Delivery of Eligibility Services to Hennepin County Youth: Access and Maintenance

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Humphrey School of Public Affairs, University of Minnesota

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Research Question

What practices could Hennepin County Youth Eligibility Team implement to increase awareness of, access to and continued eligibility in public assistance programs for key youth populations?

Methodology

- Academic literature review
- Case study evaluation
- Qualitative interviews

Overview

This project was initiated by leadership of the Youth Eligibility Team within the Human Services and Public Health Department at Hennepin County, Minnesota. This team has responsibility for serving homeless and highly-mobile youth ages 16-19 and pregnant youth and parenting youth up to age 21 who are seeing public assistance in the form of cash assistance, food support (SNAP), health care, specialized housing services and pregnancy or child care assistance.

This project team was asked to research, evaluate, and provide recommendations on best practices in three areas: creating awareness of assistance programs amongst eligible youth; improving access to public assistance programs amongst eligible youth; and improving the ability of youth to maintain eligibility over time.

Research Methods

Three lines of research were explored as part of this project.

- **Academic literature review:** To develop a broad base of knowledge on current and emerging issues related to government service delivery, adolescent development and characteristics of homeless, pregnant and parenting youth.
- **Case study evaluation:** To identify best practices in two counties within the United States and two provinces in Canada who have been recognized for excellence in public service delivery.
- **Qualitative interviews:** Conducted more than 30 interviews with key personnel at youth service non-profits, schools, government agencies and other youth-oriented organizations in Minnesota and the locales associated with our case studies.

Recommendations

Based on this research, we identified key elements that address how services are currently designed or should be designed to maximize the Youth Eligibility Team's goal of improved delivery to eligible youth. Key short-term recommendations are listed in this executive summary, with additional detail and long-term recommendations included in the full report.

Recommendations are summarized into four categories:

- Relationships
- Structure
- Staff
- Communication

Demographics

- 9% of Hennepin County families live in poverty.
- In 2012, 4,100 Hennepin County students were classified as homeless or highly-mobile.
- Amongst homeless youth, 46% report mental illness; 45% report physical or sexual abuse; and an estimated 40% are GLBT.
- 5,100 parenting youth received public assistance during 2011.
- About 5% of Minneapolis girls age 15-19 became pregnant in 2011. This percentage has decreased over the past decade.
- 42-55% of households receiving public assistance in Minnesota are headed by women who started families as teenagers.

Sources

2010 Population, Income and Poverty Fact Sheet. Hennepin County.
Minneapolis Shelter Sees Dramatic Increase in Homeless Families" KSTP News. (November 24 2012)
Study of Minneapolis homeless students reveals academic problems – and offers hope. MinnPost. (October 30, 2012)
Pregnancy, Poverty, School and Employment (April 1998) MOAPPP.
Homelessness in Minnesota: Key findings from the 2009 statewide survey. (October 2010) Wilder Research.
Lesbian, Gay, Bisexual and Transgender Youth: An Epidemic of Homelessness. National Gay and Lesbian Task Force and National Coalition for the Homeless. (2006)

Key Short-Term Recommendations

Relationships

- Human service representatives (HSRs) must be welcoming, patient, non-judgmental, open-minded, flexible and forgiving with clients.
- HSRs must follow through, be transparent and set expectations.
- Youth Eligibility Team should connect clients with advocates who can help them navigate the system.
- Develop strategic partnerships with key people and organizations in Hennepin County.
- Open communication channels with counterparts in King County and Allegheny County.
- Seek partnerships with professionals who work in settings where youth frequent.
- Reward staff for identifying new partnership opportunities.

Structure

- Re-structure the workload of HSRs to have individual caseloads.
- Increase the number and variety of embedded services throughout the county, in particular at schools, libraries, clinics, long-term shelter housing, and other locations.
- Adjust hours to offer services later in the evening.

Staff

- Focus on 'soft skills,' including social work practices.
- Train staff on cultural competence related to working with teenagers and young adults.
- Adjust hiring practices and staff evaluations.
- Hire staff who are multi-lingual and whose demographics mirror youth clients.

Communication

- Send reminders to youth about upcoming appointments, important paperwork that is due, and/or eligibility deadlines.
- Improve hand offs between eligibility departments and between the county and outside groups.

Background

General Overview

Minnesota's public assistance programs are funded by the state, but administered by counties. These include programs such as financial assistance, food support and health care subsidies. In Hennepin County, administration is handled by the Human Services and Public Health Department and teams within the department are divided based on program and age of participant. Adults and youth are assisted by different teams within the department. This report focuses on public assistance services obtained by youth in the county.

Hennepin County serves a variety of youth populations and administers a diverse range of federal, state and county programs all designed to assist youth in meeting their basic needs. Assistance programs include financial assistance, food support, medical assistance for pregnant and parenting youth, targeted housing support, and more. Eligible youth may participate in one or several assistance programs depending on their needs and eligibility requirements. According to the Association of Minnesota Counties, public assistance programs are structured as entitlement programs. This means that if the applicant meets certain criteria (i.e. age, income level, disability), the county is required to enroll the applicant.[i] Administering numerous assistance programs, each with their own criteria for enrollment and rules to maintain eligibility, can be a significant organizational challenge. And navigating different offices, programs and eligibility requirements within the county can be a significant challenge for beneficiaries, especially youth, who are unprepared for the self-advocacy and diligence required to be successful.

In August 2012, Hennepin County reorganized the eligibility determination staff - which had previously consisted of numerous groups - into a single team who serve all youth applying

for assistance through any county-administered programs. That single team is the Youth Eligibility Team, which is tasked with increasing initial access and eligibility over time for youth to these programs. This team is under the constraint of federal and state laws, and the prescribed design of the eligibility programs that Hennepin County delivers. The design is mandated down to details such as the forms that are filled out and the exact paperwork accepted to meet requirements. Additionally, the team has considerable budget and resource constraints.

Leadership of the Youth Eligibility Team sought a review of what other counties and youth serving agencies around the country were doing to increase youth participation and eligibility maintenance. They also sought information from local agencies and non-profits in best practices, innovations and insights that might help the county improve its delivery. To that end, our project team conducted a literature reviews in search of national models for delivery of services to youth serving agencies. We interviewed more than 30 contacts in local and national youth serving agencies. And we conducted case studies of local governments identified by their peers as providing outstanding or innovative youth services.

Hennepin County Information and Demographics

Hennepin County is the most populated county in Minnesota. Minneapolis is its largest city and the county seat. The county administers the state's largest Minnesota Family Investment Program caseload, which accounts for about one-third of the cases in the entire state.[ii] The populations served by the Youth Eligibility Team includes homeless and highly-mobile youth ages 16-19 and pregnant and parenting youth under age 21 who are seeing public assistance in the form of cash assistance, food support (SNAP), health care, specialized housing services and pregnancy or child care assistance. These youth are dealing with several specific, and often

overlapping, issues.

Poverty

Hennepin County's population is about 1.15 million people, which includes an increase of about 36,000 over the past decade.[iii] During the same period, the median family income dropped by about 10%, and nearly double the amount of families are living in poverty. [1] Consequently, the number of families receiving benefits from federal and state programs also increased. In 2009, about 37,000 families in Minnesota qualified for a public assistance program. The average family on assistance is an adult and two children, who, with no other income, received $532 in cash and $473 in food support monthly. During the same year, a monthly average of 15,494 children received child care assistance. Both types of assistance are limited to 60 months for most families.[iv] The majority of families receiving services live in the 11-county metro area.

Homelessness

It's difficult to obtain and verify data on the homeless population in Minnesota, and especially the number of homeless people who are under age 21. Their highly-mobile nature – moving from shelter to shelter, or finding temporary housing for short periods before returning to the streets – makes exact numbers difficult to quantify. In 2009, the Wilder Foundation estimated that 13,100 Minnesotans were homeless and that about 13%[2] of them were unaccompanied minors and young adults between the ages of 12 and 21.[v] This included a 57% increase in homeless young adults (age 18-21) from the Foundation's 2006 study. Hennepin County schools

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[1] Hennepin County's median household income in 1999 was $67,047 and 5% of families living below the federal government's poverty line; by 2010, median income had dropped to $59,236 and 9% of families were living below the federal government's poverty line.
[2] 13% was quantified as 743 individuals.

provide a higher estimate. Minneapolis and Anoka-Hennepin school districts report about 4,100 students that are classified as homeless and highly-mobile during the 2012-2013 school year.[vivii]

Another important note from the Wilder Foundation study is the indication of greater needs for public assistance and public health services amongst homeless youth. Of the 743 youth surveyed, 46% reported a serious mental illness; 45% had been physically or sexually mistreated; 64% had experienced a placement such as a foster home, group home, detention facility or treatment center; and 20% had left some type of social service placement in the previous year. Racial disparities also exist amongst Minnesota's homeless, where American Indians and African-Americans were far more likely to experience homelessness than other racial groups.[viii] Finally, estimates suggest as many as 40% of homeless teens identify as gay, lesbian, bi-sexual or transgender (GLBT). This is in part because of the high number forced to leave home after coming out to their families – one study estimated that number to be about 25% of all gay teens.[ix]

Pregnancy and Parenting

Hennepin County has been successful during the past 10 years in reducing pregnancies to adolescent girls and young women. Despite that, nearly 3% of all Hennepin County teenage girls give birth annually.[x] In 2010, 857 babies were born of girls under 19 years of age in Hennepin County. The highest teen pregnancy rates in the county are in Brooklyn Center (6.4%), Richfield (6.4%) and Minneapolis (5.1%).[xi]

There are troubling long-term implications for these girls and their children. Parenting youth – who are by and large girls – face challenges to graduate from high school, obtain sufficient work and get out of poverty. Only 50% of teen mothers receive a high school diploma by age 22, compared to 89% of non-teen mothers. The percentage is lower for girl who had a child before age 18 than it is for those who have their first child at age 18 or 19. [xii] Less educational success

and ability to obtain gainful employment generally means greater reliance on government assistance over their lives. More than 5,000 teen mothers received public assistance in Minnesota in 2009.[xiii] Not surprisingly, teen mothers are more likely to require more public assistance than older mothers. More than 40% of teenage mothers report living in poverty by age 27, and 42 to 55% of households that receive government assistance in Minnesota are headed by women who started families as teenagers.[xiv]

Research Methodology

As noted earlier, the Youth Eligibility Team was formed and given a new charge in August 2012. The team focuses exclusively on homeless and highly-mobile youth ages 16-19 and pregnant and parenting youth under age 21 who are seeing public assistance in the form of cash assistance, food support, health care, specialized housing services and pregnancy or child care assistance. Team leadership asked this project team to research, evaluate and provide recommendations on best practices in increasing awareness of assistance programs amongst eligible youth; access to its programs amongst eligible youth; and the ability of eligible youth to maintain program eligibility over time.

Our project team focused on the research question, "What practices could Hennepin County implement to increase youth awareness and access to public assistance programs, and what design elements encourage youth eligibility over time?" We pursued three lines of research:

- **Academic literature review**, which allowed us to develop a broad base of knowledge on current and emerging issues related to government service delivery, adolescent development, homeless and pregnant/parenting youth and communications methods;

- **Case study evaluation**, which focused on two counties in the United States and two provinces in Canada who have been recognized for excellence in public service delivery; and

- **Qualitative interviews**, which augmented the case studies. We conducted more than 30 qualitative interviews with personnel at youth service agencies, non-profits and other youth-oriented organizations. These were primarily advocates in Minnesota, along with some in the locales associated with our case studies.

After analysis, the findings from all three types of research melded into recommendations for Hennepin County's Youth Eligibility Team to consider in their effort to attract, serve and retain homeless, pregnant and parenting youth in assistance programs.

Literature Review

For this literature review we included an examination of journal articles, organization outreach materials, fact sheets, websites and reports by think tanks, non-profit organizations and U.S. Congressional committees. We focused on the service delivery of government programs with specific attention paid to the challenges of delivering these services to young people, especially those who are homeless, pregnant and/or parenting. Finally, we also looked at academic literature about programs that effectively deliver services to youth. This review threads together how the roots of those challenges are intermingled between the design of government programs and adolescent brain development, and highlights the unique nature of working with this high-risk population. In sum, this annotated bibliography provides context to the recommendations put forward later in this paper.

***One Year after Federal Welfare Reform: A Description of State Temporary Assistance for Needy Families Decision, as of October 1997.*[xv]**

This report offers information about the decisions made by states in regard to the implementation of the 1996 welfare reform law, which came to be known as Temporary Assistance for Needy Families (TANF), including the redesign of each state's cash assistance programs. It includes a description of state requirements, limits, exemptions, and potential variation on the delivery by county. And it provides context to this project related to the longevity and complexity of the assistance programs that Hennepin County administers. Finally, it informs us about the variations between states – which are applicable to our case studies – and the minimum level of compliance required by beneficiaries to maintain their benefits.

***Improving TANF for Teens.*[xvi]**

This article discusses the unintended consequences that TANF had for teenagers. The new regulations placed a lifetime limit on cash benefits – no matter what age they're begun at – and required teens to have a work plan or school attendance to remain eligible. A few states require the completion of high school to maintain benefits. Additionally, TANF established new guidelines for financial assessment of an entire family's benefits that ultimately reduced cash assistance for most teens living with relatives.[3] The repercussions of this can be seen in the anecdotal evidence from several advocates we interviewed who say families with older teens often separate from them because it's harder to get benefits and get into shelters with an 18+ child with them. This worsens the problem of youth homelessness. The authors argue that these new reforms were implemented without proper knowledge and understanding of the living conditions of many teenagers. These have made it more difficult for many teenagers to maintain eligibility for assistance programs.

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[3] Parenting teenagers living with relatives are exempted from these guidelines.

Health and Social Services for Pregnant and Parenting High-Risk Teens.[xvii]

This journal article provides analysis of a Wayne County, Michigan study conducted four years after the implementation of the 1996 welfare reform law. The study assessed the well-being of young women following the reforms and examined, in particular, how the needs of pregnant and parenting teens were being met. Findings included that keeping youth enrolled in programs depends significantly on their level of satisfaction with the agency delivering services, and that faith-based organizations played a role in helping youth gain access to and maintaining eligibility for services.

