizational development, technical assistance and training. BAI served as mentors to these two protégés in the areas of management, fiscal policies, board development, program management, and developing viable community partnership, as well as areas that increase the sustainability of the organizations.*

## MENTAL HEALTH

### ***SKILLS FOR PREVENTION, INTERVENTION, RECOVERY, INDIVIDUAL TREATMENT, & TRAINING (SPIRITT)***

***2009 - PRESENT***

SPIRITT Family Services have served their community since 1972. The primary mission and philosophy of SPIRITT Family Services is “To strengthen the family unit by promoting mental health and well-being through proactive programs of education, prevention, intervention, treatment and recovery, and to strengthen the individual’s self-concept through personal development, taking into consideration the multicultural communities served.” *BAI has been contracted to begin and sustain evaluation efforts with two of the important programs the SPIRITT offers their surrounding communities.*

***CARINO PFF– (Child Abuse Risk Intervention and Neighborhood Outreach):*** In Spanish, *cariño* means “tender affection” and reflects the non-judgmental attitude SPIRITT staff has been working with families to prevent and/or break the cycle of child abuse. Partnership For Families (PFF) is a first 5 funded initiative that aims to improve the quality of services and support for at-risk families with children 5 years of age and under; increase the capacity of community partners to coordinate, collaborate, and mobilize as well as identify, engage, and serve at-risk families; and increase information about prevention of child abuse and neglect within SPA3 of LA County.

***“WINDOWS/VENTANAS”*** is a Family Communications Skills Program that has been honored at both the state and national levels for its effectiveness in the prevention of substance abuse by strengthening families. This program offers a 7 week curriculum that provides a safe forum for family discussions that address fundamental skills to begin problem solving and laying a ground work for healthy communication. This curriculum is offered in both English and Spanish.

### ***NATIONAL INSTITUTE OF MENTAL HEALTH-SBIR PROJECT–H.S.I. VER. 2 PHASE II: STANDARDIZATION OF THE HISPANIC STRESS INVENTORY, VER. 2 (2R44MD004792-02 /GRANT#10671624) APR 1, 2011 – APR 1, 2012***

This Phase II study will utilize a multi-trait/multi-method research design. Our research design will include data collection tasks in 4 research sites that represent the diversity of the national Hispanic adult population: Los Angeles, Miami, El Paso, and Boston. The total research sample will consist of 2,400 Hispanics, ages 18 and older. A cross sectional, quota based sampling design will be used in 3 distinct developmentally distinct target samples, including a) college aged adults, b) parents, and c) seniors over 60. A cross-sectional survey will be implemented in the 4 research sites. This research responds to the growth in the Hispanic population along with a large market of mental health clinicians, primary health care providers and researchers as well as educators, counselors and criminal justice professionals who are demanding culturally relevant assessment tools for the screening and early diagnosing of stress in the Hispanic population. Recent trends in health reform and emphasis on prevention of health and behavioral health problems will necessitate the use of better screening and diagnostic tools, particularly for minority groups who previously have had low access to such preventive services. High stress levels put Hispanic adults at-risk for a wide range of behavioral health problems. Our research will improve the technology of stress assessment in this vulnerable population in several ways. The Hispanic Stress Inventory (Version 2) will provide evidence that will convince the mental health and other health care professional customers that the product is scientifically proven and culturally

relevant and an instrument they can depend on. *BAI's research brings an important, and under researched perspective to the development of assessment technologies that will stimulate the development of similar screening inventories in other populations characterized by high immigration and high health disparities.*

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***NATIONAL INSTITUTE OF MENTAL HEALTH-HISPANIC STRESS INVENTORY, VERSION 2 (HSI2) SBIR PHASE I***

***OCT 2009 – SEPT 30, 2010***

This Phase I study aimed to establish the basis for re-standardizing the Hispanic Stress Inventory (HSI). The HSI original version was developed nearly two decades ago. A new version will have more utility for clinicians and researchers through item update and revision of factor-derived subscales. We proposed to implement a multi-site, multi-method design and to utilize both clinical and non-clinical adult samples (n=250) which included subgroups of Hispanics. The purpose of this Phase I study was to determine the feasibility of re-standardizing the original HSI. BAI proposed to: (a) convene an expert panel of Hispanic researchers and clinicians to critically review the original HSI and to identify gaps relevant to current contextual and cultural conditions, and (b) to implement focus group methodology to identify salient conceptual psychosocial stress domains for both immigrant and non-immigrant Hispanic adults. *Results from this study will guide the development of a draft version of the HSI-2 to be used in a large national re-standardization study in Phase II.*

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***NATIONAL INSTITUTE OF MENTAL HEALTH-.HISPANIC STRESS INVENTORY-ADOLESCENT-IMMIGRANT & NON IMMIGRANT (HSI/I-NI) SBIR PHASE II***

