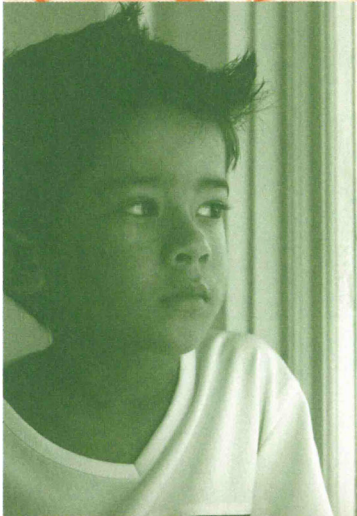


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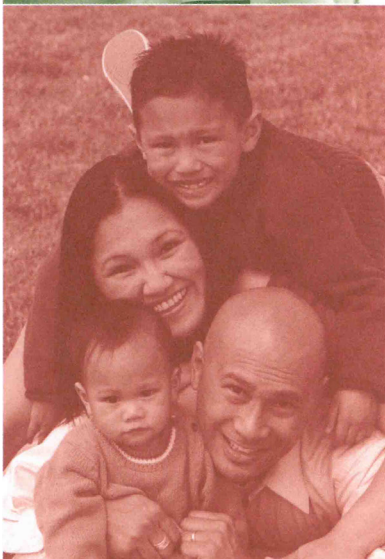


A snapshot of outcomes and youth views of services provided by SafeZone

*Results of evaluation activities conducted
in 2012*



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Results of evaluation activities conducted in 2012

January 2013

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Program background

SafeZone, a program offered through Face to Face, is a drop-in center in St. Paul for youth ages 14 to 21 who are experiencing homelessness or are at risk of homelessness. The program empowers and supports homeless and vulnerable youth by meeting their basic needs and encouraging youth to set goals toward independence. At SafeZone, youth can access a range of resources, including basic needs like food, clothing, hygiene items, transportation assistance, and help finding a safe place to stay. The center also offers a computer lab, a medical clinic, a therapist, sexual health education staff, and GED teachers. Case managers are also available to assist youth with goal setting and finding housing or employment, returning to school, or improving independent living skills.

While a number of youth use SafeZone purely as a drop-in center to obtain specific basic needs like meals, bus tokens, and hygiene products, many are enrolled in the case management program (approximately one-quarter of all youth served). Youth who work one-on-one with a case manager are required to complete a goal plan and meet with their case manager at least once a month to work toward achieving their individual goals. Another group of youth (approximately half of all youth served) receives supportive services above and beyond basic needs, such as assistance with housing, employment, and education, but they have not been assigned to a case manager and do not complete a goal plan. These youth are often described as receiving case management “light” services.

Overview of 2012 evaluation activities

In early 2012, SafeZone staff contacted Wilder Research to assist the program with enhancing their evaluation activities. Wilder Research and SafeZone staff identified goals which included: 1) examining the outcomes for youth served at SafeZone, including youth receiving case management “light” services, as less information has been historically collected about this population; and 2) identifying and developing improved methods for gathering evaluation data to inform programming decisions and communicate results to funders and other stakeholders. The evaluation activities, carried out in two phases, were completed in calendar year 2012.

Phase one

Phase one (April – September 2012) was designed to assess the needs and interests of SafeZone staff, as well as the availability and accessibility of existing data in the program’s database, in order to prioritize evaluation activities to be conducted in Phase two. Phase one activities included: a) a review of the current database and reports, 2) brief telephone interviews with other youth drop-in centers to identify other possible data collection tools and items for this population, and 3) a discussion group with program staff about evaluation interests and their definitions of “success” for youth served in order to identify opportunities to enhance existing data collection efforts. See the appendix for a brief summary of these findings.

Phase two

Based on the findings from phase one and program staff goals, the second phase of evaluation activities (October – December 2012) aimed to understand more about the impact of the program on youth by collecting information directly from youth about their experiences with the program and analyzing existing service data in the program database. In addition, Wilder identified other potential methods for collecting and analyzing data in the future to address other research questions of interest.

Youth perspectives

Information was gathered directly from youth in one of two ways: a focus group with youth receiving case management services, and in-person, one-on-one interviews with youth receiving case management “light” services. See the appendix for a copy of the instruments.

Youth focus group: Case management participants. A total of six youth participated in an hour-long focus group at SafeZone in early November. The group included four young women and two young men, although one youth only participated for a portion of the group. Youth were eligible to participate in the group if they were active case management participants and had multiple visits with their case manager in the past month. The youth received dinner and a \$15 Target gift card to thank them for their time. Youth ranged in age from 18 to 21, with an average age of 19, and all were from Minnesota, primarily St. Paul. Several participants described having extensive experience with SafeZone (3 or more years), although length of participation for two participants was unknown, and one said he/she had just recently become involved with the program. Most had heard about the program from a friend.

Youth interviews: Case management “light” participants. A total of 12 youth participated in in-person interviews (lasting approximately 20-25 minutes) with Wilder Research staff onsite at SafeZone in late November. Youth were eligible to participate in the interviews if staff deemed them to be ‘regular’ users of the center. They received a \$15 Target gift card to thank them for their time. Participants included 9 young men and 3 young women, ranging in age from 17 to 20, with an average age of 19. Most of the participants self-identified as African-American (9 of 12 youth); the other participants described themselves as American Indian (one youth), Hispanic/Latino (one youth), and White (one youth). Half of the youth had been coming to SafeZone for services for more than a year (on average, about 2 years), while the other half were more recent clients who began using SafeZone services within the past year. Most had heard about SafeZone from a friend.