Facts about Minnesota Family Investment Program.[xviii]

This fact sheet describes the demographics of Minnesota Family Investment Program (MFIP) recipients. MFIP is Minnesota's program to administer federal TANF funds. The fact sheet includes general information about participants and the relationship between income and benefit amount. It also provides local context to the national information found in earlier sources.

National Network for Youth NN4Y Issue Brief: Unaccompanied Youth Overview.[xix]

This brief provides excellent background information on 'unaccompanied youth.'[4] It includes demographic data, levels of incidence, causal factors and consequences of youth homelessness. It was created to help the public to understand the scope of youth homelessness and raise awareness to the specific challenges and needs of this population. However, it does not offer information about solutions or differentiate between urban, suburban and rural areas.

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[4] Unaccompanied youth includes three subsets:
  (a) Runaway youth – A person under age 18 who removes him/herself from place of legal residence without permission of the family;
  (b) Homeless youth – A person under 21 years of age for whom it is not possible to live in a safe environment with family and who has no other safe alternative living arrangement.
  (c) Thrownaway youth – Children who were directly told to leave a household, were abandoned or deserted, and/or were not permitted to return to their home by an adult household member.

Immediate Enrollment under McKinney –Vento: Keeping Students Safe.[xx]

This presentation by SERVE Center and the National Center for Homeless Education provides background on the McKinney-Vento Act, which required school districts to accommodate the needs of and have staff liaisons to assist homeless and highly-mobile students. It was created for organizations and government agencies to illustrate the problems faced by homeless youth.

The Report to Congressional Committees: Homelessness Coordination and Evaluation of Programs are Essential.[xxi]

This U.S. Congressional Committee report summaries the results of studies conducted to determine the effectiveness of federally-funded programs at meeting the needs of the homeless.[5] It outlines an array of programs available, as well as identifies gaps in service. This is due in part to overlapping services across federal agencies that work with low-income families. The report highlights the need to establish performance plans with clear outcomes, support program innovation through federal grant funding and measure performance for each agency.

A Homeless Teen Pregnancy Project: An Intensive Team Case Management Model.[xxii]

This article describes a collaboration model that developed in King County, Washington[6] after it was identified in the late 1980s and early 1990s that a strikingly high number of teenagers were homeless and pregnant or parenting. In addition to describing the situation that gave rise to it, the article focuses on the collaboration between King County Department of Health and the University of Washington to address the needs of these vulnerable populations. It documents the program's components, cost and target population size. A key finding is the need for geographic areas to create new approaches which facilitate interagency networking, case conferences and coalition building.

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[5] The federal definition of a person who is homeless is one who (1) lacks a fixed, regular, and adequate nighttime residence, (2) has a primary nighttime residence that provides temporary living accommodations, or (3) resides in a place not designed as a regular sleeping accommodations for humans.

[6] The largest city in King County, Washington is Seattle.

The authors insist on the need for local and federal authorities to work together to respond to the complex and specific needs of homeless, pregnant and/or parenting youth.

Adolescent Childbearing: Consequences and Interventions.[xxiii]

This article focuses on best practices for working with teen parents, including understanding their developmental limitations. In particular, the authors recommend new culturally-competent and developmentally-appropriate interventions be to reduce the negative consequences of teen pregnancy.

Adolescents' help-seeking behavior: the difference between self- and other referral.[xxiv]

This journal article examines a study conducted in Israel to identify why adolescents vary in their willingness to seek and/or refer others for help. The study suggests seeking help is a threating experience for many young people because it produces the perception of weakness and dependence which threatens their self-esteem. Gender also has an impact on youth's willingness to seek and receive help, as girls who were studied were more willing than boys. Adolescents will primarily seek help from family, peers and other relatives before official sources. To increase their ability to effectively serve youth, service programs should provide the opportunity for peer group interaction as a source of support.

Lesbian, Gay, Bisexual and Transgender Youth: An Epidemic of Homelessness.[xxv]

This report offers a comprehensive analysis of the causes and effects of homelessness among LGBT youth. It examines public policy created to address the issue of runaway youth, and how the lack of LGBT awareness impacts this population's access to health and social services. Finally, it offers program models that have proven effective with homeless LGBT youth. It concludes policy changes are needed at all levels of government to reduce the epidemic.

Best Practices in Interagency Collaboration: Youth Homelessness and Juvenile Justice.[xxvi]

This brief provides information about effective use of the McKinney-Vento Act as a tool for advocates, educators and juvenile criminal justice professionals to help homeless youth. It argues the value of education to curtail youth involvement in criminal activities and reducing re-entry to detention facilities. Finally, it offers steps for organizations to begin evaluating their work with this homeless youth.

Best Practices in Homeless Education: Confirming Eligibility for McKinney-Vento Services.[xxvii]

This report focuses on the challenges facing homeless youth as they attempt to enroll in school. It highlights resources for schools to effectively facilitate enrollment, including how to establish eligibility for homeless and highly-mobile students. It provides immediate tools that schools can use for establishing eligibility of students without a home address.

On Their Own, Hear Us: Giving Visibility to Homeless Children and Youth.[xxviii]

This video depicts homeless youth sharing their experiences and the obstacles they confronted, as well as information on the actions taken by school staff to identify and provide services to these students. It's an effective portrayal of the human side of this issue.
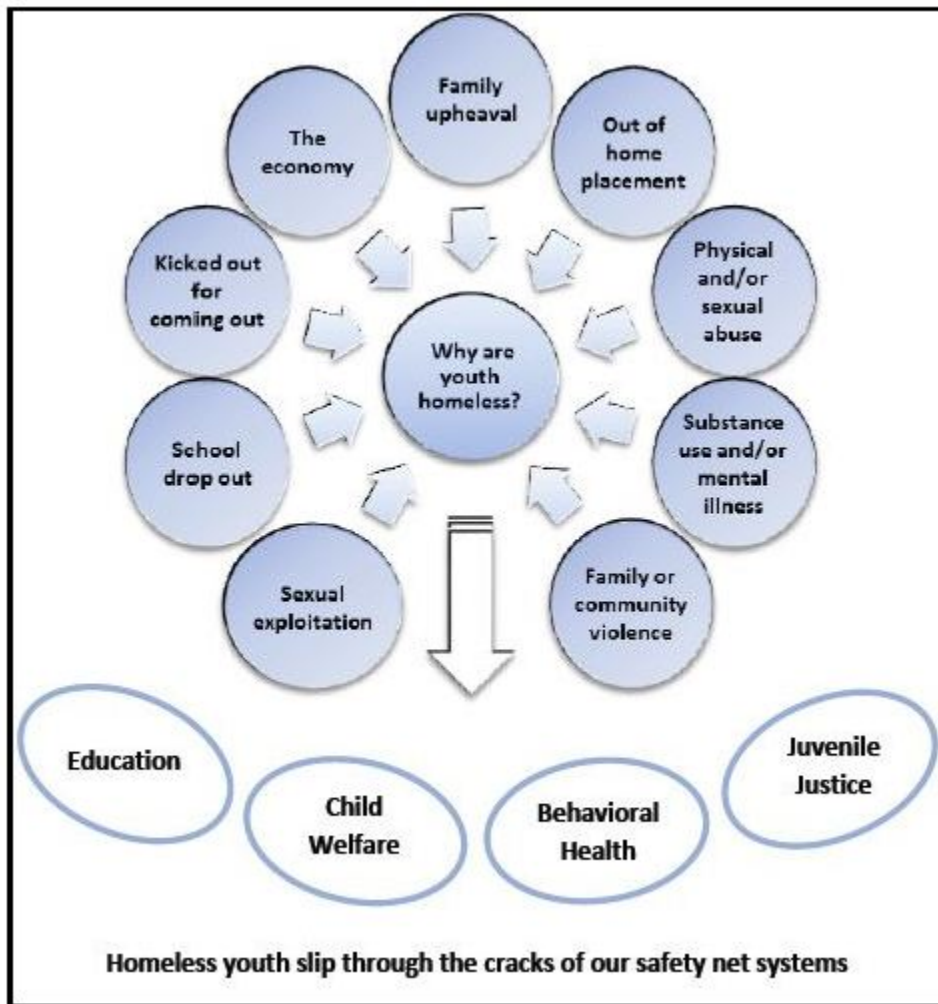
National Network for Youth Recommendations for System Enhancements toward Ending Youth Homelessness.[xxix]

These recommendations were compiled by service providers affiliated with the National Network for Youth, who together have more than 200 years of experience working with homeless youth. It provides a comprehensive explanation of the contributing factors and complexity of the challenges facing youth who are homeless. (See Figure 1) Additionally, it highlights the impact that the Runaway and Homeless Youth Act[7] has made in providing a safety

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[7] This act was passed by Congress in October 2008 and compels the development of an effective system of care for homeless youth outside the welfare and laws enforcement systems. It's administered through the U.S. Department of Health and Human Services.

net for these young people. It suggests the need for major adjustments to increase services

because current funding does not match the existing need, and presents recommendations to

expand services for youth to successfully avoid becoming chronically homeless adults.

Figure 1

Source: "National Network for Youth Recommendations for System Enhancements toward Ending Youth Homelessness." (2012) The National Network for Youth.

The Four Rs of Service Delivery for MFIP Teen Parents: Approaches of 8 Minnesota Counties.[xxx]

     This report provides the results of an environmental scan performed by the Minnesota

Department of Human Services (DHS) to understand the similarities and differences between

services delivery models for teens in the MFIP program in eight of Minnesota's metro counties.

It provides unique information on the demographics of teen mothers on MFIP, as well as historical context for these programs in Minnesota. (Figure 2) The scan also found several themes across the counties, including collaboration amongst like-minded agencies and organizations; specialization of staff; emphasis on relationship building; the fragility of funding for programs; and enhancing support services. Finally, it outlines possible next steps and a service model for consideration by counties.

Figure 2

Teen mothers in the eight study counties: history and current[13]

Eight Study Counties	December 2009 MFIP and DWP cases: Age at first known birth of female caregiver				July 2010 MFIP teen mothers		
	Count of cases with female caregiver	Under 18	18/19	Percent started with teen birth	Under 18	18/19	Percent of all eligible caregivers
Anoka	1,864	20%	27%	46%	21	104	8%
Becker	278	19%	27%	47%	6	14	8%
Beltrami	1,253	32%	32%	63%	24	94	9%
Hennepin	10,715	28%	24%	52%	172	555	9%
Lyon	126	25%	28%	53%	2	13	14%
Olmsted	787	21%	23%	44%	16	57	10%
Ramsey	7,620	29%	25%	54%	95	410	7%
St. Louis	1,453	20%	30%	50%	18	92	9%

Source: "The Four R's of Service Delivery for MFIP Teen Parents: Approaches of Eight Minnesota Counties. Rule, Routes, Relationships, Resources." (March 2012) Minnesota Department of Human Services Transition to Economic Stability Division.

Case Studies

To gain an understanding of how local governments in other geographic areas work with the populations focused on by the Youth Eligibility Team, we looked at areas that had gained a reputation for innovative and successful delivery of government services and/or youth development approaches. Additionally, we sought other local governments that administer state or federal benefits. Ultimately, we focused on these four areas:

- Allegheny County in Pennsylvania

- King County in Washington

- Province of Manitoba in Canada

- Toronto in Ontario, Canada

Allegheny County, King County and Toronto, Ontario administer their state or province's public assistance benefits in the same manner that Hennepin County does in relationship to the state of Minnesota. There is a variety in tactics used by these localities to accomplish their goals of public program delivery; however, we found the following consistent themes:

- Establishment of a culture amongst all youth-focused groups in the geographic area that thrives on collaboration, collective problem-solving and innovation to better the lives of young people;

- Significant cooperation and information sharing between government agencies, school districts and youth-focused, non-governmental organizations;

- Involvement of youth and their families in the development and assessment of policies and programs;

- Use of innovative communication techniques to keep youth advocates connected to one another; and,

- Acknowledgement of teenagers' unique developmental and emotional stage as part of the approach toward working with young people.

Allegheny County, Pennsylvania

Situated in southwestern Pennsylvania, Allegheny County is the state's second most populous county. It has just over 1.2 million residents and the majority resides in the greater

Pittsburgh area, which makes Allegheny County roughly the same size and population distribution of Hennepin County. [xxxi]

Allegheny County administers Pennsylvania's public programs in the same manner as Hennepin County does in Minnesota. Young people can access case workers in five offices spread out around the county. Case workers work with teens to help them understand what services are available, and try to engage them in programs offered by the county and/or community partners. Each youth is assigned to a case worker, and remain with that person until the youth turns 21 years old. Case workers use a variety of communication techniques with clients, including text messages, Facebook posts and mailings.

The county also utilizes websites as an important way to deliver information to and ease confusion for youth. The *Allegheny County for Transition Youth*[8] website is targeted at young adults in need of county human services and pulls all of the information on programs available to young adults into one location. A second site, dubbed *My Quest, My Future,* is under construction and will assist youth in navigating county services through vivid, youth-centered visuals. It uses the metaphor of traveling by road to illustrate 10 destinations for youth to explore: education, employment, housing, life skills, money savvy, health, child care, legal rights, community engagement and fun activities.[xxxii] An outline of the destinations and resources that will be available is included in Appendix A.