***OCT 2007 – SEPT 2009***

This Phase II study built upon the results of the Phase I feasibility study. The study further validated norm immigrant and non-immigrant versions of the Hispanic Stress Inventory-Adolescent (H.S.I.-A.). A cross-sectional research design with a nested test-retest component and multisite, multimeasure features were applied. A stratified sample of middle and high school students (N=1600) and clinical sample of adolescents with a diagnosed behavioral health problem were selected (N=400) in 4 research sites representing the diversity of the United States Hispanic population: Los Angeles, Miami, Dallas and Boston. The 160 items developed in the Phase I study was self administered to the adolescents along with the criterion measures and analysis determined the standardized version of the HSI-A. The six objectives of this study of Hispanic early (13-15 years) and late adolescents (15-17 years) were: 1) To determine, through a series of exploratory factor analyses, the global construct validity and factor structures of the HSI-A immigrant and nonimmigrant versions; 2) Estimate the construct validity of the final HSI-A by analyzing the similarities and differences in scale and subscale scores between the student sample and the clinically defined contrast group; 3) Assess the HSI-A for criterion-related validity using concurrent measures; 4) Assess the reliability of the HSI-A through the use of internal consistency, split-half and test-retest procedures; 5) Using survey data from a national sample of Hispanic adolescents, generate national normative data and actuarial profiles of the HSI-A; 6) Assess the reliability of the HSI-A that includes web-based administration and scoring features as an integral part of the commercialization plan. *The HSI-A is currently being marketed through a commercialization plan developed by BAI, providing a screening tool for early detection of elevated stress and the prevention of the onset of mental health disorders by mental health professionals.*

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**NATIONAL INSTITUTE OF MENTAL HEALTH- HISPANIC STRESS INVENTORY-ADOLESCENT (HSI-A.) SBIR PHASE I**
**OCT 2004 – 2006**

The long-term objective of this research program was to develop an innovative stress assessment tool for Hispanic adolescents. This SBIR Phase I study determined the feasibility of a Phase II study that further validated a commercial adolescent version of the Hispanic Stress Inventory (HSI-A). The target participants of this program were Hispanic adolescents. The program specifically aimed to: 1) identify the salient conceptual psychosocial stress domains; 2) specify discrete domain-specific stressor events and their appraisal for clinical and non-clinical samples that include immigrant, language and ethnic origin subgroups; 3) generate a pool of closed-ended stressor and appraisal items formatted in a Likert style to be included in the HSI-A draft tool; 4) evaluate the content validity of the HSI-A for each adolescent conceptual stress domain. A cross-sectional, multi-stage research design, with multi-site, multi-method and multi-measure features were applied. Stage 1 telephone interviewed an expert panel in order to identify the conceptual and relevant psychosocial stress domains. Stage 2 used focus group interview methods. A stratified sample of middle school and high school students and clinical clients were selected (N=250) to participate in focus groups (N=30) from the research sites of Trenton, New Jersey and San Fernando, California. Stage 3 conducted qualitative analysis of the telephone data to generate a logically interconnected pool of items. In Stage 4 the content validity was evaluated using Cohen Kappa statistic of inter-rater agreement and an item analysis. The feasibility of the Phase II study was determined by multiple criteria that included: obtaining targeted number of participants; adequate representation from the sub-groups of ethnic populations and consensus among expert panel on HSI item content as evidenced by a Cohen Kappa of 0.70 or higher. Ultimately, the HSI-A will be advertised and supplied to the mental health care field where it will have relevance as an early warning mental health-screening tool to improve diagnostic formulation.

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**LATINA YOUTH DEVELOPMENT PROJECT**
**OCTOBER 2002 – SEPTEMBER 2001**

Funded by the Esperanza Del Pueblo Community Services, this project focused on the unique issues faced by Latino youth who were at most risk of engaging in problem behaviors such as those with a parent who is incarcerated, children of substance abusers and youth who had recently immigrated. Family participants received support and consensus from community members and key stakeholders in Central Oklahoma City. *This project demonstrates BAI's instrument development and protocol. All the instruments used in this project were designed and formatted by BAI.*

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**CENTER FOR MULTICULTURAL DEVELOPMENT (CMD):**
**OCTOBER 1997 – SEPTEMBER 2000**

The Center for Multicultural Development received funding for a Cultural Competence project from The California Endowment (TCE). The overall goal of the project was to assess 7-counties for cultural competence in mental health. The assessment plan had three levels: systems, organizational, and the clinical levels in order to establish the "Best Practices" and create a template on Cultural Competence. The template served as a means to make policy changes within the mental health system. *BAI evaluated the CMD-TCE assessment, which included the process data (e.g. agendas, instruments, training materials, etc.) and outcome methodologies (e.g. development of questionnaires, observations, instrument development, etc.).*

