

A SOURCE OF HOPE FOR AT-RISK YOUTH

*A Hospital's Community Outreach Efforts Provide
An Alternative for Troubled Teens*

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Seconds before the shots rang out, the neighborhood had gone suddenly quiet—a sure sign that something was “going down.” In a well-rehearsed move, the mother gathered her children and pulled them to the floor. They lay still, waiting for the inevitable sounds of more shots, the screech of tires, the screams of victims, the wail of sirens. A tear ran down the mother’s cheek. Where was her son? Would he be the one shot, or would he be one of the shooters? Would he come home tonight?

This scenario has played out a thousand times in neighborhoods across the country, and nowhere is it more real than in Southern California. Today, however, “at-risk” youth in San Bernardino have an alternative to gangs, drugs, and the legacy of destruction. The Family Focus Center is a comprehensive outreach pro-

gram designed to support and promote total family wellness.

A CITY AT-RISK

A once-thriving railroad town founded in the 1860s, San Bernardino has experienced dramatic changes in its demographic and economic base during the past 10 years. Increased unemployment, escalating crime, and a failing social structure have touched the community, fostering a vulnerable population.

“Our community, like many Southern California urban communities, is in need of aggressive support from social and business organizations,” says Gregory A. Adams, president and chief executive officer of St. Bernardine Medical Center. “We are faced with the challenge of 48 percent of our residents on subsidies, an increase in drug use and gang-related violent crime, and the vulnerability of our young. As a Catholic organization, we have a commitment to reach

Summary In 1990 St. Bernardine Medical Center, San Bernardino, CA, initiated a mission project to reach out to youth and families in the hospital’s service area. Increased unemployment, escalating crime, and a failing social structure had left many San Bernardino residents with few resources for breaking out of a cycle of crime and poverty fostered by their environment.

Responding to the results of a community needs assessment, St. Bernardine mission project planners decided the project’s first program should target at-risk youth. Collaborating with the San Bernardino County Probation Department, St. Bernardine began offering a variety of services to youth in the probation department’s Regional Youth Educational Facility, which houses boys between the ages of 16 and 18, and the Kuiper

Youth Center, which houses girls between 11 and 18 years old.

Realizing that a truly effective program would have to maintain contact with youth after they left these facilities, St. Bernardine expanded its outreach efforts to include at-risk families as well. The mission project’s 12-week Parenting Re-entry Program builds parenting skills by addressing a variety of topics, including values clarification, communication skills, and positive reentry into the community.

In addition to the Parenting Re-entry Program, St. Bernardine, through its Family Focus Center, offers counseling services, an information referral library, and a Teen Focus Component that features evening basketball, a drama club, and other healthy alternatives for teens.

out to people who are at-risk and have few alternatives to this life-style.”

REACHING OUT

In 1990 St. Bernardine Medical Center, a member of the Sisters of Charity of the Incarnate Word Health Care System (SCH), initiated a mission project aimed at breaking the destructive cycle. Inspired by Sr. Nathy McGettrick, CCVI, who regularly visited a local youth correctional facility, the project began as a partnership program with the San Bernardino County Probation Department. Now in its fourth year, the mission project has evolved into a community-wide outreach program for families at-risk, offering educational opportunities, literacy programs, health-care services, counseling, mentoring, job training, and spiritual support.

Phase I: Targeting Youth At-Risk A community needs assessment, conducted in 1991 at the request of SCH by a special committee of hospital representatives, concluded St. Bernardine's primary service area was in an advanced stage of deterioration. Among top concerns of the majority of respondents were crime, gangs, drugs, poverty, unemployment, lack of leadership, and family deterioration. The survey also noted that children and youth were among the most vulnerable because of the increasing crime rates, lack of work opportunities, and lack of available and accessible services.