Secondary data analysis

Wilder Research analyzed SafeZone’s Microsoft Access database, including intake information, demographic data, and service utilization for the 90 day period after entry for 295 clients (a mix of drop-in center clients, clients in case management, and those receiving case management ‘light’ services) who entered the program between January 1 and June 30, 2012.

Within this subset of clients, over half (57%) were female, and the average age was 18, though all ages served by the program were represented (ages 14 to 21). The majority of clients were youth of color (89%), mostly African American (73%). At intake, about one in five (21%) clients met the federal definition of (literal) homelessness, another 12 percent were imminently at risk of losing their housing, and 21 percent were considered unstably housed and at-risk of losing their housing. One in five youth said they were without permanent housing for a year or longer at program entry.

Development of future data collection and analysis opportunities

Program staff currently collect fairly extensive information about the youth served at SafeZone and the services provided, much of which is captured in their Microsoft Access database. As a result of discussions with staff and a review of existing program data collection tools and program reports, Wilder identified opportunities to obtain additional information to supplement existing data and future analysis ideas using the existing database. This included the development of a self-administered questionnaire for drop-in clients, proposed revisions to SafeZone's Goal Plan for case management clients to capture short-term successes, and suggestions for enhancing the program database and queries.

Youth outcomes

As described earlier, multiple methods were used to answer questions about the impact of the program, including youth interviews, a youth focus group, and an analysis of data related to service use. Summarized below are the most prevalent and common themes that emerged from the analyses of these data. Noteworthy differences among various groups of youth (e.g., case management youth versus drop-in youth) are highlighted when they occurred.

Critical basic needs are being met

Youth overwhelmingly expressed how well SafeZone met many of their very basic, but critical, needs. Since January 2012, SafeZone has collected intake data about the basic service and support needs of those new to the program (Figure 1). Help with housing, hygiene supplies, talking with teachers, and the program’s food pantry are among the needs most frequently identified by youth at intake.

1. Service needs at intake, all youth entering between January and June 2012 (N=244)

	Percentage of clients identifying need at intake
Help with housing	74%
Hygiene supplies	60%
Talk to teachers	58%
Food shelf	58%
To see a nurse (physical health needs)	46%
Talk to a counselor (mental health needs)	45%
Help obtaining State I.D.	35%
Help obtaining birth certificate	28%
Dental appointment	27%
Help obtaining a Social Security card	27%

Source(s): SafeZone Supplemental Intake Form.

Note(s): According to SafeZone’s Housing Database, 289 clients entered the program during this period but service need information was not available for 45 clients.

Both focus group and interview participants described a broad range of services they accessed through the program, many of which address these identified needs. In particular, almost all youth commented on the value of the computer lab to conduct job

searches and program staff's assistance with applications, resumes, and other employment issues. Several noted how staff helped them obtain needed paperwork (e.g., an ID and social security card) in order to apply for a job. A majority of youth also said they come to SafeZone for meals and to access the food shelf, and many described getting help finding housing. At least several youth noted how SafeZone helped them with transportation (bus tokens in particular), health-related services (e.g., STD/HIV testing), and various personal and household supplies (e.g., toiletries, diapers, cleaning supplies). A couple clients also commented on the value of the classes and special events SafeZone hosted (e.g., sex education) and the access to mental health professionals, while others simply appreciated having someplace to go that was warm.

In almost all cases, youth identified a long list of services they personally accessed at SafeZone and the enormous value of having a “one-stop shop” to address their wide range of needs. In fact, few said they needed to access other social service programs given the comprehensive nature of services at SafeZone.

I come for the computers for job searching and for help with public housing... finding a job and a home are my main two priorities.

It used to be [that I would come to SafeZone] for a job search. Now that I have that straightened out, I come for a place to sleep, stay warm, food, and bus tokens.

I either need some food from the food shelf, or to get diapers. Or I might come to talk to the staff to see if any housing has opened up or anything... sometimes I come down if I need to do laundry.

Even before I was homeless, when I started my job search, I didn't have any paperwork – no birth certificate or ID, so staff helped me out with that. If it wasn't for [staff], I wouldn't have gotten my first job. [Staff] got me all of my paperwork I needed.

I don't go hungry anymore. And they have a free clinic, because my benefits got cut off. I am working on getting that back, but I can come here until then, like when I had gotten a cold. The help with school is going to help me a lot, like with financial aid papers.

When asked to rate whether certain basic needs had improved since coming to SafeZone, the majority of youth reported that things had gotten “better” (Figure 2). In particular, 10 of the 12 youth interviewed (83%) said their knowledge of where to go in the community for specific services was “better” since coming to Safe Zone, while 9 of the 12 (75%) thought their ability to access schooling or employment was “better.” Furthermore, eight youth (67%) thought their physical or emotional health was “better”, while seven respondents (58%) reported a “better” housing situation since coming to SafeZone. No respondents felt that these needs had worsened since coming to SafeZone.

2. Changes in perception about meeting basic needs, case management “light” participants (N=12)

“Since you’ve been coming to SafeZone, have the following things become...”



Youth experience a sense of community and safety

In addition to having their basic needs met, youth often noted that they came to SafeZone because it was a positive environment in which they could relax, connect with staff and other youth, and feel a sense of belonging. Youth appreciated having a safe place to interact with other youth their age, in similar circumstances, and felt that neither staff nor other youth judged them. Youth described how both the staff and general environment made them feel “comfortable” and that the warm, friendly, and respectful nature of staff put them at ease.