## PROGRAM EVALUATION

### **NEW MEXICO MENTAL HEALTH TRANSFORMATION EVALUATION (TSIG)**

**OCT 2006- APRIL 2011**

Behavioral Assessment, Inc. (BAI) was contracted to evaluate Year Two of the New Mexico Mental Health Transformation –State Incentive Grant project. New Mexico was one of 7 States that had successfully competed to win a Substance Abuse and Mental Health Services Administration (SMHSA) Center for Mental Health Services (CMHS) Mental Health Transformation State Incentive Grant (T SIG) to implement the goals set forth in the New Freedom Commission (NFC) Final Report. Through this award, NM emerged as a forerunner state in the transformation of the American mental health system. The long-term evaluation goal was to assess how effective the MHT SIG was in transforming NM from a fragmented, non-evidence-based patchwork of mental health services characterized by large disparities into a single behavioral health service delivery system in which funds are well managed, recovery and resiliency are supported, mental health is promoted and mental illness prevented or reduced and consumers participate fully in the life of their communities. BAI's short term goal of the evaluation was to consult with the area Leads and other state evaluation agents in the development of feasible evaluation plans for the T SIG activities targeting each of 6 goals for mental health transformation outlined by the NFC. *This project demonstrates BAI's professional skills in the areas of large-scale evaluation, systems change and transformation, expertise in working with integrated data management systems, and in designing & managing multi system, state-level evaluation projects.*

### **CALIFORNIA ENDOWMENT: JOVEN NOBLE**

**2009 - 2011**

This demonstration project is comprised of a 2 year, 4 Phase program with the aim of establishing the Joven Noble (JN) curriculum and related materials as an evidence base prevention and early intervention model for Latino adolescents. This project is specifically related TCE Goal 2 "Culturally Competent Health Systems" where we aim to implement and test a new model of Prevention and Early Intervention for Latino youth. Our objective is to gain approval by at least 1 of the key national accrediting bodies including The National Registry of Evidence-Based Programs (NREPP) <http://nrepp.samhsa.gov/> and Practices and the Juvenile Justice Bulletin: Blueprints for Violence Prevention <http://ncjrs.org/html/ojjdp> and thereby make available the JN program for community based agencies, schools and other youth service organizations. *BAI is responsible for the following project objectives:*

- 1) *Finalize the Joven Noble Curriculum and related training materials to emphasize mental health promotion and behavioral health issues for prevention and early intervention (PEI).*
- 2) *Compile existing evaluation data, reports and findings on past JN programming; conduct rigorous data analysis using existing evaluation information/data*
- 3) *Design a program implementation and evaluation program with 1 youth serving agency in the Central Valley of California.*
- 4) *Implement Joven Noble, 10 week curriculum based prevention and early intervention program for 50 at risk Latino youth ages 11-14. Services to be provided at 1 or more community school sites.*
- 5) *Monitor program fidelity and implement a pre- post and follow up evaluation design for JN assessment at the Visalia site.*
- 6) *Conduct data analysis on Joven Noble program evaluation findings and prepare all relevant materials on Joven Noble findings to NREPP and at least one other Model Program review panel.*

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**LONG BEACH COMMUNITY FOUNDATION ATLANTIC AVENUE CONNECTED CORRIDOR PROJECT OCT 2005 – FEB 2011**

The Atlantic Avenue Connected Corridor Project (AACC) was implemented by the Long Beach Community Foundation from October 2007 to February 2011, with funding from the John S. and James L. Knight Foundation (The Knight Foundation). The Atlantic Avenue Corridor was selected because it bisects the city from north to south and is reflective of the diversity of the City of Long Beach. The goals of the project were:

- To develop and connect leaders committed to transforming the infrastructure, quality of life and businesses along the Atlantic Corridor;
- To ensure the various projects work more effectively together;
- To positively impact neighborhoods, embracing ethnic diversity and economic differences.

The project was implemented in four “Phases” which targeted specific geographic areas along Atlantic Boulevard. A total of 41 individual projects were funded by the Long Beach Community Foundation. Phase 1 in North Long Beach was launched in Fall 2007 and the final Phase (4) began in October 2010. Program strategies included: convening of community stakeholders at the beginning of each phase; funding of mini-grants to individuals, formal and informal organizations; and, training for grantees. A comprehensive evaluation of the AACC was conducted by Behavioral Assessment, Inc., and included the use of document reviews, focus groups, key stakeholder interviews and survey based data collection. The evaluation focused on project outcomes that were important to the Long Beach Community Foundation. The evaluation results are generally positive and show significant AACC outcomes. Results showed that a range of connected community projects were successfully implemented, ranging from youth leadership activities, arts initiatives, business networking, community gardening, journalism, and, training programs.