Equally as important as the techniques the county uses are the people delivering them. Duane Berry, a Youth Engagement Specialist at Allegheny County DHS, described the type of staff they seek to be case workers: "You must have young, motivated workers with a passion to assist youth. We have noticed that workers have to be able to engage youth, or it will be a struggle to communicate. When workers can't build relationships with youth, then they won't buy what you

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[8] www.alleghenycounty.us/dhs/transitionagedyouth.aspx

are selling. We want people who are willing to take chances." Berry continued: "If you have a person who just wants to manage their cases they are going to be looked at by kids like, 'I hope I don't ever have to see them again!' We need someone where kids are thinking, 'When am I going to see them again? When are they coming back? What kinds of things can we do together?' "

The approach taken by the Allegheny County DHS sets the tone for how the county's many agencies, school districts, faith groups and non-profit groups work together. Part of that tone is about involving youth and their families in recommending, setting and evaluating policies and programs. "I don't think anyone *really* knows what works with this population. There's no perfect way," said JoAnn Hannah, Program Director in DHS' Office of Children, Youth, and Families. "We just have to keep trying whatever we can and we listen to the kids a lot." This is done in a variety of ways, including youth advisory boards, hiring youth to work alongside staff, and making a concerted effort to involve youth and families in all department planning.

The department's Youth Advisory Board – nicknamed SITY (Systems Improvement through Youth) – was created in early 2009 after DHS launched a new initiative aimed at improving outcomes for children and families receiving county services. It included a commitment to involve stakeholders in department planning. SITY is comprised of 14 young people, ages 16 to 25, who are active participants in or alumni of county services. They provide information and feedback on programs related to child welfare, mental health, juvenile justice and other services. They also participate in a peer mentoring program and develop valuable skills in decision making, long-range planning and leadership that benefit them personally.

The county's case workers participate in Youth Support Partners (YSP) through which they hire young people to work alongside them. They have 15 to 20 youth in the program at any given time. The youth are alumni of at least one department program and work under the supervision

of a case worker. In this role, they learn important job and leadership skills, as well as earn a paycheck. In turn, the county gets a powerful asset in reaching other youths in need by having someone who understands their experience assisting with program execution. For example, YSP administers a weekly support group for young parents. The support group includes parenting classes that teach young mothers about child development, safety, nutrition and other important topics. YSP participants choose the topics, create presentations about life and parenting and facilitate the support group. They organize meals for attendees, and hand out diapers and other goods to support the young mothers. And some provide child care during the support group meetings. This is all done under the supervision of case workers who provide recommendations and feedback as needed.[xxxiii]

DHS codified its approach to integrating youth and family in its program development in its Integrated Children's Services Plan. It noted that "the role of family and youth in integrating services is critical for the success of service delivery," and made it a priority for teams within the department to adjust their planning processes to include meaningful engagement with the youth and families they serve.[xxxiv] The 2012-2013 budget year plan lists steps the department will take over the next two years to ensure youth and families are involved in all steps of system development. These include:

- Educating families about the administrative and budgetary issues that play a role in planning so they can better participate;

- Offering youth and families more representation at meetings and actively reaching out for their input during planning and implementation;

- Collaborating with other organizations, such as school districts and family centers, which have existing partnerships with families and youth;

- Considering families when setting meeting times and locations so they can participate more easily;

- Inviting youth and families to provide input on surveys to evaluate the satisfaction of program users;

- Conducting focus groups to gather the views of selected groups and marginalized populations, such as homeless youth and single parents, and partnering with programs to involve you who may be otherwise difficult to engage, such as those in juvenile justice programs or foster homes;

- Working in partnership with a youth advisory councils; and,

- Acknowledging the contribution made by youth and families who participate in the department's planning processes.

Soon after the budget's release, DHS staff attended youth and family advisory councils to promote these integration opportunities and inform them of available county services. The county produced a follow-up publication, *Voices of Success*, in September 2012 which features testimonials from youth and parents who became involved and how it changed their lives. It also highlights how the county partners with others to serve the community.

However, clients are not the only group that DHS is collaborating with to enhance outcomes. "[The county is] an umbrella to all of the services, so it is easier to integrate that way," Hannah said. However, "the programs we have would not have been possible if it had not been for folks in other [county] offices who have shared the variety of programs." An example of this inter-agency collaboration is with the Office of Community Services. They approached Hannah about two years ago to partner on a grant to reduce homelessness in youth previously in foster care. After finding a community partner in Action Housing, they jointly drafted the proposal and were

awarded the grant. "Now, when a kid comes out of foster care and is homeless, we can refer them to Action Housing," Hannah described. "They can have their own apartment and the youth pays only 30% of the rent. Our population of homeless has dropped because of this program." Additionally, this success spurred other collaboration opportunities. Working closely with a community partner, Hannah's office created a "one-stop shop" for foster youth who need job readiness and other life skills training. The community partner approached the office with an opportunity to access state money to support a workplace program for foster youth, and offered space in their building for the location. Hannah supplied the staff and expertise to assist youth in skill building. "A lot of it is cooperating with people, collaborating with people, and letting them know what the issues are for our kids," Hannah said. "People have been extraordinary in coming up with ideas." And leadership has been supportive of those new ideas. Hannah said the department's leader is "one of those people you can go up to and say, 'Can we try this?' " Staff members are encouraged to suggest and try new things and are not afraid of failure.

One final item of note that was unique amongst our case studies was Allegheny County's willingness and ability to raise funds outside of their government budget. They host two fundraisers annually that benefit the Department of Human Services: Candidates' Comedy Night and the Allegheny Music Festival. The first spotlights the talents of candidates running for political office, and the second draws high-profile musicians and bands who want to support youth programs. These provide funds for youth programs that would not otherwise be available.

King County, Washington

King County is the most populous county in Washington with more than 1.9 million residents, and includes the state's largest city, Seattle. About two-thirds of the county's population lives in the suburbs of Seattle.[xxxv] Its reputation as a successful government service

provider is based largely on a commitment to collaborate and innovate across the continuum of youth service providers – government, schools, non-profits, faith groups and other partners.

King County has taken a collaborative approach for decades, including partnerships between the county, school districts and community organizations, and working collectively to accomplish policy and funding goals. Jennifer Hill, Youth Programs Manager at King County, described their approach: "We just really believe in collaboration and partnership, and bringing together as many resources possible to help students." King County seeks organizations and people who provide high-quality outcomes and have the right mix of really caring about youth, but also being able to motivate and engage them to reach desired outcomes. "We try to look at our youth as strengths and be youth-friendly as possible," Hill said. "We try to motivate kids and help them be successful." The county's Youth Programs Team engages with and serves about 1,000 young people annually through school districts and with the support of community partners. Each young person has a case manager and social worker who help with a range of needs, such as chemical addiction counseling or finding housing. Each social worker has a case load of 35 to 40 youth and works with each, on average, for one to two years.

Those case managers and social workers partner closely with organizations in the King County Youth and Family Services Association (YFSA), a network of organizations that cover a full range of preventive and intervention services for youth and families. For more than 40 years, it has partnered with the county's urban and rural communities so services are tailored to the community. The association is also careful not to duplicate services already provided in that area. YFSA's expertise lies in highly-trained, well-connected staff members who utilize linkages and referrals across the county to provide more effective intervention for at-risk youth. Stephanie Moyes, King County's Program Director of Youth Services, said, "[The organizations] all rely

on each other. We've been together since 1972, and there is a long history." Their county has a diverse range of youth needs based on the area they're living in and each organization within YFSA seeks to fill gaps in service as needed.

They also use their collective clout to lend credibility to projects that will impact the youth under their care. For example, the network successfully lobbied the county for a new juvenile justice center, which is an alternative for youth who are arrested to be housed until they attend court instead of jail with adult inmates. "We team together and support new ideas, and typically we unite on issues such as new funding for the Juvenile Justice Center," Moyes said.

YFSA works closely with all 14 school districts in the county by placing counselors in each district who facilitate communication and service delivery between the schools, YMCAs, after-school programs and other YFSA partner organizations. They have specific hiring practices for the counselor positions. Most are bi-lingual and are well-educated, having bachelors and master degrees. Moyes looks for staff members that are culturally competent, and have an ability to see differing views when interacting with all kinds of youth. "They are definitely calling each other if they have an issue or need to refer youth to a program," according to Moyes. "It's like a large family and they get along really, really well. They all have youth at heart and want the best for that youth." There is also a commitment among YFSA network partners to collaborate with and rely on each other, Moyes said.

Much of King County's intervention work focuses on middle schools, especially 12 and 13 year olds and their parents. They contract with community-based agencies to provide programs and services that seek to help young people develop healthier lives and futures. Middle school is considered a key time for this type of programming, so the county utilizes the previous year's data to determine enrollment and adjust funding for services as needed, according to

Moyes. The county sends a mailing to an identified group of families and parents of students enrolled in middle schools for which access to these services will be important for the youth.

YFSA frequently assesses program fidelity and affirms that the right agencies are helping the right youth. They also seek out new organizations to join the network. One such partner is YouthSource, which provides juvenile justice prevention and intervention resources including outreach, counseling and case management. YouthSource staff members are on the front-line, partnering with school counselors and other staff by working with students who have dropped out of school or who are still in school but need help staying there. Twenty social workers are on staff at YouthSource and each support about 35 to 40 students at one time. Each student is handled on a case-by-case basis and by the same social worker throughout their tenure with YouthSource. The goal is to keep the student in school, help them earn their GED and/or obtain and maintain employment.

YouthSource works closely with other YFSA organizations to provide services and skills young people need to accomplish those goals. A wide variety of services are provided through partnerships, including transportation assistance, clothes or other goods, funding for community college courses or books, access to therapists and education counselors, cash assistance and housing. They also rely on partnerships to help youth find internships and employment. Collaboration with King County Parks and Workforce Development helps students gain employment after completing secondary education, and other non-profit partners provide six- or eight-week paid internships that give students training and exposure to a field of interest to them. "We try to assist them in what they want and show them ways to reach their goals," said Alma Aguilar, a YouthSource administrator. "We believe in giving young people a lot of freedom to make the right choices. We help them eliminate their obstacles the best way they can. Our social

workers help them with their life skills and their education needs because we don't want them to fail," Aguilar said. YouthSource also does some basic things to ease the process for the students, such as keeping paperwork to a minimum and obtaining contact information for a stable person in the teen's life at their first interview, in case they lose track of the highly-mobile youth.

YFSA is complemented by other efforts that focus on the same goal. King County Youth Development Network (KCYDN) seeks to build a supportive and collaborative youth development community so that "*all* young people in King County have access to high quality services and programs and caring and supportive adults."[xxxvi] Kyla Lackie, KCYDN's Youth Development Manager, says the network's primary goal is "to get our coalition to build partnerships and support the healthy development of kids and families." The network was started in 2009 by SOAR, a coalition that promotes healthy development of children, youth and families, after they recognized a gap in connecting advocates with the many resources offered in the community. The innovative network has the primary purpose of being a communication vehicle to fill that gap – via a website, weekly email updates and monthly networking events. "We knew there were a lot of youth programs and youth leaders but not a lot of resources to connect everyone," Lackie described. By creating KCYDN, "all the new youth leaders could hear about trainings and events, and have a memory in the community of what is going on and a network for folks to consistently hear about what is going on."

More than 1,300 people visit the website each month to view the centralized resources and information, and weekly updates are sent to more than 850 King County youth leaders and advocates. It offers a wide range of information for youth – curriculums for advocates, youth development activities, job postings, scholarship opportunities and more. Organizations across

the county post information on the site. This allows the network to provide a wide-ranging, comprehensive picture of what's available for young people in King County.

The website is the primary link to share the what, when, and where of all things supporting youth in King County. "Websites are really about creating something meaningful and relevant," said Lackie. "You can build the fanciest web site out there but that is not a substitute to personal relationships. We are moving towards a program database where people can go to an online directory to access the contact they wish to make directly." KCYDN also hosts monthly networking events for youth and program staff focusing on a variety of topics. The time, place, and day of these are rotated so different people can attend. Finally, the network comes full circle on its mission by engaging youth as website interns, allowing them to spread the word about the network to their friends while learning valuable skills.

In another example of innovation, Metropolitan King County Councilmember Kathy Lambert convened a Youth Advisory Council Board to discuss new ways to engage youth in the community. It was made up of six middle and high school students, and they met regularly at a local library. They discussed issues such as safety, homelessness, substance abuse and education. The students brainstormed strategies to achieve the county's efforts of effectively serving the needs of young people. "I am extremely interested in the issues that young people face today, and in how to get youth involved in the public policy decisions that will affect them and their friends and families for many years to come," Lambert said.[xxxvii] One example of the ideas developed by this group is the Advocacy for Youth and Youth Workers Team, who visited state elected officials to learn about the legislative process and emphasize the importance of funding for youth development initiatives in King County.

The threads of collaboration, innovation and communication come together with the annual "Putting the Pieces Together" conference, which educates and connects youth-serving professionals in King County. In addition to a robust array of learning opportunities for advocates, it also convenes a Youth Engagement Practitioners Cadre which represents 120 area organizations and has the goal of cultivating professional development amongst youth advocates and promoting connections amongst youth organizations and networks. The cadre helps to focus efforts and funding on successful strategies and programs; coordinate serves and activities to identify and work to fill gaps; combine actions that are county-wide with a local focus; assess progress toward common goals; and provide ways for everyone concerned with youth and families to participate.[xxxviii]

A policy framework called Youth Action Agenda came out of the 2012 cadre and was designed by members representing schools, government agencies, grant makers, employers and community-based organizations. The purpose of the agenda is "to provide a welcoming, safe, and empowering community where various systems, organizations, and providers work in concert to ensure all children and youth succeed in school and in life."[xxxix] The agenda addresses the engagement, motivation and retention of youth participants in organizations. Key indicators include youth workers identifying youth and family strengths; building positive alliance with participants; showing interest in hearing about participants' experiences; showing respect to participants; helping families feel in control during the intervention process; and cultural competence.

King County has focused on the shared goal of successfully delivering services to youth to break down barriers between like-minded organizations. This has fostered open

communication, successful collaboration, shared knowledge and new opportunities amongst advocates – all of which leads to better outcomes for youth.

Manitoba, Canada

Manitoba is a geographically large province in Canada with a striking contrast between urban Winnipeg, where 60% of the province's residents live, and sprawling, sparsely-populated prairies. It's home to about 1.2 million people – almost the same as Hennepin County – and its largest city is Winnipeg, which is about twice the size of Minneapolis.[xl] Social services are coordinated for the entire province and not by each municipality, as it is in Minnesota.