For the vast majority of youth, this sense of community and positivity was not something they expected from SafeZone. Prior to coming, many anticipated either a shelter-type environment for the purposes of sleeping, or simply a community center where they could hang out and socialize. Some were hesitant about going initially given the stigma they associated with seeking help at a program like SafeZone. However, after going to SafeZone, youth not only came to appreciate the comprehensive services the program provides, but that the program expects youth to be productive and engaged while at the center (i.e., it is not just a community center), and that staff and peers are friendly, genuine, and accepting. As one youth described it, SafeZone is a “safe haven” for many youth. Just over half of the youth interviewed (7 of 12 youth, or 58%) reported that their sense of safety was “better” since coming to SafeZone. Youth often described living in extremely stressful and toxic situations, and that SafeZone offered them a positive alternative where they could relax and feel safe and connected to others.

I didn’t expect it to be this comfortable. It’s more alive. It doesn’t feel government-issued. Not like you have to be here, but like you want to be here. They make you feel like you fit in here.

[I thought] that there were going to be a lot of loud people, that there was going to be just fun and games. I didn't think people were going to respect you like they do here... they help you cope with stress and stuff. It is not a negative environment here. It is more positive. It is nowhere near what I thought... they help you to be ready to be on your own.

I thought it was going to be bad, and people would judge me. But we all come here in about the same predicament. It is a comfortable environment. Some people will say 'why me?' But you are not the only one going through it. There are others going through the same things. I have made friends here. There are people I can feel comfortable relating to.

It is more a large family than anything. I thought that you would come here and ask for some help, and they would be kind of selective on what they would help you with, but they help you with everything.

Yeah, things are a lot different. I've got somewhere to go now. It's made me feel better. Workers still help me out with bus tokens or bus passes. It's cool here. You feel good. You can't get into any trouble here; there's no drama down here.

Youth feel heard and empowered

For many youth, the benefits of SafeZone went beyond the services they received and built upon the connection they formed with others, particularly with staff. A number of youth noted how they felt their voice was really heard at SafeZone and that their individual achievements were recognized by staff, especially those involved in the case management program. Youth felt that staff were not just there to do a job or “collect a paycheck” but were genuinely interested in and cared about them, remarking that this was not their experience in other programs. Many youth also commented that they could trust staff and felt that what they shared would be kept confidential (although a few youth did note having “trust” issues and a desire to keep information private).

This perception that staff are invested in them seemed to influence youth's investment in themselves. Many youth (especially case management youth) described how SafeZone's expectation that youth be actively working towards accessing a service or achieving a specific goal while at the drop-in center inspired them to focus on their future and long-term goals. Several youth noted how these program expectations and encouragement by staff translated into an increase in their own personal motivation to find a job, obtain stable housing, stay in school, or simply stay out of trouble. While many youth readily credit staff with helping them achieve these goals, several youth also pointed out the importance of their *own* efforts in accomplishing their goals, and that they and their peers get out of the program what they put into it.

I thought it would be a place to [just] have fun at, but it's not. You can't just come down here and kick it; you have to be doing something. They expect you to talk to case managers, do testing, work on applications. They expect that you're doing something...I think that's good. It keeps your mind on something so you're not just here doing nothing.

They helped me see you have to buckle down sometimes. I have better personal hygiene. I have a lot better money management skills. They helped me with housing, too, like first month's rent and damage deposit. You have to go through the process. It is not all just fun and games. You can't just come down here and say you need them to help you pay the rent. It is a process that you have to go through.

I have a lot of motivation now. I know that there is always something out there... I now want to get up and do stuff. I want to do something with my life, go to school, even get my welfare and MFIP worked out.

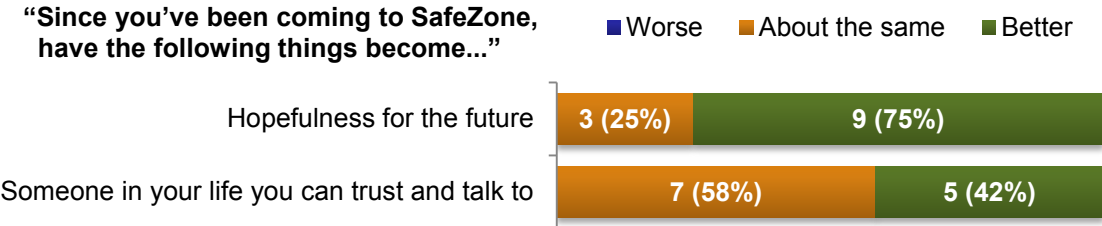
They try to be civilized about stuff down here. They keep things under control. It's like your opinion counts.

You feel like you accomplished something when you leave, like 'I did something productive today,' even if it is just one application.

They acknowledge you... they have a board back there and post goals that you've achieved. Sometimes even a different case manager will say they're happy for you or wish you well about getting a new place... it's best when you have people who WANT to work with you, not [those] for who it's just a job.

Youth were also asked to rate whether, since coming to SafeZone, there were any improvements when it came to having someone in their life they could trust and talk to as well as their hopefulness for the future. Although slightly fewer than half of the youth interviewed (5 of 12 youth, or 42%) thought things were “better” with regard to having someone to trust and talk to, 9 of the 12 youth (75%) reported more hopefulness for the future since coming to SafeZone (Figure 3).

3. Changes in perception about trust and future, case management “light” participants (N=12)



Youth satisfaction and suggestions for improvement

Overall, all youth who participated in the focus group and interviews expressed a high level of satisfaction with SafeZone, program staff, and the services provided. Youth said they would definitely encourage their peers to attend the program, citing the range of services and resources available to youth and the friendly, positive environment. In particular, youth felt that the program was unique given how it is tailored to youth and young adults and the very helpful nature of staff.