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**SUNRISE COMMUNITY COUNSELING CENTER (SCCC) SAMHSA-CSAP PROJECT**

**OCT. 2005 – DEC. 2010**

Sunrise Community Counseling Center, Inc. (SCCC) and Behavioral Assessment, Inc. designed and implemented a 5-year program that integrated health services delivery and epidemiological monitoring in the SPA4 Metro area in Los Angeles County (LAC). The program targeted Latino and re-entry youth aged 12-17 incarcerated for gang-related activities. The goal of the program was to build the capacity of SCCC to provide substance abuse prevention intervention, HIV and hepatitis prevention and screening among Latino youth who have been through the state juvenile detention system due to their gang affiliation and were reentering the community in a post incarceration phase. The program worked with these youth and their families. The program also included community stakeholder and epidemiological monitoring activities that were an essential part of the evaluation. The program had the following specific objectives: 1) To enhance the existing substance abuse prevention and treatment program of SCCC to serve gang affiliated and reentry Latino youth and to build agency capacity for effective substance treatment for this population; 2) To build capacity among SCCC and BAI’s community stakeholder partners, (CCNP, YMCA, CARECEN, Inner City Law Center, Los Angeles Police Department, Los Angeles Public School District East Los Angeles Alternative Education Center, New Economics for Women, Los Angeles STD Program) in recognizing substance abuse issues and in providing wrap-around and supportive services for re-entry youth aged 12-17 in substance abuse prevention and identification of high risk behavior that could lead to HIV and hepatitis infection; 3) To provide substance abuse treatment/prevention services using Brief Strategic Family Therapy (BSFT) model to high-risk reentry gang affiliated youth aged 12-17. The design and implementation of the BSFT included a needs assessment of the target population that included community epidemiological data. *This needs assessment will be utilized to build a component in the BSFT model that will address specific issues in substance abuse, HIV and hepatitis prevention.*

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***NEW MEXICO STATE INCENTIVE GRANT & PREK-6******OCTOBER 1998 – SEPTEMBER 2007***

The State of New Mexico's Department of Health, Behavioral Services Division is dedicated to providing a comprehensive system of prevention services that is community driven, strategically focused, research based and culturally relevant to individuals, families and communities in New Mexico. These services are designed to contribute to the health, safety and economic well-being of people in New Mexico by reducing the incidence of alcohol, tobacco and other drug abuse. BAI was awarded a contract by the state of New Mexico Department of Health/Behavioral Health Services Division to provide professional evaluation & training services to the State. BAI's expertise in this area is aiding the State of New Mexico in the development of an effective, science based prevention system. BAI has served as the lead evaluator for the New Mexico State Incentive Grant (NMSIG) project since 1998. BAI was hired to develop and facilitate the implementation of a comprehensive process and outcome evaluation plan for New Mexico that included a multi-level assessment of state, community, and local sub-recipient prevention activities. In evaluating these activities an evaluation plan was developed that implemented methods to document the state level activities and the accomplishments associated with the SIG, and all sub-recipients. The NMSIG initiative began in October of 1998 and was scheduled to be completed in September of 2003. The goals of this initiative include the development of state of the art prevention technologies for youth ages 12-17 with a focus on ethnic minority youth and high-risk females. Nineteen service providers or sub-recipients were funded to provide model prevention programming to youth across the state. Service providers were at liberty to choose a science-based program to implement in their communities. Due to the variety of programming in the state, NMSIG required an external evaluator to assist in the evaluation of the local process or curricula. The next tier that NMSIG developed was that of the statewide evaluation process. BAI's role included the development, monitoring, collecting and reporting of instruments utilized by all service providers. Those contributing to this process included local service providers, local evaluators, state department staff, and state-wide evaluators. As a result of this process, a statewide evaluation plan was implemented. Such activities include gathering input from local and state providers, training and TA to service providers and local evaluators, choosing and/or developing evaluation instrument/s, piloting and testing instrument/s, organizing data collection and sharing outcomes with service providers and community. The program was successfully completed and renewed for an additional two-year term in June of 2003. The renewed contract was awarded with an additional initiative that focused on a younger population and their families, Pre-Kindergarten to sixth grade (PreK-6). This program continued to develop culturally appropriate prevention programming and evaluation services in New Mexico.

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***TEXAS STATE INCENTIVE GRANT******SEPTEMBER 2002 – SEPTEMBER 2006***

The Texas State Incentive Programs (TSIP) was designed to implement science based prevention efforts for youth, ages 12-17 years old and improve the nature and quality of prevention services. The scope and nature of the TCADA / TSIP was comprehensive with intermediate and long-term impact. Using a quasi-experimental design, BAI implemented a core outcome evaluation tool and developed a high tech web based data management system for local evaluators for the pre-post data collection approach that determined changes in a variety of risk factors, protective factors, alcohol, tobacco, and other drug use outcomes. A multi site evaluation methodology was used in order to allow for a comprehensive statewide assessment to be conducted. Technical assistance was provided on issues related to prevention evaluation implementation, data collection, data analysis and report preparation in order to increase the capacity of the State and local communities to engage in meaningful self-assessment and evaluation. BAI also assisted in preparing a

series of published manuscripts that emphasized various prevention approaches and findings generated from the TCADA database. These publications provided the prevention field with useful information on statewide planning, development of evaluation systems, outcome findings, and information on culturally relevant prevention strategies, particularly those aimed at Hispanic and Native American populations. *This program demonstrates BAI's expertise in prevention, evaluation, training, technical assistance, and developing a state of the art logical data management system.*

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**CALIFORNIA STATE INCENTIVE GRANT:**

**NOVEMBER 2003 – SEPTEMBER 2005**

In cooperation with the U.S. Department of Health and Human Services, Center for Substance Abuse Prevention (CSAP), California was awarded a State Incentive Grant that used evidence-based prevention and early intervention programs to reduce binge drinking in youth and young adults in California. BAI was brought in to evaluate these efforts. The Goals of the project were to develop and implement a comprehensive prevention strategy, develop sustainable programs using science-based prevention practices that focus on youth and young adults (ages 12-25), and reduce binge drinking among youth and young adults (ages 12-25) by 50 percent in five years. California baseline studies have established that binge drinking is a serious problem among California's youth which lead to threats in the long-term development and well being, increased incidence of traffic crashes, and problem behaviors including violence, suicide, and educational failure. This behavior also affects the broader community of California and therefore the California State Incentive Grant is highly focused on creating a program to address this problematic behavior.