Manitoba Children and Youth Services is the primary agency focusing on young people in the province. It does so through building a network of community partners and spreading information about services available to youth and their advocates. They work closely with young people, businesses, schools and non-profit organizations to coordinate programs and services. MB4Youth is the agency's website[9], which is at the heart of its operation. Visitors to the site can find information for youth in crisis with addiction, abuse, mental health, food, housing and clothing. More than 200 youth programs are profiled on MB4Youth, completed with direct links to and contact information for the organization so youth and advocates can get connected to the services they provide. Additionally, the agency provides a 24/7 intake system which specializes in youth crisis services. They can respond with a mobile crisis team, stabilization unit and home-based intervention services. This stabilizes the youth and family during and immediately after a crisis, and then connects them with ongoing support and services they need in the community.

A key organization that works with homeless and highly-mobile youth in Winnipeg is Resource Assistance for Youth (RAY), a non-profit, street-level organization with the mission of

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[9] http://www.gov.mb.ca/cyo/youth/index.html

providing youth with "what they need, on their terms, to better their lives."[xli] RAY's services include support for basic needs, health and wellness, housing, street outreach, prevention and addiction support. They also provide counselors and operate a drop-in facility for homeless youth. All services guide youth toward the resources they need to be safe and healthy. Staff members focus on being non-judgmental, non-partisan and approaching all interactions as voluntary and unconditional. They seek to connect with each youth as an individual and to tailor services to that particular young person at that particular time.

RAY also seeks to educate the broader community about the realities of youth poverty and homelessness, and do so by coordinating the Youth Speakers Bureau. Speakers are current or former homeless youth who share their experiences living on the street. Additionally, RAY produces "Life on the Streets," an educational workshop for middle school and high school students throughout Manitoba. This provides the public with a greater understanding of the challenges faced by homeless youth. RAY youth volunteers also serve as peer mentors to other young people who arrive at the drop-in center, and they advise staff on program and service improvements.

Similarly, MacDonald Youth Services (MYS) is operates out of Winnipeg and works to humanize young people in crisis. MYS created "Stories of Hope," a series of audio recorded autobiographies of young people who have persevered through crisis. Youth share their stories with others facing similar circumstances with the predominant theme that they never give up. The stories are accessible online or in-person. MYS' mission is "to foster hope and opportunities to empower children, youth and families throughout Manitoba to grow and heal through safe, caring, respectful and collaborative relationships."[xlii] Their primary focus is providing safe housing for youth in crisis. They collaborate with MB4Youth on Youth Crisis Stabilization

services and administer the Services to Older Adolescents program which offers counseling, advocacy and short-term shelter to long-term shelter transitions.

MYS focuses on staff as the primary way to preserve its mission. They seek staff and volunteers who understand and empathize with young people in crisis, and believe in the capacity of youth to take charge of their lives. Program managers are evaluated for their ability to promote, develop and sustain a strength-based approach[10] to youth services. They are responsible for creating an environment that promotes openness and acceptance of youth. Due to the large Aboriginal population in Manitoba, they also seek staff with Aboriginal language skills and cultural competency training.

Toronto, Ontario, Canada

Toronto is the largest city in Canada and the provincial capital of Ontario. It is home to 2.7 million people, which is about twice the population of Hennepin County. The city delivers assistance programs that are funded and designed by the Province of Ontario in the same way that Hennepin County administers programs for the state of Minnesota.[xliii]

In 2005, the United Way of Toronto developed a noteworthy report that investigated best practices within the city's network of youth-serving agencies.[xliv] "Practices for Youth Development" reflects the work of youth programs across the city in employment/training, new immigrant outreach, violence prevention, social recreation, engagement, mentoring and outreach. The findings emphasized the importance of a holistic, community-wide approach to youth support and having the whole community of organizations set goals, evaluate strategies and measure outcomes together. It noted that a key ingredient to success was sharing best practices

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[10] The strength-based approach has come out of social work in the past decade. It focuses on collaborating with families and children to discover their strengths, and the belief that all children and families have unique talents, skills and life events. http://humanservices.ucdavis.edu/academy/pdf/strength_based.pdf

across the organizations and continuing dialogue youth and youth advocates when formulating new strategies. The report focuses on three broad themes:

- *Caring, supportive adults:* The focus of this theme is about emphasizing the assets and strengths of young people in the language used, the approach taken and the opportunities presented to youth. Adult advocates should actively involve youth in service improvement and implementation of new programs, as well as outreach. Adults should provide a sense of connection and encouragement by inviting young people to reach out to their friends about the services. They provide a sense of enthusiasm in delivering a network of support and services for young adults. As a result of this approach, a young person arriving at the program site will feel the positive energy of a dedicated and positive staff that listens to youth and understands their needs and aspirations. This welcoming environment establishes the foundation for a successful relationship that guide youth in developing a road map for their activities in obtaining county services and continuing their eligibility in the future.

- *Mobilize broad community support and resources:* The focus of this theme is bringing all resources in the community to bear when supporting youth. Adult advocates should meet with youth in community organizations – such as schools, transitional housing, youth organizations, neighborhood houses and food shelves. Ideas and innovations should be shared between organizations through site visits, and providers should build meaningful relationships that will ultimately benefit the young people they serve. Advocates should also approach school-based programs as a holistic, multi-dimensional opportunity to reach students,

educators, school staff and parents. They should be aware of resources in the districts such as drop-in centers, homework centers, daycare providers, language interpreters, peer support, home visitors, recreational activities and social opportunities. And they should rely on schools, libraries, and youth organization partners to promote their mission. Finally, youth-serving organizations should create strategic plans and evaluation methods that assess their services, supports and partnerships to ensure their community is comprehensive and holistic. This work will also bring greater context to the important roles and initiatives the individual organization contributes to this broader community.

- *Generate a learning culture:* The focus of this theme is affirming that youth advocates are constantly learning and sharing best practices with each other, in order to provide the best services to the young people they work with. Goals should be established and time provided for staff to focus on improving performance, measuring, monitoring, and evaluating their performance. This requires organizational managers to invest in staff members by creating time where learning can occur and developing the capacity and resources for proper evaluation to be implemented. This also requires managers and staff to develop goals for individual youth workers, as well as adhere to practices that support the diversity of youth culture and the heterogeneous population they represent. Youth workers should be culturally competent and understand barriers that impact young people's assimilation into society. Advocates should reach out to cultural and ethnic groups to share resources and programs that can support youth transition into adulthood.

One program in Toronto using the framework laid out by the report is Settlement Workers in the Schools (SWIS). SWIS focuses on immigrant youth who are new to Toronto and attempts to orient them to school, community resources and other services. It has 48 workers who operate in 74 schools around the city. Through referrals and other information, SWIS reaches out to and has a nearly perfect success rate of contacting all new immigrant students and families. In collaboration with the school district, they designed a welcome process to meet individually with students, and created a youth resource room in each school with flyers, brochures, books and healthy snacks. Immigrant youth and their families are also invited to workshops and events focused on specific issues, such as homework assistance, using the public library, and youth employment training and resume building.[xlv]

Another framework is used by some Toronto-area youth organizations is based on a 2002 report by Youth Development Strategies and Institute for Research and Reform in Education, which promotes a developmental-assets approach.[11] The report focused on eight asset types that were effective in supporting youth development. [xlvi] Those are:

- *Support* by family, other supportive adults, and neighborhood and school communities;

- *Empowerment* through feeling valued, safe and resourceful;

- *Boundaries and expectations* from family, schools, neighborhoods, adult role models and positive peer influence;

- *Constructive use of time* including creative activities and youth programs outside of school.

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[11] This approach utilizes a research-based list of indicators and building blocks that enable youth to grow into healthy, productive adults.

- *Commitment to learning*, which includes a belief in their own abilities through achievement motivation and school engagement;

- *Positive values*, such as caring, equality and social justice, integrity, honesty, responsibility and restraint;

- *Social competencies*, including planning and decision making, interpersonal communication, cultural competence and peaceful conflict resolution skills; and

- *Positive identity*, which focuses on youth believing in their own self-worth and feeling that they have control over the things happening to them.

A program in Toronto that employs this methodology is Positive Spaces, a welcoming environment for LGBT youth who need support and advocacy navigating the education, legal, and health care systems. The organization is committed to "creating spaces which are holistic and inclusive of our diverse identities and experiences."[xlvii] They provide programs and services specifically designed for LGBT youth, such as support groups, peer-led projects, and mental health services. They also offer training for other organizations and individuals to support LGBT youth. One way Positive Spaces has helped train others is by telling the stories of the youth they serve through the Untold Stories project. It consists of 25 interviews with youth who identify as LGBT and documents their experiences of marginalization, and helps provide a basis of discussion among community members to help create a more inclusive place for all youth. One specific byproduct of the Untold Stories project is "Just the Basics: Tips for Supporting your LGBT Client," a tool of other advocates to create an environment that is welcoming, affirming and supportive for LGBT youth.[xlviii]

Interview Findings

Our project team conducted more than 30 qualitative interviews during October and November 2012. The list of interview subjects and base questions that were asked of each of them are included in Appendices B and C. Our interview questions sought to identify best practices for working with homeless, pregnant and/or parenting youth that could be applicable and scalable to Hennepin County's Youth Eligibility Team. Interview subjects were members of agencies and organizations working with these populations in and around Hennepin County, King County and Allegheny County.

Through analysis of the interview transcripts, we identified a series of recommended approaches for working with homeless, pregnant and parenting youth.

- Bring services to youth; don't make them seek out services

- Building relationships is key to keeping youth engaged and eligible for services

- Front-line staff must be trained to successfully work with this population

- Provide youth with assistance to navigate the bureaucracy

- Use varied and frequent communication

Wherever possible we have provided specific examples provided in interviews, but in some cases, interviewees provided more philosophical and conversational information.

Bring services to youth; don't make them seek out services.

Our interviews revealed that the most common way that youths hear about available services is through word of mouth or engaging an advocate at a shelter or other non-profit

organization; however, that doesn't provide access to everyone. To truly reach the youth who need their services, most service providers indicated they go to where the youth are and don't wait young people to come to them.

Homeless, pregnant and/or parenting youth are in tenuous and often crisis situations where they're seeking food, shelter and other basic needs. Determining when, how and where to obtain services is low on their priority list unless they're in a crisis – and even then it can be overwhelming to determine hours of operations, transportation to the location where they're offered, and other details. Offering services in the places where youth frequent allows providers to be convenient to teens already overwhelmed by their situation. Our interviewees identified multiple ways to accomplish this goal, including by co-locating services with other organizations that already work with youth; providing services during the hours that youth are most active; and providing them in the languages that youth speak.

Embedded services were the most prominent way local and national service providers accomplished this goal. This occurred when service providers had a staff member available at locations such as homeless shelters, schools and strategic community organizations. The Youth Eligibility Team currently has embedded services at two Minneapolis community locations: Broadway High School, a public high school for pregnant and parenting girls; and Youthlink, a non-profit that provides services to homeless and highly-mobile youth. Both programs were identified by multiple interviewees as examples of programs Hennepin County should continue.

The county's co-located services with Youthlink occur at the weekly Youth Opportunity Center. Representatives of a variety of service providers attend, which allows homeless youth to know that they can count on being able to speak to someone from key government and non-profit

groups at the same time and place each week. King County advocates spoke of a similar practice, where regular events rotate between locations youth frequent and feature representatives from government services, non-profits, faith groups and schools. Multiple programs locally and nationally co-locate their services at homeless shelters, high schools and on the street in areas where highly-mobile youth commonly stay. A secondary benefit is that making services available where youth congregate increases awareness of services among the populations served. Additionally, some providers spoke of being highly flexible in where they'd meet with teens, including homes of other family members, schools, restaurants and other public locations.

Availability during the hours when youth are most active – for example 10 a.m. to 7 p.m. weekdays and on the weekends – is another recommended way to meet youth where they're at. Many at-risk youth attend school during the day and lack a personal car, according to Rocki Simoes, Program Manager of the GLBT Host Home Program at Avenues for Homeless Youth. Inconveniences like these act as barriers – particularly among the segment of youth that may lack long-term thinking and planning skills. Being open later in the evenings and/or on weekends removes some of those barriers.

Finally providing services in the language that teens speak is necessary to effectively reaching them. According to Hennepin County's Office of Multicultural Services, the county is home to 70 percent of the immigrants in Minnesota, and more than 150 languages are spoken in the Minneapolis Public Schools. Spanish is the second most commonly spoken language in Minnesota, and Hennepin County is home to large Somali, Hmong and Oromo communities. [xlix] Youth should be able to access services in those and other languages as often as possible.

Building relationships is key to keeping youth engaged and eligible for services.

Building relationships with homeless and pregnant/parenting youth as a mechanism to keep the engaged and get the most they can from the services provided was almost universal amongst the people we spoke with. There are multiple components necessary to build these relationships, and separately we'll highlight the importance of staff and communication to that goal.

Service providers working directly with youth must be welcoming, patient, non-judgmental, open-minded, flexible and forgiving. They must respect what the young person is going through and his/her priorities – which can quite different from an adult who is not in crisis. An example provided by Jennifer Geris, an advocate with Saint Anne's Place, came from working with a young woman who was dealing with multiple crises. Despite that, the woman's main priority was providing her young daughter with a nice birthday. Geris explained that while she, as an outsider, could see multiple things that should be a larger priority for this young woman, she needed to respect the woman's priorities to help her through all of the crises. Youth must feel respected and validated – even more so than others of the same age who are not in crisis. Many homeless, pregnant and/or parenting youth have experiences that lead them to mistrust government, adults and people in power. Many of these young people have related experiences with school truancy or juvenile justice officers. These are not always positive and can affect how youth view adults and government agencies. Specifically, they may tend to view efforts to assist them as intrusive and judgmental.