This satisfaction extended to youth involved in the case management program, who felt that having a case manager gave them access to even more resources and specialized guidance. Almost all youth involved in case management “light” services were aware of the case management program; several had a case manager at one time but were not currently engaged in case management because their case manager had left, and they had not yet found or re-applied to work with another case manager. The majority expressed an interest, and in some cases, had specific plans, to obtain a case manager in the near future. The few youth who did not want a case manager said this was because of limited time, because they have a case manager elsewhere, or because they did not have serious enough issues to warrant a case manager.

When asked how SafeZone could improve their services, most youth did not think any changes were necessary. A couple of youth suggested keeping the center open later into the evening (as late as 10pm), and a few suggested offering a daycare and/or other types of services for their children, such as tutoring. Other individual suggestions included: increasing the age limit to 25; having more computers; giving away more bus tokens; providing more infant supplies (e.g., diapers, wipes); and, having a gym or pool on the premises. Although no youth offered any direct recommendations related to the process of obtaining a case manager, it may be helpful for the program to consider ways of streamlining this process and/or pairing youth with a secondary, “back-up” case manager from the beginning in the event a case manager leaves to minimize the disruption to service.

Future evaluation opportunities

Based on a review of existing data and discussions with program staff about other research questions of interest, Wilder Research developed a new tool and revised an existing tool to allow SafeZone to collect additional outcome information about the youth they serve. The proposed tools are described here and included in the appendix. Staff are encouraged to modify the tools and items as needed to meet their needs. Additionally, although Wilder Research was able to conduct some analyses of the existing data within the SafeZone database, due to limited resources, further exploration was not feasible. However, this preliminary exploration of the database and current data collection practices prompted ideas for enhancing data entry and data collection efforts, as well as opportunities to enhance how information is tracked within the SafeZone Microsoft Access database.

Drop-in client questionnaire items

Upon each visit to the center, drop-in clients are asked to answer two questions: a) where did they stay last night, and b) how long can they stay there. Staff also log basic services provided to clients, such as bus tokens and access to the food pantry. However, the program has less information about the supportive services drop-in clients receive and the extent to which their needs are being met. Given the sporadic nature of their visits, and that some may only come to the center once, it is difficult to collect much in the way of outcome data for this population. However, staff were interested in understanding more about the activities of this group while at the center to assess their engagement, their immediate goals while “dropping in”, and their progress on longer-term goals. Staff also expressed some interest in understanding more about youth’s future intentions related to SafeZone – that is, are youth interested in returning to SafeZone at some point and potentially working with a case manager? Although anonymous in nature, this information would generally inform staff about youth’s initial experience with the center and opportunities to further engage youth in the future.

Initially, information could be gathered via paper and pencil in the form of short, half-page surveys administered to youth prior to check-out and the receipt of their bus token. If the information is found to be useful, these questions could be integrated later into the database and/or programmed into the computers of the computer lab to automatically load when a youth accesses this resource. See the appendix for a menu of proposed questionnaire items; one or more of these items could be used as deemed appropriate and useful.

Revisions to case management Goal Plan

Case managers at SafeZone currently use a goal planning document that focuses on the five primary areas of need addressed by the program: 1) increasing young people's financial self-sufficiency, 2) obtaining or maintaining housing, 3) obtaining or maintaining employment, 4) achieving educational goals, and 5) achieving health-related goals. The document also includes a place to document other client-driven goals. Each area is designed to allow case managers and youth to define goals, identify steps needed to achieve said goal, and note priorities and timelines.

During discussions with staff during Phase 1 of the evaluation, Wilder learned from case managers that the interim, "smaller" achievements of youth, such as writing a resume or applying for housing programs, are often overlooked relative to larger goals or outcomes like becoming employed or obtaining housing and living independently. However, these steps are important stepping stones to achieving longer-term goals and are concrete evidence of that progress. Thus, capturing these (arguably) smaller successes was of great interest to SafeZone program staff. In the foreseeable future, case managers will continue to use the Goal Plan as a written instrument; however, Wilder revised this tool for potential later integration into SafeZone's Microsoft Access database and included elements such as scales for rating progress toward goals, which will allow for subsequent quantitative analyses of a wider range of youth outcomes. See the appendix for the proposed revised document.

Enhancing data collection systems and procedures

Collecting accurate and comprehensive information about clients served, clients' engagement with the program, and the results of that service use is a challenge for many human service agencies and providers, including SafeZone. To SafeZone's credit, they have introduced and implemented several data collection systems above and beyond what is required of homeless service providers by the U.S. Department of Housing and Urban Development (as reported in HMIS) and, in doing so, have been able to describe youth's needs at intake (through use of a supplemental intake form) and the services they receive through SafeZone.