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**PROJECT BIENESTAR:**

**OCTOBER 2001 – SEPTEMBER 2004**

The Pinal Hispanic Council, through federal funding, implemented the three year Proyecto Bienestar program in the rural cities and towns of Eloy, Casa Grande, Coolidge, Florence, Picacho, and Arizona City in Pinal County, Arizona. BAI's objectives in this project included: 1) Developing a Recovery Community ALIANZA (Alliance), consisting of individuals in recovery and their family members, 2) Training Alliance members, 3) Implementing a public education campaign, 4) Developing a Consumer Affairs Department within the agency structure, 5) Training community stakeholders, 6) Implementing Public Policy Initiatives, and 7) Conducting a needs assessment.

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**POLICY**

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**NEW MEXICO ADMINISTRATIVE OFFICE OF THE COURTS -JUSTICE SYSTEM INTERPRETER RESOURCE PARTNERSHIP**

**JANUARY 2009 – NOVEMBER 2010**

The overall programmatic objective of the New Mexico Justice System Interpreter Resource Partnership (JSIRP) is to ensure that individuals with limited English proficiency who become involved with the New Mexico justice system have access to consistent, culturally and linguistically appropriate services through the creation of a sustainable, comprehensive interpreter resource partnership that may be expanded to serve a broader range of public recipients. BAI was contracted by the Administrative Office of the Courts (AOC) to conduct an evaluation of the formative aspects of the New Mexico JSIRP. Efforts exercised in this process require the following: Tracking of recruitment and training of partnership member agencies, track and document partner's involvement and participation, track and document partnership consensus building activities and planning process, and track development of action plans related to partnership objectives.

## STAFF & CONSULTANTS

BAI's staff consists of professional individuals with advanced experience in working with culturally sensitive data. The staff of BAI consists of PhD's and other trained professionals with numerous years of experience in counseling, project management, and evaluation.

EXPERIENCE AND CAPABILITIES MATRIX											
STAFF & CONSULTANTS	Educ.	Lit. Review.	Program. Eval & Family Planning	High Risk Pop.	Interview Protocol Dev.	Data Collection & Mgmt	Site Visit	Data Analysis	Multi-Cultural	Report Writing	Bilingual
R. Cervantes	Ph.D.	X	X	X	X	X	X	X	X	X	X
A. Rey	Ph.D.	X	X	X	X	X	X	X	X	X	X
J. Goldbach	PhDc	X	X	X	X	X	X	X	X	X	X
C. Keig	MS	X	X	X	X	X	X		X	X	X
T. Shelby	MA	X	X	X	X	X	X	X	X	X	
R. Willis	MBA	X	X	X		X	X		X	X	
C. Lopez-Gutierrez	BA		X	X	X	X	X		X	X	X
A. Reyes	BA			X	X	X	X	X	X		X
J. Kumamoto	BA	X	X	X	X	X	X		X	X	X
D. Camacaro	AA	X	X	X	X	X	X		X	X	X
M. Lopez	AA	X	X	X	X	X	X		X	X	X
C. Cervantes	BA	X		X		X			X		X

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## **P H . D . L E V E L S T A F F**

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### ***RICHARD CERVANTES, PH.D.***

Dr. Cervantes received his Ph.D. in Psychology from Oklahoma State University. Dr. Cervantes is Research Director at Behavioral Assessment, Inc. and is Senior Research fellow at the California State University, Long Beach Center for Behavioral Research and Services Department of Psychology. He served as Research Psychologist at the UCLA Spanish Speaking Mental Health Research Center (1984-89), and held a full-time faculty appointment in the USC School of Medicine, Department of Psychiatry and the Behavioral Sciences (1990-1995). He has served as Principal Investigator on numerous NIH and Foundation funded studies and has published extensively over a 25 year career span.

Dr. Cervantes has served or currently serves on a number of national level advisory groups and committees, including CSAP's Technical Expert Group for the National Cross-Site Evaluation of Substance Abuse Prevention Grants for Minority AIDS Initiative, SAMHSA's State Incentive Grant Evaluation Guidance Committee, and numerous other expert panels. Dr. Cervantes served as a science consultant for the United Nations International Drug Control Program (UNDCP).

He has published well over two dozen scientific journal articles as well over a dozen book chapters relevant to Hispanic/Latino youth, family, mental health, and health issues. He is the developer of the Hispanic Stress Inventory and Familia Adelante, a family focused behavioral health promotion program. Dr. Cervantes has over 20 years of experience in the conduct of community based research and evaluation and is familiar with necessary multi-dimensional evaluation methodologies needed in community and applied settings.

Finally, Dr. Cervantes has served as an expert witness to the courts on issues related to Hispanic families, drug and alcohol abuse, cultural risk factors including immigration/acclulturation stress, and juvenile gangs. He has served as an expert on over twenty death penalty cases, both in the trial/penalty phase, as well as in the appeals process.