That is also why it's critical for service providers to be consistent, transparent and set expectations. This youth population needs services to remain at consistent locations, with

consistent people and at consistent times. "These teens' lives are so chaotic, they're in turmoil. They don't need [the locations and people for services] changing too," said Laura Knutson, District Coordinator of the Minneapolis Public Schools' Teenage Pregnancy and Parenting Program. Some interviewees pointed to single-point-of-service models as successful for this reason; however there are several models, such as individually-assigned caseloads that accomplish the same goal of having consistent service delivery. By having each young person assigned to a single worker, they can expect to work with the same person over and over again. The staff member can also understand the youth's situation and consider options for him/her to stay eligible for programs. This personalized approach also sets the stage for a relationship to build between the youth and service provider.

Trust will be built as staff responds to the youth's immediate needs. "It's important to understand that youth seek help only at times of crisis… they often lack the ability to think or plan long-term. … But they do value relationships. Cultivating a relationship of trust can lead to a situation where the young person is willing to seek out those who have proven themselves to be reliable. Long term thinking only develops when a young person feels trust and experiences safety," according to Simoes. As we've noted, many of these young people have little reason to trust advocates and government representatives, and they often lack social skills and problem-solving abilities.

A critical component to developing trust is transparency and clear expectations. Delays or processes that might seem normal could be seen by these youth as disappointment - another adult letting them down. Service providers must set expectations about timing, next steps, communication and other aspects of the process so these young people anticipate barriers and don't equate it with lack of trust. Equally important is following through on commitments to

these youth. Service providers must do what they said they'd do; otherwise, trust will be lost. As relationships are built, youth will turn to service providers before they're in crisis – which is when providers can truly be successful in helping the youth get out of their situation.

Another important piece to effectively building this relationship is to treat these youth as the teenagers and young adults that they are, and not as adults. They simply do not have the cognitive ability to make decisions in the same way as adults – their brains are not as developed. They are still kids themselves, and their needs and ability to make decisions are different from adults. To be effective, staff should not ask them to reason in the same way adults would. Similarly, it's critical that youth buy into the solutions staff is proposing by making their own choices. Service providers can recommend a direction to youth, but it's important that they make their own choices. "It takes a special kind of personality to work well with this community – someone that can help teach as well as direct without coming across as an authority figure," according to Simoes. "Someone that is good at modeling in ways a young person will want to emulate." Finally, youth often need ongoing and repetitive communication in order to follow through on responsibilities. This should be part of any services with this population.

Our interviews uncovered additional ways that programs keep youth engaged. However, these do not seem as applicable to Hennepin County's Youth Eligibility Team.

- In cases where one or more parents are still involved in the youth's life, engaging the entire family can also be successful. Several advocates referenced programs where they meet with the youth and his/her family on a monthly basis. However, the cases where parents are involved with Youth Eligibility Team clients seem to be infrequent.

- Other best practices used by programs include offering incentives for youth to stay involved, such as goods (e.g. diapers, formula for parenting youth), bus passes, gift cards and other financial rewards. We believe most of these would be cost-prohibitive and/or violate regulation around financial eligibility programs; thus, they're not very applicable to Hennepin County.

As Knutson said, "it's all about the relationship to getting them engaged and keeping them engaged." And to effectively build those relationships, staff must be properly trained.

Front-line staff must be trained to successfully work with this population.

Due to the importance of building relationships in successfully delivering services to at-risk youth, its critical front-line staff is trained to work effectively with them. "As with any big system, youth experience with services is all about the person they receive it from," according to Kelly Brazil, a social worker with the GLBT Host Home Project at Avenues for Homeless Youth. "Front line workers make the difference. Kids are very easily turned off." Training noted by advocates as being useful in their work with this population included cultural competency training; information about adolescent development; training on social work techniques; and communication.

Additionally, creating a youth-friendly environment is important to set the stage for a successful relationship with teens and young adults. This is as much about the surroundings as it is the personnel in the office. Staff assisting the youth should be welcoming and work to keep them engaged in the service. They should be motivated with a passion to assist youth, and need to be people that make the young adults feel like they could come back and see that person again

the next time they need help. Ideally, staff should also reflect the teens themselves in terms of gender, race, ethnicity and sexual orientation. Simoes even suggests having staff who have been homeless themselves at some point.

Finally, give staff an outlet for the things they learn. Representatives from Allegheny and King Counties noted encouraging creativity from their front-line staff. They should be engaged in finding solutions, and leaders should empower them to bring new ideas for consideration.

Provide youth with assistance to navigate the bureaucracy.

Youth need help navigating the bureaucracy required to apply for and maintain assistance programs. "If it's not easily accessible, it's just too much and (teens) won't engage," Knutson said. Government services are often not well understand – many programs with complex paperwork at a variety of locations with lots of rules and different timelines. It's confusing and youth get overwhelmed, and just choose not to deal with it.

Helping young people understand the system is crucial to keeping them engaged long enough to benefit from the services offered by the system. Advocates help youth overcome eligibility challenges that are often inherent in their situation – for example, obtaining documentation of residence. Many of these young people are staying with friends, moving from place to place, in shelters or sleeping on the streets. They need someone who can work with them to figure out options to meet this eligibility requirement – such as the fact that if they're going to school and riding a school bus regularly, that can be accepted as verification even without a stable residence.

Some programs use case managers and other advocates to provide this guidance. Henry Jimenez, Transitions Coach and Case Manager at Youthlink's Nicollet Square location, said case managers help them fill out forms, understand the process, and be aware of timelines and requirements. Host Homes case manager Kelly Brazil said one of her goals is to help youth navigate the system in applying for benefits. A larger goal is to help youth develop problem solving skills. It is difficult to keep up with complex and changing program eligibility requirements, according to Brazil. To be successful, youth need to learn to adapt to changing requirements, to ask the right questions, and to develop their own goals. Other ways to making the system easier for youth to navigate are youth-friendly facilities and materials. This includes streamlined forms that are easier for youth to complete and new options for gender identification on forms.

Use varied and frequent communication.

The final consistent theme amongst our interviewees was the need to consider alternate and varied methods of communication with youth – and to use them for frequent reminders and status check-ins. Youth generally don't read mail or written communication, and homeless youth often don't have an address or home phone. Many advocates and service providers referenced using a variety of communication methods, especially email, phone calls and text messages. Others would duplicate their efforts with mail or even personal drop-bys to try to get youth to respond. "Texting is a must have," Geris said. "It's the number one way [youth] communicate." Numerous others echo that sentiment. "Even if they're out of [paid phone] minutes," Knutson said, "they'll text." One challenge is that many youth, especially homeless and highly-mobile

ones, may use a phone for a few weeks and then it gets shut off or they give it to someone else. That is another reason that multiple communication methods are important.

In addition to texting, web and social media communication were referenced by our interviewees as important ways to connect with youth. Surprisingly, a study determined that more than 96% of homeless youth in Los Angeles frequently accessed the internet.[l] Similarly, another study that compared social media use of undergraduates with homeless young adults found that about 75% of homeless youth utilized social media.[li] Social networks are generally used by homeless and highly-mobile youth for sending private messages to friends, posting blogs and notes and building romantic relationships. Interestingly, most local advocates are not using social media to stay in contact with young people. Several voiced the concern about crossing a person boundary with their youth clients, while others voiced concern about data privacy issues. However, service providers in Allegheny and King Counties noted using Facebook regularly.

Recommendations and Rationale

With our large variety of information sources, we looked at how they fit together. Our evaluation criteria included what best practices were scalable for Hennepin County over a short- or long-term period. Short-term recommendations were considered things within the control of the Youth Eligibility Team, requiring little to no additional resource and implementable within one year.

Our recommendations are grouped into four categories: Relationships, Structure, Staff and Communication. The latter three contribute to the first, which is also the most vital to accomplishing the Youth Eligibility Team's goals: relationships. We've outlined

recommendations within each category, identified what the goal is of the recommendation, and whether it is short- or long-term goal.

Relationships

Relationships are the key component to success for the Youth Eligibility Team, and they need to be developed with their youth clients as well as other organizations in Hennepin County that serve the same population. We'll look first at relationships with clients.

The next three areas of recommendations will contribute directly to building relationships by creating an environment which fosters relationships between the human services representatives (HSRs) on the Youth Eligibility Team and their youth clients. However, by including this as the first category, we are highlighting the importance of relationships in the effectiveness of delivering services to these youth populations. Without trust, HSRs will struggle to do much more than meet the immediate crisis needs of youth. When this occurs, they can sometimes successfully address a symptom of the youth's situation, but they cannot impact the broader goal of getting that youth to a stable place in life where they can get off assistance. Trust does not come without a relationship between people – and that is built through care, honesty, patience and consistency.

The recommendations in this section are focused on the goal of building a relationship between HSRs and their youth clients as the most effective way to maintain youth eligibility and, ultimately, help them leave the assistance program successfully.

1. **HSRs must be welcoming, patient, non-judgmental, open-minded, flexible and forgiving with their youth clients.** These young people are in crisis at a time when their brains are not even fully developed. They often lack problem-solving and coping skills

and thus struggle even more than adults in similar life circumstances. HSRs must treat clients as the teenagers and young adults they are, and not expect the same level of responsibility that they would from adult clients. This requires an attitude of "I'm here to help without judgment" and an ability to respect what the youth are going through and what their priorities are – which can quite different from what an adult who is not in crisis may think their priorities should be. Finally, it requires reminders and hand-holding through the process – which requires extra time for HSRs. We'll delve into that further in the Communication recommendations.

2. **HSRs must follow through, be transparent and set expectations for youth clients.** Homeless, pregnant and parenting youth are generally not trusting of authority – they've been let down, kicked out and disappointed by adults in their lives. Thus, part of the HSRs challenge in developing relationships with them is to overcome that pre-disposed lack of trust. Follow through on commitments to the client. Be transparent about the steps that must be followed or the status of a process. And set expectations for youth clients – for example, prepare them for delays in the process, information they'll need when they enroll, how you'll contact them in the future, and so on. By setting expectations about normal processes, normal delays won't be perceived as the HSR letting the client down. HSRs can receive training on how to overcome some of these misperceptions by youth, which we'll touch on in the Staff recommendations.

3. **The Youth Eligibility Team should connect clients with advocates who can help them navigate the system.** Not every young person is going to want a case worker or advocate in his or her life, but when they have one, it's easier for them to overcome eligibility challenges and maintain benefits. The Team should establish relationships with

local non-profits so they can connect youth clients to advocates when it will benefit the young person. HSRs can then also work collaboratively with the advocates to benefit the youth. In the long run, this could also benefit the Youth Eligibility Team in reducing its workload. Due to the lengthy training period required by advocates to understand the nuances of the eligibility programs, the benefit isn't realized immediately. However, once an advocate is experienced and understands the details, it can benefit all involved.

4. **As a long term goal, consider involving youth in service delivery evaluation and planning.** No one can evaluate the delivery of services better than those who receive them, nor can anyone walk in shoes better than their own. We recommend that over time the team utilizes the knowledge amongst their own clients to improve approaches and programs. Tactics to consider should include a youth advisory council, roundtable discussions with current and former clients, and/or surveys of former clients to gain their insights.

As we've noted, it's important to develop relationships with key local partners along with clients. We spoke with an array of local organizations and advocates who all provide insights on

1. **Develop strategic partnerships with key people and organizations in Hennepin County.** Based on our interviews, we believe these should include Dan Pfarr, Executive Director of The Bridge for Youth, who is developing software to track at-risk youth across multiple touch points; Elizabeth (Zib) Hinz, Liaison for Homeless and Highly-Mobile Students at Minneapolis Public School District; Karrie Schaaf, Liaison for Homeless and Highly-Mobile Students at Anoka-Hennepin Public School District; Rocki Simoes, Program Manager of the GLBT Host Home Program at Avenues for Homeless

Youth; and Jody Wurl, Senior Librarian of Information & Online Services at Hennepin County Library.

2. **Open communication channels with counterparts in King County and Allegheny County.** Our experience was that those communities are excited to share their insights, and they're several years ahead of Hennepin County in achieving collaboration across government, schools and youth-serving organizations. Semi-regular information sharing would allow the Youth Eligibility Team to seek feedback on initiatives, hear about new ways of doing things and learn about best practices to implement in Hennepin County.

3. **Seek partnerships with professionals who work in settings where youth frequent** – such as library or clinic staff members who can help recommend young people to access the Youth Eligibility Team's services. These professionals are often in a position to develop a relationship or pass on valuable information to youth in a situation that HSRs never could. Building relationships with them will help increase access to and awareness of Hennepin County's assistance programs for this population.

4. **Reward staff for identifying new partnership opportunities.** Staff members are often a team's biggest asset, and they can help identify organizations and key leaders in the youth-serving community to develop new partnerships with in order to continue growing the team's network.

Structure

The caseload structure of the Youth Eligibility Team is not conducive to developing relationships between HSRs and youth clients, which we believe is necessary to accomplishing the goal of effectively providing services to homeless, pregnant and parenting youth.

Additionally, the team needs to be structured to allow for more embedded, or co-located, services in key locations around the county.

The recommendations in this section are focused on structuring the Youth Eligibility Team and workload of the HSRs in such a way that allows them to accomplish the goal of building relationships with their clients.

1. **Re-structure the workloads of HSRs to have individual caseloads**. This will allow the same HSRs to work with the same clients over and over, which will provide youth with consistency and stability as they receive assistance services. This is a fundamental component to developing relationships with clients.

2. **Increase the number and variety of embedded services throughout the county.** Delivering youth services where youth are is a best practice identified by nearly everyone we encountered on this project, and something that the Youth Eligibility Team is already doing in a few locations. We recommend enhancing and increasing the number of services delivered at existing locations that youth frequent. We suggest that the team consider schools, libraries, teen clinics, long-term youth shelters and other locations. Examples of specific locations include:

   a. *Schools*: I.S.D. 287 Alc North VISTA Center in Robbinsdale, a school for pregnant and parenting teens; and Compass Teen Pregnancy Program in Anoka-Hennepin District, which has several locations.

   b. *Libraries*: Consider locations throughout the Hennepin County Library System, including Central Library (Minneapolis), Brookdale Library (Brooklyn Center) and the Robbinsdale branch.

c. *Clinics*: Annex Teen Clinic in Robbinsdale, which already partners with the Hennepin County It's Your Future project; and West Suburban Teen Clinic in Excelsior.

d. *Long-term shelter housing*: The average youth stays at Avenues/Host Homes for 10-12 months, which would be sufficient time to build a relationship with an eligibility staff member that is on site regularly.

e. Finally, Hennepin County has embedded services of another department at Little Earth. Considering the high percentage of American Indian youth who are homeless, pregnant and/or parenting, we recommend the Youth Eligibility Team partner to provide services at Little Earth as well.