Wilder reviewed these systems in Phase 1 of this evaluation, and attempted to conduct a preliminary analysis of select data elements in SafeZone's Microsoft Access database in Phase 2 – specifically, information related to housing stability and the program's success in meeting youth's needs identified at intake. These data were ultimately not reported here given data quality issues and missing data. However, as a result of this closer examination of the database structure and the results of the preliminary analyses, Wilder identified some relatively immediate steps SafeZone could take to strengthen their existing data collection efforts, as well as opportunities for future systems enhancements:

Possible data collection/data entry adjustments:

- **Streamline data entry.** Work with program staff to identify strategies for improving data entry, specifically: a) reducing/eliminating duplicate entry of client records, and b) logging all supportive services (in addition to basic needs) into the database. Finding ways to ensure case managers have sufficient time to engage in more consistent record-keeping (e.g., logging information after each client interaction or at the end of the day) might help increase accuracy and complete data entry. In the interim, it seems beneficial to continue the practice of having a designated staff person un-duplicate data records to maintain as ‘clean’ of a database as possible.
- **Document database changes.** Maintain specific documentation about when and in what ways changes are made to the data collection system (e.g., when new questions/fields/response options are introduced or removed). This will help staff identify and resolve discrepancies in data records, as well as help with the interpretation of results over time.
- **Enhance exit and follow-up efforts.** The information currently collected about clients at exit is limited, and it is challenging to conduct follow-up interviews with youth at the 3-month check-in point due to lack of staff availability. Given the potential value of this impact data, the program may want to expand the types of information asked of clients at exit (e.g., probing for changes in independence, parenting, relationship quality, connection to other resources, as well as program satisfaction questions) and identify other methods for collecting 3-month follow-up data. For example, since it is not always feasible to have a staff person immediately available at the moment the database flags a youth as due for an interview, perhaps these notifications could be recorded and then one or two days a month could be set aside for a specific staff person to conduct follow-up interviews with all of those eligible for a follow-up during that month.
- **Provide opportunities for youth to reflect on their experiences with SafeZone.** Throughout Wilder’s evaluation, we observed that youth were readily able to describe the tangible services offered by the program and the ways program staff have provided support. Youth seemed to have a more difficult time describing how their engagement with the program directly impacted their life and contributed to their immediate and longer-term wellbeing. Providing youth with individual or group opportunities to periodically reflect on milestones while involved with SafeZone may improve their ability to recognize and communicate these outcomes going forward.

Possible data systems adjustments:

- **Add new ‘date’ field to database.** Consider adding an auto-adjusted ‘date’ field to the intake form/table in the database in order to answer additional questions about youth participation, level of engagement, and service ‘dosage.’ SafeZone staff expressed interest in better understanding youth’s level of engagement with the program beyond the number of visits to the drop-in center and the number of youth who receive case management or case management ‘light’ services. This field would automatically update to the current date and allow staff to calculate the following information:
- Length of participation (i.e., number of days since program entry)
- Number of days since last visit (and perhaps flag clients who do not visit within a 30-, 60-, or 90 day window)
- Number of days between visits
- Number of days since entering case management

Differentiating between youth who may have only made sporadic visits to the drop-in center and those who receive supportive services or case management services on a regular and frequent basis will provide important contextual information when examining other outcome information.

Streamline methods for tracking outcome data. How to move SafeZone’s data collection efforts to a more outcome-oriented approach (within a reasonable timeline and in light of considerable resource constraints) was a key question throughout this evaluation. Some initial strategies for doing so within the existing system include:

- Integrating the Basic Service Log, the Supportive Services Log, and the Supplemental Intake Form into a single screen in order to consolidate primary data collection activities, increasing the likelihood that all services provided at intake are captured. This recommendation provides a technical solution to the issue of missing data and could supplement the strategies highlighted above related to streamlining data entry.
- Specifying the end goal related to each supportive service tracked within the database would provide information about how supportive services are supporting the goals of youth. For example, youth participants often described obtaining identification (such as IDs, birth certificates, and/or Social Security cards) as the means to a larger goal, such as housing or employment. Within the database, each supportive service could be re-named to link it to the longer-term goal of interest – for example, “obtain Social Security card: For employment” or “obtain Social Security card: For education.”

Conclusions

The 2012 evaluation activities focused on gathering more information about the outcomes for youth served at SafeZone, primarily from the perspective of youth, and identifying and developing ways to improve data collection methods and database tracking and analyses. With regard to outcomes, the majority of youth focus group and interview participants reported that SafeZone provided them with services to meet their critical basic needs, provided a safe and supportive community atmosphere, and empowered youth to want to work towards the longer-term goal of stability. According to many youth, SafeZone has helped them to begin to establish independence during a critical transition period between childhood and adulthood. Overall, youth described the drop-in center as a comprehensive “one-stop shop” and were very satisfied with the services they received. Some youth felt that SafeZone could be even more beneficial if they expanded their hours later into the evening and offered services for the children of youth being served.

While the program collects fairly extensive information about the youth served and the services they receive, there are opportunities to enhance current data collection and data management efforts in order to improve data quality and answer additional research questions of interest to program staff. These include: collecting simple yet informative data from drop-in clients at exit; revising the case management Goal Plan to capture short-term successes; streamlining data entry to ensure all necessary information is tracked accurately; documenting changes made to the database for historical purposes; enhancing exit and follow-up data collection methods; and, making modifications to the database (e.g., adding a new ‘date’ field, merging the collection of basic needs and supportive services into a single screen, and linking supportive services to specific goals).

Gathering in-depth outcome information on such a highly mobile population poses significant challenges. In order for SafeZone to truly enhance their ability to understand youth services and outcomes, additional conversations with youth, staff, and funders are necessary to increase buy-in about the value of such data. Youth are a primary source of information, so capitalizing on the time youth are at the center to gather important information is critical (e.g., asking brief questions of youth at check-out when they receive a bus token). Although visits to the center are often sporadic and unpredictable, it might also be helpful to form an advisory group of youth who can provide input on ways to improve data collection efforts as well as programming. Engaging staff directly in determining the best ways to improve the ease of data collection is key to capturing complete and accurate information. Staff might also be more invested in data collection if they have access to evaluation results and information about service usage, and can see how this information can be used to improve their work with youth. It is also important to have discussions with funders about their priorities for evaluation data in order to ensure the right information

is being tracked. Although there is always interest in long-term issues of stability, educating funders about the linkages between short-term gains and these long-range goals might also encourage funders to appreciate the value of these small yet important intermediate steps to long-term stability.