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### ***GOLDBACH, JEREMY, PHDC.***

Jeremy T. Goldbach, LMSW, is a Research Associate with BAI, and a doctoral candidate at the University of Texas at Austin. Jeremy completed his Masters degree at UT-Austin and has been funded through Fellowship under the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP), specializing in Prevention Science. Jeremy's research interests involve cultural competence in prevention practice, with a special focus on sexual and ethnic minority youth. **Jeremy** Goldbach is currently a Research Associate at Behavioral Assessment Inc. serving as a project manager on a study funded by the National Institutes of Health (NIH).

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### ***REY, ANTONIO (TONY), PH.D.***

Dr. Rey is an Evaluation & Technical Assistance Manager at BAI. His professional focus is providing evaluation and training services for alcohol, tobacco and other drug programs. He was recently the local data coordinator for New Mexico's Behavioral Health Services Division, co-evaluator for the Texas Commission on Alcohol and Drug Abuse Statewide Incentive Grant Project (TSIP), and served as an evaluation team

member on the Center for Substance Abuse Prevention (CSAP) California State Incentive Grant and the New Mexico State Incentive Grant (NM SIG). He has over eight years experience working with BAI as a lead trainer and co-evaluator consultant. Dr. Rey has special expertise in facilitating community based, multi-site data collection. Dr. Rey received his Ph.D. in organizational effectiveness from the University of Utah. Funded by the US Administration on Aging, Dr. Rey explored ways of increasing social service delivery to elderly Latino populations. He provided training to the Los Angeles based Association Nacional Pro Personas Mayores. For several years Dr. Rey worked as a consultant to the Bilingual Education Department of the Dallas Independent School District where his work included writing and producing documentary and training videos.

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## **BAI PROFESSIONAL STAFF**

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### ***CAMACARO, DANIBEL, AA***

Ms. Camacaro is a member of BAI's data team and focused primarily on comparison group data. She also provides assistance to lead evaluators through providing logistics for meetings, filing, and research for reports. Ms. Camacaro maintains training schedules and invoicing for specific projects, assists in project management and staffing logistics, and trains incoming employees in data entry and data collection. Ms. Camacaro is currently majoring in Spanish with a focus on interpreting. She is bi-lingual in English and Spanish, and has a keen interest in the physical and emotional growth of child development.

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### ***CLARISSA CERVANTES, BA***

Clarissa Cervantes obtained her Bachelor's degree in Physical Therapy in 2000. Ms. Cervantes has extensive experience in Health Care and Mental Health Research as well in data entry and data management. She works closely with the Data Manager and Lead Evaluator in data entry and conduct of the evaluation statistical analyses. Ms. Cervantes also functions as a resource person for technical assistance, writing and reading and helps on with the implementation of the formal evaluation and ensures comprehension of the data analysis objectives. Ms. Cervantes, along with the Lead Evaluator is responsible for choosing the suitable software for conducting the appropriate statistical analysis; assist with report writing as necessary and monitoring performance in Projects such as Targeted Capacity Expansion (TCE) - HIV, MIP, Safe, Project Heal, Youth Adelante, Stop Short of Addiction and SWRBHC Conference Evaluation and Project Corazon. Ms. Cervantes is Portuguese-English bilingual/bicultural; she has traveled worldwide and had gained a lot of cultural diversity experience. Ms. Cervantes has many courses in Health Care and Mental Health matters.

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### ***KEIG, CINDY, MS***

Cindy is a part of BAI's project team, currently working on the U.S. Counties along Mexico Border Initiative, and a Research Project for the National Institute of Mental Health. Cindy provides technical assistance to non-profit organizations on program development and project management, and organizational development and training, she provided capacity building and mentoring services for community-based HIV/AIDS prevention programs in San Antonio, TX, and St. Louis, MO., and served as the Project Director for a mentoring project for HIV/AIDS prevention programs in Decatur, GA and Columbia, S.C. Cindy is knowledgeable in Workforce issues, assisting with the development of a certification process for Workforce Central New Mexico, and has studied the Hispanic expansion across Oklahoma and worked with a gang violence prevention/intervention program in SW OKC. Cindy assists with grant writing efforts, research and report development, and electronic media and website materials. Cindy has a BS in Liberal Sciences from University of Oklahoma, and an MS in Adult Education and Vocation from Oklahoma State University.

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***KUMAMOTO, JOANNE, BA***

Joanne Kumamoto provides technical assistance to non-profit organizations on program development and evaluation, project management, and organizational development and training. She specializes in market research, needs assessments, and feasibility studies. Ms. Kumamoto was the project manager for a Transportation Communications Needs Assessment Study, to understand communication channels and information needs for non-English speaking Asian communities. She was the principal evaluation investigator for an entertainment job training program. Prior to forming Kumamoto Associates, Ms. Kumamoto was an appointee in the Los Angeles City Mayor's Office, Division of Human Resources, where she was responsible for staffing city department task forces and community advisory committees, and establishing a low interest loan, volunteer, and energy conservation projects. After leaving the Mayor's Office Ms. Kumamoto also consulted as a sole proprietor with business organizations, major arts institutions, and engineering firms. Ms. Kumamoto is a former Commissioner for the City of Los Angeles Housing Authority and Telecommunications Board.