3. **Adjust hours to offer services later in the evening and on weekends**, which will better match the hours kept by youth and make services more accessible. It's recommended that services be available until 7 or 8 p.m. on weekdays and/or some weekends. These hours could also be held at embedded locations and not always at the team's main office.

4. **As a long term goal, create more "teen friendly" facilities** where youth feel welcome and comfortable. This is done through a combination of visuals, staff reaction to visitors, easy-to-understand materials and other techniques. Examples of local facilities that meet this definition are Youthlink's Nicollet Square and Aqui Para Ti (East Lake Clinic).

Staff

The most critical asset in the Youth Eligibility Team's effort to accomplish its goals is the human services representatives who serve on the front line and interact with youth clients all day. By all accounts, the staff members are dedicated, energetic and engaged – and they're willing to try new ways of doing things. The recommendations in this section are focused on providing the

HSRs with the tools and training they need to succeed in building relationships with their clients, which will, in turn, help the Team achieve its goals.

1. **Focus on 'soft skills,' including social work practices** to help develop relationships with youth who have trust and anger issues. This staff development should also include communication techniques,

2. **Train staff on cultural competence.** We also recommend cultural competence training including a particular focus on the LGBT community (due to their prominence in the homeless population) and the Somali and Hispanic communities (due to population growth in Hennepin County). This should include training related to working with teenagers and young adults, such as an awareness of adolescent development and what they can reasonably expect from clients. These trainings could be conducted by an outside group or through information sharing within the department.

3. **Adjust hiring practices and staff evaluations** to include assessments of whether staff members have the appropriate skills to work with youth. Tools exist in the community, including several that we've attached in Appendices D and E:

   a. King County DHS program assessment and improvement tool

   b. Center for Youth Program Quality assessment handbook

4. **Hire staff who are multi-lingual and whose demographics mirror youth clients** in race, ethnicity, gender and sexual orientation. The team could also meet some of the need by working closely with Hennepin County's Office of Multicultural Services who has staff and contractors fluent in 19 or more languages.

Communication

The final component to set the stage for successfully attracting, engaging and keeping youth clients eligible for assistance programs is communication. As we've noted, youth in these situations are highly-mobile, frequently in crisis and often just trying to fulfill their most basic needs. Thus, frequent and proactive communication is essential to keeping them engaged enough with an HSR to stay eligible and benefit from the services.

The recommendations in this section are focused on how, when and why HSRs need to communicate with youth clients to keep them engaged and eligible for assistance programs.

1. **Send reminders to youth about upcoming appointments, important paperwork that is due and/or eligibility deadlines.** These reminders should be sent through several methods for each communication – for example, to obtain a single month's pay stub for eligibility maintenance, HSRs could send a letter, make a phone call and send a text message. It's important to note that HSRs do not perform any type of reminders today, so this is additional workload for those staff members.

   To accomplish this, we recommend you begin with a pilot and measure the success rates based on each communication type. Consider the following stages for the pilot:

   a. Identify what data is needed to provide reminders to youth clients.

   b. Obtain a baseline with youth who get no reminders.

   c. Implement reminders by phone, email and/or mail – whatever method is easiest today. Add or remove communication methods to test after sufficient periods of time.

   d. Eventually include text reminders as one of the piloted communication methods.

2. **Improve hand offs between eligibility departments within Hennepin County, and between the county and outside groups.** Develop "warm hand offs" between departments to help relationships developed with HSRs in the Youth Eligibility Team to maintain with members of the adult eligibility team. HSRs should also prepare older youth for this transition and the different processes with the adult team.

3. **A long term goal is to make materials more youth friendly and accessible.** This would require working with Minnesota DHS to streamline forms, which are mandated and consistent across the state. We also recommend improving Hennepin County's website to make it easier to find the Youth Eligibility Team program information and overall easier to navigate. A few examples of sites that meet the mark are:

   a. Allegheny County: http://www.alleghenycounty.us/dhs/transitionagedyouth.aspx

   b. Seattle Department of Human Services http://www.seattle.gov/humanservices/

   c. Washington State Department of Social and Health Services
      http://www1.dshs.wa.gov/

   On all three sites, programs related to and materials for young adults are grouped together in a central location with easy-to-understand labels to help them know where to find the information they need.

4. **A second long term goal is to consider social media as a communication vehicle.** This is used very little by local advocates, but organization in some of our case studies had found success in communicating with youth via social networks.

There are other suggestions that do not fit into any of the above categories but we felt were noteworthy and should be considered.

- Do further research to identify effective approaches for niche audiences within this population, such as youth in foster care, juveniles on probation, and transgender youth.

- Implement regular assessments of program outcomes.

Conclusion

The main objective of this project was to provide a series of comprehensive recommendations to improve services for youth clients of Hennepin County Department of Human Services' Youth Eligibility Team. We have identified short- and long-term recommendations for the team to meet its goal of increased access for homeless, pregnant and/or parenting youth to assistance programs and improved maintenance of eligibility for those young people over time. We provided these after considering what is feasible and scalable for the team. We hope that these findings will have a positive impact on the team's clients, especially in helping them obtain self-sufficiency over time.

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Allegheny County Department of Human Services
myQuestmyFuture

Destination: Education

1. Allegheny County Education/Colleges
2. Pennsylvania Higher Education Assistance Agency
3. Federal Student Aid
4. Vocational and Technical Schools
5. Greater Pittsburgh Literacy Council

Destination: Employment

6. Employment and Training for Youth
7. CareerLink Pittsburgh
8. Job Corps Pittsburgh
9. Urban League of Greater Pittsburgh Employment and Training Programs
10. Office of Vocational Rehabilitation

Destination: Home

11. DHS Independent Living
12. Allegheny County Housing and Homelessness
13. Allegheny County Utility Assistance
14. Allegheny County Food Assistance
15. Urban League of Greater Pittsburgh Housing Programs

Destination: Life Skills

16. Social Security Administration
17. PA Driver and Vehicle Services
18. The Bridge of Pittsburgh

Destination: Money Savvy

19. YMCA Wealth Development
20. Mon Valley Initiative
21. My Money My Life

Follow the path to success

Happiness Road

Drive towards your dreams

Navigate to a successful future:
resources for your life.

myQuestmyFuture

Destination: Health & Health Insurance

22. Medical Assistance Transportation Program
23. Allegheny County Health Department
24. Planned Parenthood of Western PA
25. CONTACT Pittsburgh
26. Allegheny County Health Department Dental Program
27. Pennsylvania Medicaid
28. Pennsylvania adultBasic

Destination: My Healthy Kids

29. Allegheny County Early Childhood Education Programs
30. Alliance for Infants and Toddlers
31. Healthy Start, Inc. Pittsburgh
32. Allegheny County Health Department Women, Infants and Children (WIC) Program
33. Pennsylvania Child Health Insurance Program (CHIP)

Destination: Legal Rights

34. Allegheny County Bar Association Lawyer Referral Service
35. Court Appointed Special Advocates of Greater Pittsburgh
36. Neighborhood Legal Service Association
37. Juvenile Law Center and KidsVoice Guide for Youth in Substitute Care

Destination: Get Involved

38. Allegheny County Volunteering
39. AmeriCorps KEYS
40. United Way
41. Allegheny County Voter Registration

Destination: Fun

42. YouthPlaces
43. Boys and Girls Club of Western Pennsylvania
44. YMCA of Greater Pittsburgh

≫ EDUCATION:

1. Allegheny County Education/ Colleges
www.alleghenycoun-ty.us/education.aspx

2. Pennsylvania Higher Education Assistance Agency
www.aessuccess.org
800.233.0557
student financial aid options

3. Federal Student Aid
www.fafsa.ed.gov
800.433.3243
application for federally funded student aid; must be a high school graduate, must also have personal income tax and financial informa-tion available to fill out forms

4. Vocational and Technical Schools
www.clpgh.org/ research/jobsedu/ vocational.html
schools in the County

5. Greater Pittsburgh Literacy Council
www.gplc.org
412.661.7323
basic reading and arithmetic, GED preparation, English as a Second Language classes and other workplace preparation classes

≫ EMPLOYMENT:

6. Employment and Training for Youth
www.alleghenycounty.us/ dhs/empservices.aspx
in-school and out-of-school programs for education and career preparation for teenagers 14 -18; includes vocational training. Must be high school student, or parent that has left high school and receives TANF

7. CareerLink Pittsburgh
www.careerlinkpittsburgh. com/
866.317.5627
employment and training services; high school diploma preparation

8. Job Corps Pittsburgh
http://jobcorps.dol.gov/ centers/pa.htm#pittsburgh
412.441.8700
no-cost educational and vocational training program; enroll to learn a trade, earn high school diploma or GED, get help finding a job; for ages 16-24

9. Urban League of Greater Pittsburgh Employment and Training Programs
www.ulpgh.org/programs/ employ.asp
412.227.5021
employment counsel-ing and placement, workshops; unsubsidized employment program for accepted applicants

10. Office of Vocational Rehabilitation
www.dli.state.pa.us/ landi/cwp/view. asp?A=128&Q=61197
800.442.6371
888.870.4474 (TTY)
services for people with disabilities to prepare for, start, and maintain employment; includes diagnostic services, vocational evaluation, training, counseling

≫ HOUSING ASSISTANCE:

11. DHS Independent Living
www.alleghenycounty.us/ dhs/childperm.aspx
412.350.5701
provider and resource information for transition-aged youth

12. Allegheny County Housing and Homelessness
www.alleghenycounty.us/ dhs/hh.aspx
412.350.3837
low income and affordable housing, rental assistance, etc.

13. Allegheny County Utility Assistance
www.alleghenycounty.us/ dhs/utility.aspx
412.565.2146
help paying utility bills for income-eligible based on income

14. Allegheny County Food Assistance
www.alleghenycounty.us/ dhs/food.aspx
emergency food assistance, food stamps, food pantries

15. Urban League of Greater Pittsburgh Housing Programs
www.ulpgh.org/programs/ housing.asp
412.227.4802
housing counseling services, housing assistance, hunger services, etc. based on income

≫ LIFE SKILLS:

16. Social Security Administration
www.ssa.gov
request a new or replacement Social Security Card; must have other documentation in order to receive card

17. PA Driver and Vehicle Services
www.dmv.state.pa.us/centers/ licenseIDCenter.shtml
800.932.4600
driver's license or photo ID requests

18. The Bridge of Pittsburgh
www.thebridgeofpittsburgh. com
412.325.0951
assists transition aged youth with skills for adulthod; must be current or former CYF youth

≫ MONEY SAVVY:

19.YWCA Wealth Development
www.ywcapgh.org/ Career_development.asp
412.255.6749
training and workshops for women and families to manage financial resources; micro-lending and family savings account programs. Must be 16 years old, geared towards women

20. Mon Valley Initiative
www.monvalleyinitiative.com
412.464.4000
housing counseling for home buyers, counseling sessions for assistance in keeping your home

21. My Money My Life
www.nhswpa.org/ programsservices.htm
412.281.1100
financial literacy program for ages 16-19 in Allegheny County

≫ HEALTH AND HEALTH INSURANCE:

22. Medical Assistance Transportation Program
www.alleghenycounty.us/dhs/ matp.aspx
888.547.6287
transportation for non-emergency medical services, low income, any age

23. Allegheny County Health Department
http://www.achd.net/std/ sextransdisease.html
Information on STIs as well as free clinic information

24. Planned Parenthood of Western PA
www.ppwp.org
800.230.7526
contraceptive and gynecological medical care, testing and treatment of STI's; HIV testing, free pregnancy testing; pregnancy counseling

25. CONTACT Pittsburgh
www.contactpgh.org
412.820.4357
Suicide and Supportive Listening Crisis Hotline

26. Allegheny County Health Department Dental Program
www.achd.net/dental/dentistry. html
412.578.8378
provides preventative and corrective care for children through age 20; clinics located in areas of "high-need"

27. Pennsylvania Medicaid
https://www.humanservices. state.pa.us/compass/CMHOM. aspx
412.565.2146
free healthcare coverage for low-income Pennsylvania residents

28. Pennsylvania adultBasic
www.ins.state.pa.us/ins/site
800.462.2742
low-cost healthcare coverage for uninsured Pennsylvania adults 19-64

≫ MY HEALTHY KIDS:

29. Allegheny County Early Childhood Education Programs
www.alleghenycounty.us/dhs/ earlychildhood.aspx
866.214.5437
school readiness, academic awareness and social interaction for infants, toddlers, and preschool children; federal income guidelines apply.