Appendix

Phase one findings

Data collection protocols

- Youth focus group protocol
- Youth interview protocol

Newly developed data collection instruments

- Drop-in client questionnaire
- Revised case management Goal Plan

Phase one findings

Activity 1: Findings from Key Informant Interviews

Four youth drop-in centers were contacted for interviews, including three on the west coast and another local program. Agencies were asked to describe their intake process and other data collection activities, and provide Wilder Research with any forms they were comfortable sharing. Overall:

- All agencies interviewed expressed sensitivity about asking youth for personal information, indicating they did not want youth to feel “bombarded” or “studied.” While some initial data collection happens at intake, agencies often wait until the first case management appointment or until youth are served through the program a certain number of times before requesting further information or administering assessments.
- Forms (self-administered and those completed by staff) are revised as needed to ensure they are as short and pertinent as possible (data not being used is dropped) and written in accessible, age-appropriate language.
- Data collection was often described as “funder-driven,” and largely used to talk about the number of clients served and types of services received (again, to satisfy funder requests, or secure additional funding by demonstrating scope).
- One program mentioned conducting pre- and post-assessments to better understand participant outcomes/increased knowledge in specific areas.

Summary of Key informant Interviews

	YouthLink/Youth Opportunity Center Minneapolis, MN	Outside In Portland, OR	Larkin Street San Francisco, CA	Bill Wilson Center San Jose, CA
Target population	Ages 16-21	Ages 13-24	Ages 12 - 24	Ages 12 – 24
Data collected at intake	Form includes basic information (name, DOB, race/ethnicity, and gender, SSN), how client heard about the program, warrant status, school status, and their immediate needs.	Youth are screened into the Portland Homeless Youth Continuum and different data is collected depending on program client enters. Most generally, ID, parental consent, warrants, and if they meet HUD’s definition of homelessness.	All clients: Name and DOB Clients accessing center 5+ times per month: assessments (see below)	Demographic information, involvement in systems (criminal justice, child welfare/projection), and if they meet HUD’s definition of homelessness.
Other information or assessments	Goals/action plan, contact information, chemical use, victimization history, barriers to housing and/or employment, engagement in sex work.	Once accepted into day program, full assessment is conducted (physical and mental health, income/finances, employment, education, guardian history, chemical use, legal issues, social support, and strengths assessments). EHR records, action plans, and ETO (Efforts to Outcomes) system are utilized.	Substance use, HIV risk, physical and mental health assessments, financial status, family reunification, and housing needs.	Daily session logs, employment assistance questionnaire (feel about job skills and financial skills), self-esteem and self-harm, gang activity or other criminal justice involvement, substance use, sexual safety, HIV/AIDS awareness. Many assessments are used as pre- and post-tests.

Activity 2: Review of SafeZone database

Wilder Research received a copy of SafeZone’s Housing database for review, and gained an understanding of the detailed, client-level information currently collected by SafeZone such as contact with the drop-in center, service use, referrals, housing status, and demographic characteristics. Several possible ideas came to mind when assessing how the existing database could be augmented to generate more outcome-oriented data, for example:

- Rate of follow-up on referrals made through the program
- More information about health status

- Additional assessments on increased knowledge of specific content areas (through pre- and post-tests)
- Participant satisfaction with services received
- An exit survey completed by staff that indicates whether clients who received case management services were “doing well” at exit, compared to their situation at intake

Activity 3: Staff discussion of client success

“Big Picture” or long-term goals:

- Not move into systems as adults
- Maintain permanent housing (get and keep) including transitional housing programs
- Employment
- Long-term skills (job, budgeting, crisis management, self-reliance, ability to prioritize)
- Career goals/forward thinking about career path
- Education – finishing high school, considering college, professional certifications
- Receive public benefits
- Physical and mental health (especially concerning mental health/trauma)
- Obtain health care/connected to a provider
- Develop healthy relationships and a support system
- Learn parenting skills and child development milestones

“Intermediate” goals

- Temporary housing programs/shelter that night/referrals and applications
- Resume, job readiness, interview skills, professional clothes
- GA or temporary benefits
- Apply for health insurance

- Physical or mental health
 - Immediate needs (established at intake)
 - Onsite therapist
 - Diagnosis/medication

“Smaller steps” or short-term goals

- Birth certificates, IDs, social security cards
- Showing up on time
- Applying for housing programs/taking tours
- Learning how to be a good roommate or house guest
- Help with homework
- GED help
- FASFA or class registration

How do you know kids are on track?

- See an increase in confidence; achieve small goals and keep coming back
- If drop-in youth ask for case management services
- They work on things independently/ in-between appointments
- Doing well; staff don't see them as often or when they do, they are not always in crisis

Other notes/comments:

- Intake process is not a barrier; staff feel youth are used to it because of systems involvement and their process is much more personal than that
- They are tracking some information about family support
- Case management clients develop a last-year plan and work on those goals before graduation

Data collection protocols

SafeZone Evaluation Youth focus group guide

Hello, my name is _____. This is (*Notetaker*) _____. We are from Wilder Research.

First, I want to thank you for coming here. SafeZone needs your help to understand if and how being involved with the SafeZone has helped you. They also want to know your ideas for how to help youth and young adults get these services. I will be asking questions about these topics while (*Notetaker*) takes notes. It will take about an hour.