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***LOPEZ-GUTIERREZ, CHRISTINA, BA***

Christina Lopez-Gutierrez is a research associate at BAI, currently serving as project director for - the U.S. Counties along Mexico Border Initiative. Christina recently held a support role for the state-wide evaluation process in the state of New Mexico. This included development of instruments, data management, and providing technical assistance to local providers. Her background includes over 10 years of experience in the substance abuse prevention field, including implementing science-based curricula for youth and families, monitoring performance outcomes, grant writing, project management (local, state and federal monies), contract reporting, and process evaluation. Other related areas include staff management and development, community coalition building, group facilitation, and presentation skills.

Ms. Lopez-Gutierrez served as the prevention director of a social service entity along the U.S.-Mexico border. Christina is bilingual and has translated and provided state of the art prevention training to service providers along the border. Christina is currently part of the statewide New Mexico training team and provides a variety of substance abuse prevention training to service providers. She received her Bachelors degree in Communication Studies and Foreign Language from New Mexico State University.

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***LOPEZ, MONIQUE, AA.***

Monique has earned her Associates degree in the field of Psychology from El Camino College. She has over 12 years of experience in the field of prevention work and program evaluation. Her research strengths are in program management and implementing culturally appropriate evaluation practices. Her passion and extended knowledge of working with underserved populations is the reason she obtained her Bachelors degree, from California State University Long Beach. She currently serves as a Research Associate at Behavioral Assessment Inc. Some recent projects include Bienvenidos Institute of Women's Health (IWH), SPIRITT Family Services (Carino-First 5 & Windows/Ventanas), New Mexico Administrative office of the Courts (AOC) Justice System Interpreter Resource Partnership (JSIRP), Familia Adelante Youth Systems, and assists in the ongoing development of BAI's office administration.

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***REYES, ADRIAN, BA***

Adrian Reyes is the founder and president of Adrian Information Strategies, a full service market research and data processing company in Dallas, Texas. With over thirty years experience in all facets of market research and data processing, he has established and managed local, state, and national accounts, and has conducted hundreds of qualitative and quantitative studies. Mr. Reyes is fully bi-lingual in English and Spanish. Mr. Reyes attended City College of New York and the Computer Programming Institute of New York. He was instrumental in the development of interactive computer programs for survey research tabulation. Currently, Mr. Reyes serves as data manager to BAI and has been responsible for data collection, database management, Web site development and maintenance and online/distance training. He has also been instrumental in questionnaire design, providing both web-based online and offline survey data entry of evaluation instruments.

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***SHELBY, TIFANY, MA***

Tiffany Shelby is a Research Assistant for BAI. Ms. Shelby received her Master of Arts Degree in Clinical Psychology with a Marriage and Family Therapy Concentration and Child Studies Specialization in 2004. While attending graduate school, she did her internship at Airport Marina Counseling Service Center, where she received intensive training, counseled children, adolescents and adults. She also counseled students at Westchester High School (*Healthy Start Program*). She then continued her internship at San Martin Counseling Center, where she was sent to Saint Bernadette Catholic School (Kindergarten – 8<sup>th</sup> Grade) to complete her Child Studies requirement. Tiffany assists in data management on various projects (Bienvenidos Family Services TCE/HIV, Sunrise Community Counseling Center and New Mexico Mental Health Transformation Projects). She corresponds with the Sunrise Staff regarding the youth and parent recruitment and attends monthly meetings at the site. On the New Mexico Mental Health Transformation Project, she performed literature searches and reviews on various topics, such as Wrap-Around Programs. Ms. Shelby is responsible for creating agendas and distributing minutes from the monthly conference calls, general correspondences between project staff and other general support duties as required. She schedules monthly meetings and conference calls and ensures all reports are timely. She also assists in report development as required.

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***WILLIS, RHONDRA O., MS***

Rhondra Willis is currently part of the consultant team for BAI. She is an Assistant Professor of Management at Saint Leo University at Shaw Air Force Base and serves as a research consultant at the Moore School of Business in the Research Division. Ms. Willis founded Vision Leadership Institute (VLI), a nonprofit that provides programs for at-risk youth in the immediate community of Columbia, South Carolina, including HIV/AIDS prevention services to high risk minority women between the ages of eighteen and twenty-five.

Ms. Willis has been involved in various projects and committees including but not limited to: the Young Women's Health Summit (South Carolina Mentor) 2000 and 2001 - United States Department of Health and Human Services, Core Committee member for the Behavior and Dress Policy - School District Five of Richland and Lexington Counties, South Carolina Youth Network Executive Committee - University of South Carolina, Youth Empowerment Advisory Committee - University of South Carolina, Educational Materials Committee - United States Department of Health and Human Services, Voter Registration/Education Committee - Benedict College Center of Excellence, and the African American Peoples Leadership Awards Committee - Cush Fellowship. Willis obtained an MBA in Business Administration from Webster University, and is currently working on a Ph.D. in Leadership & Organizational Change at Walden University.