30. Alliance for Infants and Toddlers
www.afit.org
412.885.6000
early intervention services for infants and toddlers with or at risk of developmental delays

31. Healthy Start, Inc. Pittsburgh
http://healthystartpittsburgh. org
412.247.4009
provides access to services related to lowering infant mortality rates and promoting healthy infants and mothers

32. Allegheny County Health Department Women, Infants and Children (WIC) Program
www.achd.net/wic
412.350.5801
serves income-eligible and medically or nutritionally at-risk pregnant women, breastfeeding mothers, infants and children 0-5; income-dependent

33. Pennsylvania CHIP
chipcoverspakids.com
800.986.5437
health insurance for uninsured kids ages 0-18 in Pennsylvania, regardless of parental income

≫ LEGAL RIGHTS:

34. Allegheny County Bar Association Lawyer Referral Service
www.acba.org/ACBASite/Pub-lic/pages/NeedAttorney.asp
412.261.5555
assistance in locating a lawyer for a specific legal matter; matches potential clients and attorneys and 30-minute conference for $25

35. Court Appointed Special Advocates of Greater Pittsburgh
www.pgh-casa.org
412.594.3606
assistance for youth in the court and child welfare system; appointed by the Court

36. Neighborhood Legal Services Association
www.nlsa.us/about_nlsa/ office_locations.htm
866.761.6572
legal services for low income residents of Allegheny County for non-criminal cases

37. Juvenile Law Center and KidsVoice Guide for Youth in Substitute Care
http://kidsvoice.org/pr/ youthmanual.pdf
412.391.3100
rights guidebook for youth involved with child welfare

≫ GET INVOLVED:

38. Allegheny County Volunteering
www.alleghenycounty.us/ dhs/volunteer.aspx
volunteering opportunities

39. AmeriCorps KEYS
www.keysservicecorps.org
412.350.3344
AmeriCorps opportunities with real world educational experiences and stipends

40. UnitedWay
www.unitedwaypittsburgh. org
412.255.1155
wide variety of volun-teering opportunities, enter zip code to find closest project

41. Allegheny County Voter Registration
www.alleghenycounty.us/ elect/registration.aspx
412.350.4500
information on registering and voting in elections; need Driver's License or Social Security Number; see website for further details

≫ FUN:

42. YouthPlaces
www.youthplaces.org
412.434.0851
neighborhood after school program with academic/ social programming; generally from ages 12-18

43. Boys and Girls Club of Western Pennsylvania
www.bgcwpa.org
412.276.3151
educational, vocational and social programming

44. YMCA of Greater Pittsburgh
www.ymcaofpittsburgh.org
412.833.5600
variety of youth programming available

Appendix B: Interview Participants

Minnesota

- Lea Bloomquist, Hennepin County Child Care Eligibility
- Lumarie Orozco, Community Initiatives Manager, Casa de Esperanza
- Jennifer Geris, After Care Coordinator, St. Anne's Place/Office to End Homelessness
- Laura Knutson, Coordinator, Minneapolis Public Schools Teenage Pregnant and Parenting Program
- Ronel Robinson, Program Director, Way to Grow
- Henry Jimenez, Nicollet Square Transitions Coach and Case Manager, Youthlink
- Jasmine Kroese, Public Health Nurse, Minnesota Visiting Nurses Association
- Jessica Layeux and Skyler Magee, Education Counselors, Longfellow High School
- Raquel (Rocki) Simoes, Program Manager of GLBT Host Home Program, Avenues for Homeless Youth
- Greg Owen, Senior Research Manager, Amherst H. Wilder Foundation
- Dan Pfarr, Executive Director, The Bridge for Youth
- Hall Picket, Director of Client Services, Headways Emotional Health Services
- Katherine Meerse, Director, Hennepin County It's Your Future Project
- Elizabeth Scudder, Social Work Unit Supervisor, Hennepin County Extended Foster Care Program
- Elizabeth (Zib) Hinz, Liaison for Homeless and Highly-Mobile Students, Minneapolis Public School District
- Diane Reitter, Parent Educator, AGAPE High School
- Fred Moritz, PFUND
- Sheri Brekke, Lead Social Worker, Winona County Human Services Division
- Karen Kolb Peterson, Youth Services Manager, St. Paul Public Library
- Training to Serve
- Jody Wurl, Senior Librarian – Information & Online Services, Hennepin County Library
- Kelly Brazil, Social Worker, GLBT Host Home Program, Avenues for Homeless Youth
- Carla Rigato, Counselor, Vail Place

King County, Washington

- Alma Aguilar, Office Administrator, and Michael Davie, Program Manager, YouthSource
- Kathy Lambert, King County Councilmember, Youth Advisory Council
- Kyla Lackie, Youth Development Manager, SOAR: Building Effective Partnerships for Children, Youth and Families
- Jennifer Hill, Youth Programs Manager, King County Youth Services
- Stephanie Moyes, Program Director, King County Youth Services

Allegheny County, Pennsylvania

- Duane Berry, Youth Director, Allegheny County
- JoAnn Hannah, Action Line Director, Allegheny County Department of Human Services

Appendix C: Base Interview Questions

The following interviews are what we attempted to get answers to in each interview. Each one went differently and we generally ended up asking additional probing questions based on the answers we received to these base questions. But these questions were answered in most interviews.

1. How do you help youth gain access to your services? What do you do to get people to your front door?
2. What do you do to keep people coming back?
3. How do you keep youth eligible?
4. How do you keep youth engaged long enough to benefit from your services?
5. What have you tried that hasn't worked?
6. What has worked the best?
7. What have your key learnings been?
8. How do they handle someone's need at that moment AND plant the seed for future needs?
9. From your perspective, what are the barriers to:
    a. Applying for financial public programs?
    b. Accessing financial public programs?
    c. Maintaining eligibility for financial public programs?
10. As we continue with our research, may we contact you if additional questions arise?
11. Also as we continue, is there anyone else you suggest we talk to?

King County

City of Seattle

Program Assessment and Improvement Plan
Using the
Guidebook to Elements of Successful Programs

Version 2.1
December 2005

King County
Community Services Division
Department of Community and Human Services

City of Seattle
Human Services Department

Program Assessment and Improvement Plan
Using the
Guidebook to Elements of Successful Programs

Developed for
The Community Services Division,
King County Department of Community and Human Services,
City of Seattle Human Services Department,
And
The King County Juvenile Justice Evaluation Work Group

Developed by

and

O R S
ORGANIZATIONAL
RESEARCH SERVICES

HELIOTROPE

Organizational Research Services

Nancy Ashley, Heliotrope

Version 2.1
December 2005

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General Purpose and Use

An *Assessment and Improvement Plan* guide has been developed as an implementation tool for the *Guidebook to Elements of Successful Programs*. Together, the *Guidebook* and the *Assessment and Improvement Plan* form a process evaluation tool that identifies key elements of successful programs in the treatment of youth at risk of delinquent behavior and/or recidivism in the juvenile justice system and then helps organizations see the extent to which their programs exhibit these elements.

The *Guidebook* provides an explanation of the important components and approach needed to effectively implement each element. The *Guidebook* also includes indicators that can demonstrate the effective implementation of each element, and information on the methods and sources used to identify the elements and indicators.

The *Guidebook* should be used with the assessment tool. The *Assessment and Improvement Plan* provides a stepwise method for looking at a program or collection of programs to determine needs for improvement in the elements described in the *Guidebook*, or in documentation of their effective application.

The companion assessment tool has been developed to allow organizations to self-assess or funders to determine:

1. How well their programs are effectively implementing the *Guidebook* elements applicable to their programs;

2. Which dimensions and elements of their programs meet the level of effective implementation identified in the Guidebook and which may be deficient;

3. How they might improve any deficient aspects of their programs;

4. How well they can document that key criteria or processes that are likely to lead to success are in place; and

5. How they can improve documentation that may be lacking or insufficient.

The format of the *Assessment and Improvement Plan* is in the form of worksheets for each element in the G*uidebook*. Each section lists the indicators to be assessed for each element. After determining which elements apply to the organization's work (internal and/or external), reviewers look at each indicator to determine: 1) the extent to which their program meets the criterion listed and 2) how they can document it.

The users of the *Guidebook* might vary by program. They could include the organization's executive director and/or any staff or stakeholders who are familiar with the program being implemented. It may be advantageous to have different people complete different sections and then bring them back for a team or assessment process manager to review. It is best to implement the process for each program separately.

For additional copies of the Program Assessment and Implementation Plan and the Guidebook please download them from the King County website:
http://www.metrokc.gov/dchs/csd/Youth&Family/index.htm

Steps in the Assessment Process

There are several stages of work involved in the assessment process and several ways to complete it. The general steps are presented below and are followed by a checklist to guide the process.

1. Decide who should be involved in the assessment and improvement implementation process and what roles each person should play. This may involve a close review of the *Guidebook*. Significant familiarity with the organization and/or its programs is essential. Each program should be assessed separately but more than one could be completed simultaneously using multiple copies of the *Assessment Plan*. Decisions to be made include:

    a) having one person (e.g., the executive director or program manager) or a team conduct the review or dividing the tasks among different staff members;

    b) doing the review all at once over a few days or selecting one or more elements to review collectively at periodic staff meetings;

    c) deciding which program to assess or whether to conduct multiple assessments simultaneously or consecutively (a separate assessment for each program is recommended); and

    d) the timing for the review with regard to workloads and other evaluation, program design, or fund raising efforts.

    If multiple programs are to be reviewed, copy or download separate copies of the *Guidebook* and *Assessment and Improvement Plan* for each program and each staff member participating.

2. Review the list of elements in the front of the *Assessment Plan* and decide which apply to the organization. Most will apply and these have been identified. Others depend on the types of program being implemented.

3. **Read the appropriate section in the *Guidebook* for each element being assessed.**

4. Review each indicator for the **element** and provide an overall rating of the element based on your information about the indicators. Put the ratings on the form for each element. *You do not have to rate each indicator separately.*

5. Describe the documentation for each element rating or comment on how you know it is accurate.

6. Add notes about where documentation can be found on or behind each element rating sheet.

7. If program improvement plans or documentation improvement plans are warranted, add descriptions of the tasks to be undertaken.

8. Develop and implement changes in programs or documentation identified as needed in the assessment.

9. As the improvements are implemented or after needed changes in several areas have been implemented, review and update the assessment. Add the documentation, make notes on the form, enter the date that the reassessment was made, adjust the rating for the element if warranted, and note whether documentation is now available. New documentation or notes about where to find it can be added behind the sheet. In this way, the *Assessment and Improvement Plan* will become a useful tool to remind staff about what types of changes they want to make in their program and a way to document that their program has the elements of successful programs.

The initial assessment and documentation should be achievable within a few days time. The follow-up activities make take several weeks or months to complete. At some time in the future (perhaps every two years), this assessment may be used again to gain fresh insights. If that is done, we suggest that the new version be printed on a different color of paper and/or filed in a separate binder so that it remains distinct from other assessments and the assessment sheets will be more easily distinguished from the documentation inserted.

It is not anticipated that any program would meet each and every indicator of each element in an initial assessment. Process evaluations like these are tools for ongoing assessment and improvement. The review of the assessment may spark discussion of the organization's theory of change, assumptions, clients, staff training, processes, procedures, progress assessment tools, and other aspects. These can be helpful reflective processes that can help organizations celebrate what they do well and identify areas that may need improvement.

If you need assistance interpreting or implementing this assessment, please ask for assistance through your contracting agency.

Assessment Process Decisions and Actions Checklist

#	Task	Target Date	Date Completed
1	Decide who should conduct the assessment. *Who:*		
2	Decide which program is the focus of the assessment. *Which program:*		
3	Decide the timing and estimated timeframe for the assessment. *When:*		
4	Prepare and distribute copies of the *Program Assessment and Improvement Plan* and the *Guidebook* to each participating staff member.		
5	Review the list of elements and decide which apply to the organization or program. *Which do not apply?:*		
6	**Read through the entire *Guidebook.***		
7	For each element being assessed, 1) refer to the corresponding section in the *Guidebook* and then review each indicator for that element, and 2) if it applies, provide an overall rating on a 1-5 scale for the particular element based on an assessment of the indicators.		
8	Next, please note the indicators of that element that you either don't currently do and/or would like to see greater improvement on. When that is complete, please identify supporting reasons for the rankings and indicators chosen, identify key pieces of documentation to support the ratings, and provide comments that might be helpful in the development of action plans.		
9	If you have documentation, copy it and place it behind the indicator sheet or add a sheet saying where it can be found. If including an example from a client's records, black out any identifying data that might reveal a client's name.		

Assessment Process Decisions and Actions Checklist *(Cont'd)*

10	After all elements have been assessed in this way, compile 1) a list of more thorough program assessments or changes you plan to make to improve your program and 2) a list of the additional ways you need to document your work to show how you meet the standards. This is your Program Improvement Plan.		
11	Decide who will be responsible for making the program changes or developing the documentation needed.		
12	Develop a timeline for making the program changes or developing the documentation needed.		
13	As the changes or documentation are created, come back to this binder and note 1) the date the improvement step was completed, 2) the new rating; and 3) whether documentation is now available.		
14	Add to the binder, documentation of the program changes made or the documentation of the rationale for the original rating.		
15	Communicate and celebrate completion of the assessment process and the improvements made to programs or documentation.		
16	Complete and return the evaluation form at the end of this publication after you have compiled the results of your initial assessment. Also send in copies of your Program Assessment and Improvement Plan Description and Selection of Elements to Review.		

Program Assessment and Improvement
Plan Description

Name of Agency: _____

Name of Executive Director:_____

Name of program serving identified youth:

Name, title, telephone and e-mail of manager of program assessed:

Is this a new or existing program? If it is an existing program, how long has it been in operation?

Provide or attach a brief description of the program.

From what group will proposed program participants be selected? Describe the general characteristics of the group.

How many people will be served by this program annually?_____

Person responsible for this assessment:	
Date of completion of the initial assessment:	
Target date for follow-up and re-assessment:	
Date of completion of follow-up:	
Other review dates:	

Selection of Elements to Review

Step 1: Deciding What Applies Which of the elements apply to your program? Elements deemed essential are marked with an "x." Check all other elements that apply to your program. (Ignore shaded boxes.)