Before we begin, here are some things you should know:

- What you say in this group will be confidential, that means it won't be shared with others outside the group. I need everyone to agree that, after the group, they will not talk about what is said in the group today. (*Have everyone say yes*)
- Wilder Research will combine everyone's answers and report common ideas to SafeZone. The SafeZone staff and the staff here at (*location of focus group*) will not know who said what.
- You can choose which questions you want to answer.
- Although you may disagree with others' comments, please be respectful of different opinions and give everyone a chance to talk.
- What you say in the group will not affect your relationship with SafeZone or any of the services you receive here.
- You will be given a \$15 Target gift card at the end of the group as a thank you for your time.
- We would like to record this group, just so we don't miss anything anyone says. No else but Wilder staff will listen to the recording. Is that okay? (*each participant consents*)
- Does anyone have any questions before we begin?

ICEBREAKER: Before we begin, can we go around the room and say our first names (or any name you want to give), your age, and the town you grew up in?

Here's the first question.

1. First, I'd like to ask you about how you first find out about SafeZone? (Probe: referred by a friend/word-of-mouth, use the internet to find it, another service provider recommended it, etc)
 - a. About how long have you been coming to SafeZone?
 - b. How long did you come to SafeZone before you decided to work with a case manager?
 - c. What was your housing situation when you first came? Were you homeless, couch hopping, living with family or friends?
2. *Why did you start working with a case manager at SafeZone?
 - a. What was the main thing that motivated you?
 - b. What did you expect? Has the experience in case management been what you thought it would be?
3. Describe a typical meeting with your case manager.
 - a. How much time do you spend talking about services?
4. **What about goals? What kinds of conversations do you have about short- and longer-term goals? (Probe for specific examples of goals)
 - a. Have you achieved any of these goals yet?
 - b. Which ones? Why/why not?
5. **What has been the most valuable aspect of SafeZone for you?
 - a. What has changed for you because of SafeZone? (safety, stability, housing, education, basic needs)
 - b. In what ways, if any, has receiving case management services at SafeZone helped you to think (differently) about your future?
 - c. How are SafeZone case managers similar or different than other people who have worked with you?
6. In your opinion, how could the case management services at SafeZone be improved?

Thank you for your time.

SafeZone Evaluation
Interview Protocol: Case management “light” youth

Interviewer: _____

Youth ID: _____

Date: _____ Time start: _____

Hello, my name is _____. I'm from Wilder Research. SafeZone needs your help to understand if and how being involved with the SafeZone has helped you. They also want to know your ideas for how to help youth and young adults get these services. The interview should take about 20 or 25 minutes.

Before we begin, here are some things you should know:

- What you say will be kept confidential, that means it won't be shared with others outside of Wilder Research.
- Wilder Research will combine your answers with the answers of other youth and report common ideas to SafeZone. The SafeZone staff and the staff here at (*location of focus group*) will not know who said what.
- You can choose to skip any questions you don't want to answer.
- Your answers will not affect your relationship with SafeZone or any other agencies you are working with.
- You will be given a \$15 gift card to Target at the end of the interview as a thank you for your time.
- Do you have any questions before we begin?

- 1) How did you first find out about SafeZone?
 - a. When did you first start coming to SafeZone (how long ago/what age)? What made you consider coming to SafeZone?
 - b. How often do you typically come?
- 2) What generally brings you to SafeZone when you come? What kinds of things do you do or work on while you're here?
- 3) What did you expect when you first came to SafeZone? Has it matched those expectations? Why/why not?

- 4) What has been most valuable or beneficial about your time at SafeZone? What has changed for you because of SafeZone? (Probe for changes in..... Various basic needs [healthcare, food, clothing, money for bills/rent/transportation, etc.], education, employment, housing, general stability, someone to talk to)
- 5) Have you been asked to consider participating in their *case management* program?
 - a. If yes, was asked or know about it – why did you choose not to?
 - b. Do you think you might someday, down the road?
 - c. What would convince/motivate you to participate?
- 6) Can you tell me about any other services or support you receive from other providers or agencies other than SafeZone? What types of providers? How helpful are those services?
 - a. What do you need that you aren't getting at SafeZone or another program?
- 7) How would you describe SafeZone to another youth? (in terms of what they do/what they're about, the staff, etc.)
 - a. Is there anything unique about SafeZone? What?
- 8) What could SafeZone do to improve their services?

Finally, I would you like to tell me if the following things have gotten better, stayed about the same, or gotten worse for you since coming to SafeZone.

How about	9. Would you say this is now...					
	Better,	About the same, or	Worse?	REF	DK	NA
A. Your housing situation?	3	2	1	7	8	9
B. Your sense of safety/feeling safe?	3	2	1	7	8	9
C. Your physical or emotional health?	3	2	1	7	8	9
D. Your ability to get schooling or employment?	3	2	1	7	8	9
E. Your knowledge of where you can go in the community to get services you need?	3	2	1	7	8	9
F. Having someone in your life you can trust and talk to?	3	2	1	7	8	9
G. Your hopefulness for the future?	3	2	1	7	8	9

Finally, I have just a couple of background questions:

10) How old are you? _____ years

11) How would you describe your race or ethnicity? _____

12) INTERVIEWER: INDICATE RESPONDENT'S GENDER (circle): Male Female

13) Is there anything else you would like to add about your time at SafeZone?