In reviewing the community needs assessment data, the committee determined that a program targeting at-risk youth would be of great service to the deteriorating community, and committee members approached the San Bernardino County Probation Department. In 1990 St. Bernardine and the probation department launched a pilot program in which the hospital would make some of its resources and services available to the probation department's Regional Youth Educational Facility (RYEF) and Kuiper Youth Center (KYC). RYEF houses 40 boys between the ages of 16 and 18, while KYC houses approximately 20 girls between 11 and 18. Both RYEF and KYC are residential treatment programs for incarcerated youth who have been involved in gang activity, criminal behavior, and substance abuse.

Extending Services The cooperative arrangement between St. Bernardine and the probation department soon led to a more comprehensive program to address some of the long- and short-term needs of the youth offenders. It began by St. Bernardine offering mental health and medical services, tattoo removal, drug counseling, and

other services. With St. Bernardine's assistance, the program was able to provide shoes, clothing, dental care, and urgent healthcare more quickly than the public system could provide it on its own.

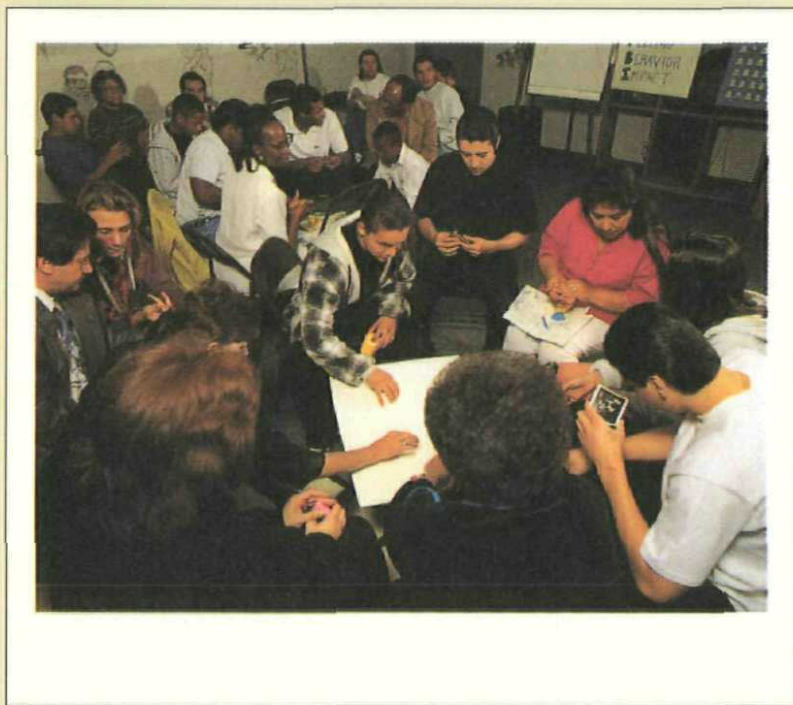
Leaders from St. Bernardine and the probation department learned quickly how to merge some of the "care, custody, and control" elements of correctional service with the medical perspectives of a healthcare provider to form a cohesive and effective program.

"Working together toward a common goal is an integral part of the mission," according to St. Bernardine Mission Projects Coordinator Linda McDonald. "Beginning with our relationship with the county probation department and now with the entire community, strong working partnerships are essential to the program's success."

One of the program's highlights during the first year was a Christmas party, complete with dinner, presents, and Santa Claus. Young people from RYEF and KYC were encouraged to write letters to Santa Claus and ask for something special. The letters were answered and gifts provided with the help of hospital staff. In addition, special food baskets were distributed to families of the incarcerated youth. For many of the families, it was the best Christmas ever.



A Commitment to Community



Participants in the Parenting Re-entry Program work in small groups to explore and share feelings.

ADDRESSING FAMILY ISSUES

In the first year of the mission project, the program worked directly with the youth offenders. However, despite its success in breaking down barriers and preparing youth for a productive life in society, the program lacked one critical dimension. Enlightened and rehabilitated teens would leave the facility and return to dysfunctional environments, where they were soon exposed

to the same elements that landed them in trouble.