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## **BAI'S PROFESSIONAL CONSULTANTS**

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### ***HENRY D. ANAYA, PH.D.***

Dr. Anaya is currently a research scientist at the US Department of Veterans Affairs. Specializing in HIV Research, Dr. Anaya has recently served as the past Principal at Evaluation Research Strategies, the Associate Director at UCLA Center for Community Health, and a Research Scientist at Los Angeles County Department of Health. He received a PhD in Sociology 1993 -1999 at Stanford.

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### ***DAVID CORDOVA, PH.D.***

David Córdova Jr. earned his doctorate in the Department of Family and Child Ecology at Michigan State University. He received his M.A. in Marriage and Family Therapy from Alliant International University and B.A. in Psychology from San Diego State University. David's research and clinical interests are in evidence-based prevention interventions for Latina/o families, culturally appropriate assessment, prevention, and intervention, and community-based participatory research methods. He has presented research at numerous state and national conferences, and has published various scholarly articles and a book chapter on Latinas/os. David has worked toward the development of the cultural adaptation of an evidence-based prevention intervention for Latina/o parents. David served as a Research Intern at Behavioral Assessment Inc. during his doctoral candidacy, working on studies funded by the National Institutes of Health (NIH) and Substance Abuse Mental Health Services Administration (SAMHSA).

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### ***MARTHA CRISTO, PH.D.***

Dr. Cristo currently serves as the IRB chairperson for BAI. She has been a lead evaluator on numerous state and federal grants for the past 18 years. Dr. Cristo has conducted rigorous evaluations of child and youth community interventions specific to Latino families living with HIV/AIDS, HIV sexual risks, substance abuse, sexual assault, child abuse prevention models and child development school readiness. Further, Dr. Cristo is a California Licensed Psychologist, with 25 years of clinical experience providing psychotherapy and clinical consultation to diverse outpatient substance abuse programs.

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### ***DENNIS FISHER, PH.D.***

Dr. Fisher is currently the Director of the Center for Behavioral Research and Services (CBRS) and a full Professor of Psychology at the California State University, Long Beach (CSULB). Before coming to Long Beach he was the Director of the Center for Alcohol and Addiction Studies at the University of Alaska Anchorage. He was the chair of the Data Management committee of the NIDA Cooperative Agreement. His M.S. degree was in Counseling Psychology and his thesis was "A Behavioral Perspective of Heroin Addiction." His doctorate was in Program Evaluation from the evaluation center (CIRCE) at the University of Illinois. He was a NIDA Epidemiology and Statistics postdoctoral fellow with the measurement group at UCLA Psychology Department. He was the evaluator for the Western Center for Drug Free Schools and Communities. He has taught courses in: Psychological Testing, Psychological Statistics, Cluster Analysis, Health Data Analysis, Biostatistics for Health Professionals, Graduate Statistics, and Research Methods. He has over 100 peer-reviewed publications including many on applications of classical test theory to self-report. He will take the lead on the preparation of scientific manuscripts and reports.

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***MARTHA MADRID, MA***

Dr. Madrid is currently the Director of The Orange County Bar Foundation, Inc., located in Santa Ana, CA. The OCBF is a non-profit, 501(c)(3) organization committed to providing legal education to families to prevent juvenile crime. OCBF has been a leader in the field of juvenile crime diversion and citizenship education for 30 years consistently achieving positive results in the community we serve. OCBF has provided thousands of Orange County juveniles and their families with the necessary skills to deter delinquent activity, to set goals, and to plan for a positive and productive life free of crime. Since 1990, the OCBF has provided delinquency and substance abuse prevention as well as diversion services in both English and Spanish to Orange County residents.

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***AMADO PADILLA, PH.D.***

Dr. Padilla is currently a Professor of Psychological Studies in Education at Stanford University. His interests include academic resilience and positive school experiences of students from at-risk backgrounds; psychological acculturation and adjustment of immigrants, especially children and adolescents; and simultaneous and successive forms of bilingual development. He publishes widely in his areas of research expertise. He is also interested in quantitative research methods in multicultural contexts. He serves as the principal investigator of the California Foreign Language Project (CFLP), a program that assists California teachers in foreign language instruction by offering year-round professional development programs, including intensive institutes in the summer and follow-up sessions during the school year. Dr. Padilla received his B.A., (Psychology) New Mexico Highlands University; M.S. (Experimental Psychology) Oklahoma State University; Ph.D. (Experimental Psychology) University of New Mexico.

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## **IN SUMMARY**

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By discussing Behavioral Assessment, Inc.'s combined capability, we have presented our team's knowledge and experience in assessment, program evaluation, our ability to conduct literature reviews, develop surveys, execute data management and analysis skills, and use culturally sensitive approaches when conducting site visits – all of which is critical to the success of any program. We look forward to continuing discussions with your organization in order to establish a beneficial working relationship and overall, to collectively build the research, training, and evaluation capacity of communities and societies as a whole.



BEHAVIORAL  
ASSESSMENT

INC.