Thank you so much for your time. [INTERVIEWER: Give R gift card & have him/her sign for it]

Time end: _____

Interviewer comments: _____

Drop-in client questionnaire items

1) Did you use or receive the following resources today? (**CHECK ALL THAT APPLY**):

- | | |
|--|--|
| <input type="checkbox"/> Computer | <input type="checkbox"/> Laundry |
| <input type="checkbox"/> Telephone | <input type="checkbox"/> Shower |
| <input type="checkbox"/> Food shelf/pantry | <input type="checkbox"/> Bus token |
| <input type="checkbox"/> Meal | <input type="checkbox"/> Other (describe: _____) |

2) Did you work on any of the following today? (**CHECK ALL THAT APPLY**):

- Getting an ID, birth certificate, and/or social security card
- Job search/application
- Housing search/application/tour
- Help with homework
- Help with a GED
- Help with school applications, class registration, or the FAFSA
- Other (describe: _____)

3) On a scale from 1 to 5, did you get what you needed out of your visit today?

1	2	3	4	5
Not at all	Very little	Somewhat	Mostly	Definitely

4) Do you plan to come back to SafeZone to work on any of the above activities?

- Yes
- Maybe
- No

5) Are you considering getting a case manager at SafeZone?

- Yes, probably
- Maybe/not sure
- No, not right now
- Already have one at SafeZone

Proposed revisions to case management Goal Plan

SafeZone Client Goal Plan

Case Manager: _____

Client name/ID: _____

Intake date: _____

Goal domain 1

Increase young people's financial self sufficiency

- Include public benefits here

Big picture/long-term goal in this area:

Steps to achieving this goal:	Check box if a service was provided or small step achieved (Enter in database)	Timeline
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

Progress assessment for Goal domain 1:
(Check one category below at each time period)

	30	60	90-days
Client <u>achieved</u> their long-term goal set in this domain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client is making <u>rapid progress</u> on the steps needed to achieve their goal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client is making <u>considerable progress</u> on the steps needed to achieve their goal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client is making some progress on the steps needed to achieve their goal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client is making <u>little progress</u> on the steps needed to achieve their goal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client has <u>not made progress</u> on the steps needed to achieve their goal yet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Goal domain 2

Obtain or maintain housing

- Include independent living skills goals here
- Document their progress using front desk database

Big picture/long-term goal in this area:

Steps to achieving this goal:	Check box if a service was provided or small step achieved (Enter in database)	Timeline
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

Progress assessment for Goal domain 2:
(Check one category below at each time period)

	30	60	90-days
Client <u>achieved</u> their long-term goal set in this domain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client is making <u>rapid progress</u> on the steps needed to achieve their goal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client is making <u>considerable progress</u> on the steps needed to achieve their goal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client is making some progress on the steps needed to achieve their goal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client is making <u>little progress</u> on the steps needed to achieve their goal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client has <u>not made progress</u> on the steps needed to achieve their goal yet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Goal domain 3

Obtain or maintain employment

- Narrative in case notes of employment status and duration

Big picture/long-term goal in this area:

Steps to achieving this goal:	Check box if a service was provided or small step achieved (Enter in database)	Timeline
_____	↓ <input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

Progress assessment for Goal domain 3:
(Check one category below at each time period)

	30	60	90-days
Client <u>achieved</u> their long-term goal set in this domain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client is making <u>rapid progress</u> on the steps needed to achieve their goal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client is making <u>considerable progress</u> on the steps needed to achieve their goal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client is making some progress on the steps needed to achieve their goal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client is making <u>little progress</u> on the steps needed to achieve their goal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client has <u>not made progress</u> on the steps needed to achieve their goal yet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Goal domain 4

Education

- Include dopy of diploma, GED, or acceptance letter for post-secondary as documentation

Big picture/long-term goal in this area:

Steps to achieving this goal:	Check box if a service was provided or small step achieved (Enter in database)	Timeline
_____	↓ <input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

Progress assessment for Goal domain 4:
(Check one category below at each time period)

	30	60	90-days
Client <u>achieved</u> their long-term goal set in this domain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client is making <u>rapid progress</u> on the steps needed to achieve their goal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client is making <u>considerable progress</u> on the steps needed to achieve their goal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client is making some progress on the steps needed to achieve their goal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client is making <u>little progress</u> on the steps needed to achieve their goal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client has <u>not made progress</u> on the steps needed to achieve their goal yet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Goal domain 5

Health

Big picture/long-term goal in this area:

Steps to achieving this goal:	Check box if a service was provided or small step achieved (Enter in database)	Timeline
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

Progress assessment for Goal domain 5:
(Check one category below at each time period)

	30	60	90-days
Client <u>achieved</u> their long-term goal set in this domain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client is making <u>rapid progress</u> on the steps needed to achieve their goal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client is making <u>considerable progress</u> on the steps needed to achieve their goal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client is making some progress on the steps needed to achieve their goal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client is making <u>little progress</u> on the steps needed to achieve their goal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client has <u>not made progress</u> on the steps needed to achieve their goal yet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Goal domain 6

Other

Big picture/long-term goal in this area:

Steps to achieving this goal:	Check box if a service was provided or small step achieved (Enter in database)	Timeline
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

Progress assessment for Goal domain 6:
(Check one category below at each time period)

	30	60	90-days
Client <u>achieved</u> their long-term goal set in this domain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client is making <u>rapid progress</u> on the steps needed to achieve their goal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client is making <u>considerable progress</u> on the steps needed to achieve their goal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client is making some progress on the steps needed to achieve their goal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client is making <u>little progress</u> on the steps needed to achieve their goal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client has <u>not made progress</u> on the steps needed to achieve their goal yet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>