California Youth Authority data indicate an overwhelming majority of youth offenders come from dysfunctional family environments. They have, for the most part, been both socially and culturally deprived. Their families, many of which are headed by a single parent, have limited resources and rarely seek community resources

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PARENTING RE-ENTRY PROGRAM: CASE STUDIES

Sylvia Johnson—former director of RYEF/KYC and now Alameda County, CA, chief probation officer—says one of the biggest obstacles the Parenting Re-entry Program must overcome is the myth that at-risk youth and their families will not be cooperative.

"People say, 'They won't listen. They won't change. They won't come to the meetings,'" Johnson says. The reality, however, is that parents have come and responded enthusiastically to the service. "More times than not," Johnson explains, "we are trying to find extra chairs to accommodate all the people."

FABIAN

Fabian's mother, a single working mother of four, was too proud to accept assistance, yet never home enough to completely supervise her children. Fabian's father, a heroin addict, was out of the picture from an early age—except when he would come home to steal from the family.

Fabian became, in his words, "a very good thief" by the time he reached sixth grade. He was doing drugs in seventh grade and selling them soon after. By the time he was 16, he carried a "38-special" and was "experimenting with speed, PCP, cocaine, and weed."

"I always liked to hang out with older people. I had to do dope to stay in school. I had lots of money," recalls Fabian. "Then I almost [overdosed] on PCP, and I woke up in the hospital with all kinds of tubes in me."

A gang member, Fabian had more than a few brushes with the law. At 17

he was arrested for armed robbery and carrying a concealed weapon. He arrived at the Regional Youth Educational Facility with "a bad attitude." Linda McDonald, mission projects coordinator for St. Bernardine Medical Center, remembers him as a brooding youth who refused to open up to those who wanted to help him.

After about six months of what he calls "adjusting," Fabian was asked to join the Parenting Re-entry Program. It was the first time in many years that he had actually "talked" to his mother.

"Before, I would never really talk to my mother, and anything I said would be a lie," says Fabian. "This program makes you want to open up. The way she [McDonald] asks questions, I started learning and feeling better about myself."

A turning point came in one session of the program when Fabian's mother broke into tears.

"I had been shot and run over by cars and all kinds of things, but when I saw my mother crying, it was like someone sticking a knife through my heart. Her opening up helped me understand."

Fabian and his mother, like many other families in the program, continue to take part in aftercare meetings even though he has completed his sentence. He has now finished high school and is working part-time to pay some fines associated with his sentence. His plans for the future include a possible career in healthcare.

"I realize I'm not perfect and that things are still going to be difficult. But I

got in touch with my mother and that's the main thing," says Fabian.

JANET

Elaine came to the program to "get my daughter back alive." Janet, the victim of a violent crime at an early age, began running away from home when she was 12. At 13 she was hanging around with the wrong crowd and, she says, "doing any drugs I could find." At 14 she was doing time in Kuiper Youth Center (KYC) for assaulting her mother.

Unlike many of the young people in the program, Janet comes from an upper-middle-class background. Her mother, Elaine, divorced and remarried, was actively involved in her daughter's upbringing.

When Janet arrived at KYC, she was sullen and withdrawn. "She was lost in the maze of life," says Elaine. "I was doing everything in my power to throw up a roadblock, but nothing was going to stop her. I felt like she was going to end up dead."

Nine months later, the mother-daughter relationship had improved dramatically. Janet now confides readily with her mother. She is doing well in school and serves as a peer counselor, helping other youth by sharing her experiences. She plans to join the Air Force and become a fighter pilot.

"We've finally learned to come to terms and compromise," says Elaine. "Somewhere along the line someone suggested that I stop expecting so much from my daughter and start accepting more. I think that really helped."

MENTORING PROGRAM

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pleted by all participants and personal meetings with trustees at sponsored institutions. Oral and written feedback from the new trustees and mentors indicate the program has been well received and provides a sound basis for effective trustee development and participation. In some cases the program has helped the facilities and new trustees realize that the position is not meant for everyone.

One sister who successfully completed the program, Sr. Louise Lears, SC, is currently vice president of mission effectiveness at Penrose-St. Francis Healthcare System, Colorado Springs, CO. "The program enabled me to get a clearer understanding of the local community environment and the structure and direction of the hospital," she reports. "Both the hospital orientation before the first meeting and the sessions with my mentor made me feel much more comfortable in assuming the trustee role at St. Joseph Healthcare System in Albuquerque."

Each year, based on participant feedback and the systems' current situation, the Sponsorship Effectiveness Steering Committee reassesses the systems' needs and adapts the program accordingly. The question of the hour is whether to broaden the participant base to include new lay trustees in the mentoring program. Extending the mentoring program to our lay trustees will strengthen their understanding of our sponsorship purposes and tradition.

The Sisters of Charity Governing Board believes that knowledgeable and involved trustees, both sister and lay, will enable us to play a vital role in the direction of our sponsored institutions. With women and men who see trusteeship as a true ministry, we continue and extend our mission and our heritage in the healing ministry of the Church. □

AT-RISK YOUTH

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for parenting skills.

To provide at-risk youth and their families with education and counseling to help them overcome these obstacles, the mission project developed a Parenting Re-entry Program. The 12-week program focuses on how to parent through exploration of self, family, and community resources. The program addresses a variety of topics, including values clarification, communication skills, and positive reentry into the community. Since its inception, nearly 170 families have benefitted from the program (see **Box**, p. 40).

SMALL STEPS TO SUCCESS

The successes in rehabilitating troubled youth can be measured in small steps: One child opening up. A family talking without arguing. A teenager asking questions.

One key to the Parenting Re-entry Program is finding common ground among most of the parents and youth. Whether it is dealing with gangs, drugs, or other negative influences, many participants have had similar experiences in coping. Sharing those experiences with the group helps participants deal with their anxieties and improves their problem-solving skills.

Sharing personal experiences goes hand-in-hand with the flexibilities built into the program. Although the regular lesson plan requires participants to address specific topics, McDonald encourages the group to choose what direction a meeting might take, whether it involves exchanging ideas on paper or making things out of Play Dough. Group projects of any kind are always encouraged.

Parenting Re-entry begins with three lessons on self-awareness, including topics such as who am I, values clarification, and health and nutrition. Lessons four through eight focus on the family unit, addressing communication skills, anger, problem solving, goal setting, family unity, and family roles. The next four lessons, about community, cover career exploration, risk factors, and

community resources. The final summary session deals with leadership and stress management. In addition, youth and their families are involved in a six-month aftercare program to continue skill building and family reunification.

"Participants are welcome to stay in the program as long as they want," says McDonald. "In fact, we have many families and individuals who continue to come to our meetings for ongoing support."

An outgrowth of the Parenting Re-entry Program has been the development of a Mission Project Community Coalition. This advisory group brings together key community leaders and representatives of the vulnerable population to prevent crime among at-risk youth and their families. The coalition focuses on addressing service gaps in the community and strengthening both the traditional and nontraditional family system. The Family Focus Center is the first program spearheaded by the coalition.

A DREAM FULFILLED

Today, the Parenting Re-entry Program is available for at-risk families throughout San Bernardino at the Family Focus Center, established by St. Bernardine Medical Center in spring 1994. This 1994 mission project is the culmination of the dreams and vision of key leaders from within the community.

In addition to the parenting program, the Family Focus Center offers counseling services, an information referral library, and a Teen Focus Component that features an evening basketball league, a drama club, and other healthy alternative activities for teens. St. Bernardine hopes to establish a network of comprehensive support centers in San Bernardino.

Adams emphasizes that such a network would bolster St. Bernardine's commitment to the community "The center," he says, "is part of our ongoing effort to be partners in the community and to be in touch with our community's needs." □