Dimension 1. Assess target Population; Select Highest-Risk Youth

1. Client Assessment and Selection of Highest-Risk Youth	x

Dimension 2. Address Criminogenic Risk Factors Open to Change

2. Targeting Changeable Risk Factors That Reduce Criminal Activity	x

Dimension 3: Theoretical Basis for Intervention

3. Program Design Based on Theory and Research	x
4. Adaptation of Program Design	

Dimension 4. Design Effective Treatment or Interventions

5. Matching Services to Characteristics of Program Participants (specific responsivity)	x
5a. Cultural Competence	x
5b. Serving Youth with Mental Disorders	
5c. Serving Youth with Substance Use Problems and Co-occurring Mental Disorders	
6. Staff Practice, Qualifications, and Support	x
7. Engagement, Motivation and Retention of Participants	x
8. Behavioral and Cognitive-Behavioral Interventions	
9. Interpersonal Skill Building and Other Skill-oriented Interventions	
9a. Employment and Vocational Interventions	
9b. Academic Skills and Training	
10. Individual Therapy	
11. Family Therapy/Interventions	
12. Group Therapy	
13. Multiple Services, Casework/Advocacy	
14. Wraparound Process	
15. Avoiding Programs with Mixed or Weak Effects	x
16. Avoiding Programs that Don't Work	x

Dimension 5. Implement with Quality and Fidelity

17. Implementation of Practice as Designed	x
18. Sufficient Intensity and Duration	x
19. Evaluation and Continuous Improvement	x

Supports and resources surrounding intervention

20. Agency Mission	x
21. Agency Leadership	x
22. Agency Funding and Financial Management	x
23. Community Support	x
24. Connections across Programs and Services	x

Review Process for Elements and Indicators

Step 2: Reviewing Elements and Indicators   The intent at this point is to review each of the Elements of Successful Programs and provide an overall assessment of each elements based on an assessment of the different indicators of that element.   The specific steps are noted below

2a) Read the chapter in the Guidebook describing the element and indicators.

2b) Provide an overall rating for the specific element on a 1-5 scale after reviewing the indicators of that element. The rating scale is as follows:

1 – We **don't do any** indicators and/or have room for improvement on **most or all** of the indicators
2 – We do a **few** indicators, but could use improvement on **many** indicators
3 – We do **some** of the indicators, but could use improvement on **some** indicators
4 – We do **most** of the indicators and/or could use improvement on **only a few** indicators
5 – We do **all** the indicators and/or need **no improvement** on the indicators
NA – This element is not applicable to the program

Only proceed with Steps 2c-2f is you provide an applicable ranking between 1-5 for the particular element being assessed.

2c)   Place a check mark next to the indicators of that element that <u>aren't currently happening</u> or <u>need improvement on</u>

2d) Discuss any "supporting reasons" for the overall ranking for that element and for the indicators noted as not done or needing improvement. This information provides context and meaning for the overall assessment rankings. For example, if you provide a ranking of a 2 for <u>*Element 1: Client Assessment and Selection of Highest-Risk Youth*</u>, then a supporting reason for a low ranking might be that "we currently do not have a screening or assessment tool"

2e) Identify the key pieces of documentation that might support or provide evidence for the overall element rankings and chosen indicators.   This documentation is likely to include reports, assessment tools, evaluation tools, program materials, and other written documents. It would be useful to comment on where the documentation is maintained by the program and examples of key documentation should be kept with the overall assessment tool.   For example, if you provide a ranking of a 4 for <u>Element 19: *Evaluation and Continuous Improvement*</u>, the some of the documentation you might reference would include program logic models, survey instruments and examples of summary reports of data.

2f) Provide any comments about the element and indicators that might be useful in the development of Action Plans. A follow-up step to the assessments is the development of Action Plans to help the agency make progress on the areas of need or improvement identified in this assessment. For example, if you provide a ranking of a 2 for <u>*Element 1: Client Assessment and Selection of Highest-Risk Youth*</u>, and note that you have no screening or assessment tools, a comment to inform the Action Plan might be that the

program needs examples of commonly used tools as a starting point for the development of its own instruments.

It may be helpful to have different members of your program or of the organization assess different elements. If you want a different point of view, you might consider having a board member or knowledgeable volunteer complete it through discussions with appropriate staff members.

When you have completed this initial assessment you will have a clearer picture of where your agency stands in its ability to meet the indicators for the elements that are applicable and what you have documented or need to document in order to "do it well."

Step 3: Tracking Assessments and Improvements We suggest that this assessment be dated and that **documentation for the indicators be kept in a file or binder** for review by staff, managers, board members, or funders. This will greatly aid in documenting the process, and will also assist with ongoing, continuous improvement. For example, if your program has a statement or design description that clearly identifies its theoretical basis and a logic model to describe its resources, activities, outputs, outcomes and goals, these can be included in the file or notebook as documentation. If these need to be created, they can be added later and the indicators can be marked as completed. In this way, the assessment checklist becomes a working document to guide program improvements, as well as document associated efforts.

Step 4: Follow-Up We also suggest that there be a **follow-up to the initial assessment at a pre-determined date** in order to determine improvements in documentation or in the program. Places to record dates for these efforts are provided on the coversheet. It is also a good idea to review this list at least annually or whenever significant program changes occur. For example, if the program decided to begin serving youth with mental disabilities, review of that element and indicators would be helpful.

Ratings of Indicators,

Documentation

and

Information for Action Plans

Dimension 1: Assess Target Population; Select Highest Risk Youth

Element 1: *Client Assessment and Selection of Highest-Risk Youth (see p. 12 in Guidebook)*

Overall Element Rating	1	2	3	4	5	NA
An overall assessment of element looking across the 6 indicators noted below	We **don't do any** indicators and/or have room for improvement on **most or all** indicators	We do a **few** indicators, but could use improvement on **many** indicators	We do **some** of the indicators, but could use improvement on **some** indicators	We do **most** of the indicators and/or could use improvement on **only a few** indicators	We do **all** the indicators and/or need **no improvement** on the indicators	

Please note those indicators that <u>aren't currently happening</u> and/or <u>need improvement on</u> (***check all that apply***)
- ❑ Screening tool is used to select clients in need of a full assessment
- ❑ Provider has standard assessment tools that are used for potential/actual clients and which identify youth at moderate to high risk of recidivism
- ❑ Instruments are based on research findings about factors for recidivism, and have been validated for the local population
- ❑ Provider selects youth at moderate or high risk of recidivism for intervention
- ❑ Staff are trained in the use of risk and needs assessment instruments
- ❑ Client results on needs assessment are used to create and individualized profile to guide treatment and referrals

1. Please discuss any supporting reasons for the **overall assessment ranking** you have provided and for the indicators you have identified that need improvement over time.

2. Please identify the key pieces of documentation that might support your ratings of the indicators and this element. These might include examples of assessment tools, client plans, risk assessments, etc.

3. Please provide any comments about this element and its indicators that might be helpful in the development of the Action Plans.

Dimension 2: Address Criminogenic Risk Factors Open to Change

Element 2: *Target Changeable Risk Factors That Reduce Criminal Activity (see p. 15 in Guidebook)*

Overall Element Rating	1	2	3	4	5	NA
An overall assessment of element looking across the 3 indicators noted below	We **don't do any** indicators and/or have room for improvement on **most or all** indicators	We do a **few** indicators, but could use improvement on **many** indicators	We do **some** of the indicators, but could use improvement on **some** indicators	We do **most** of the indicators and/or could use improvement on **only a few** indicators	We do **all** the indicators and/or need **no improvement** on the indicators	

Please note those indicators that <u>aren't currently happening</u> and/or <u>need improvement on</u> (***check all that apply***)

❑ The program has a statement describing its approach and protocol that identifies the changeable risk factors that it addresses in its activities and explains why and how they address them.

❑ The program articulates the links between targeted risk factors and its activities and explains how its activities will lead to decreases in risk factors.

❑ The program conducts an assessment of each participant that identifies his/her particularly significant risk factors and other needs and determines how to tailor the program to meet her/his needs.

1. Please discuss any supporting reasons for the **overall assessment ranking** you have provided and for the indicators you have identified that need improvement over time.

2. Please identify the key pieces of documentation that might support your ratings of the indicators and this element. These might include examples of program descriptions, lists of targeted risk factors, etc.

3. Please provide any comments about this element and its indicators that might be helpful in the development of the Action Plans.

Dimension 3: Theoretical Basis for Intervention

Element 3: Program Design Based on Theory and Research (see p. 18 in Guidebook)

Overall Element Rating	1	2	3	4	5	NA
An overall assessment of element looking across the 8 indicators noted below	We **don't do any** indicators and/or have room for improvement on **most or all** indicators	We do a **few** indicators, but could use improvement on **many** indicators	We do **some** of the indicators, but could use improvement on **some** indicators	We do **most** of the indicators and/or could use improvement on **only a few** indicators	We do **all** the indicators and/or need **no improvement** on the indicators	

Please note those indicators that <u>aren't currently happening</u> and/or <u>need improvement on</u> (***check all that apply***)

❑ The provider has a clear written statement of the reasons why it has selected or created the proposed program and this statement identifies, explains, and references the theory and substantiating research that leads the provider to believe that the program will be effective.

❑ The program has a logic model (as specified in Element 19, p. 77 of the guidebook) that clearly illustrates the links among resources, activities, outputs, outcomes, and goals.

❑ The written program description describes the program's general approach and specific activities in terms of the five dimensions of successful programs featured in this guide:
   o Assessing and selecting clients;
   o Addressing criminogenic risk factors that are open to change;
   o Having a theoretical basis for the intervention(s);
   o Using interventions that have been shown to be effective; and
   o Implementing the program with quality and fidelity.

❑ The theory and research identify apparent and logical relationships between proposed activities and anticipated outcomes. A clear summary of these links is provided in the program description.

❑ Staff members are able to articulate the theoretical rationale for their activities.

❑ Theory and research support that short-term program outcomes are likely to lead to the intermediate and long-term outcomes that reduce recidivism at some stage (though not necessarily observable within the time frame of the program).

❑ The program activities include the use of appropriate evaluation techniques based on the theoretical links between activities and outcomes (e.g., a program that seeks to change behavior uses an evaluation tool that measures behavior change and not just change in attitude). (See Element 19 p. 77 of the guidebook for more detailed information on evaluation.)

❑ If proposing a theory for which there is little or no research support, the program manager can explain why his/her experience or other types of wisdom or knowledge support his/her theory.

1. Please discuss any supporting reasons for the **overall assessment ranking** you have provided and for the indicators you have identified that need improvement over time.

2. Please identify the key pieces of documentation that might support your ratings of the indicators and this element. These might include examples of program logic models, statements describing the theories or referencing research that justify the commonly selected interventions, etc.

3. Please provide any comments about this element and its indicators that might be helpful in the development of the Action Plans.

Dimension 3: Theoretical Basis for Intervention
Element 4: Adaptation of Program Design (see p. 21 in Guidebook)

Overall Element Rating	1	2	3	4	5	NA
An overall assessment of element looking across the 6 indicators noted below	We **don't do any** indicators and/or have room for improvement on **most or all** indicators	We do a **few** indicators, but could use improvement on **many** indicators	We do **some** of the indicators, but could use improvement on **some** indicators	We do **most** of the indicators and/or could use improvement on **only a few** indicators	We do **all** the indicators and/or need **no improvement** on the indicators	

Please note those indicators that aren't currently happening and/or need improvement on (***check all that apply***)
- ❏ Policies and procedures describe essential program elements that have been modified and the theory or reasoning upon which changes are based.
- ❏ Stakeholders are included in developing adaptations and approve them.
- ❏ Adaptations are based on recorded needs assessments.
- ❏ Staff can explain why adaptations were required and what affects they seem to be having.
- ❏ Evaluation tools and methods are developed so as to assess program with adaptations.
- ❏ Program is reflective of ethnic diversity and cultural pride; locally inappropriate practices are omitted.

1. Please discuss any supporting reasons for the **overall assessment ranking** you have provided and for the indicators you have identified that need improvement over time.

2. Please identify the key pieces of documentation that might support your ratings of the indicators and this element. These might include examples of policies or procedures that describe the modifications made, evaluation tools that illustrate how modifications are reflected in the measurement of results, etc.

3. Please provide any comments about this element and its indicators that might be helpful in the development of the Action Plans.

Dimension 4: Theoretical Basis for Intervention

Element 5: *Match Services to Characteristics of Program Participants (see p. 24 in Guidebook)*

Overall Element Rating	1	2	3	4	5	NA
An overall assessment of element looking across the 2 indicators noted below	We **don't do any** indicators and/or have room for improvement on **most or all** indicators	We do a **few** indicators, but could use improvement on **many** indicators	We do **some** of the indicators, but could use improvement on **some** indicators	We do **most** of the indicators and/or could use improvement on **only a few** indicators	We do **all** the indicators and/or need **no improvement** on the indicators	

Please note those indicators that <u>aren't currently happening</u> and/or <u>need improvement on</u> (***check all that apply***)

- ❑ Clients are assessed for responsivity factors during intake and throughout interventions, and results are used to match the offender with the treatment approach and therapist.
- ❑ Staff can describe the specific responsivity principle and can identify characteristics that can influence offender's responsiveness to various therapists and treatment modalities.

1. Please discuss any supporting reasons for the **overall assessment ranking** you have provided and for the indicators you have identified that need improvement over time.

2. Please identify the key pieces of documentation that might support your ratings of the indicators and this element. These might include examples of (anonymous) client assessments tools, client service plans, etc.

3. Please provide any comments about this element and its indicators that might be helpful in the development of the Action Plans.

Dimension 4: Theoretical Basis for Intervention

Element 5a: Cultural Competence (see p. 26 in Guidebook)

Overall Element Rating	1	2	3	4	5	NA
*An overall assessment of element looking across the **17** indicators noted below*	We **don't do any** indicators and/or have room for improvement on **most or all** indicators	We do a **few** indicators, but could use improvement on **many** indicators	We do **some** of the indicators, but could use improvement on **some** indicators	We do **most** of the indicators and/or could use improvement on **only a few** indicators	We do **all** the indicators and/or need **no improvement** on the indicators	

Please note those indicators that <u>aren't currently happening</u> and/or <u>need improvement on</u> (***check all that apply***)

- ❑ The provider's mission statement, strategic plan, policies and procedure address how the organization will be culturally competent in its overall operations.
- ❑ Board and staff members reflect the culturally diverse groups served by the provider.
- ❑ The provider is serving, in a culturally competent manner, the population it intends to serve (whether limited or broad in definition) and (if practical) is capable of serving youth and families from different cultural groups in its community.
- ❑ The provider actively recruits participants within the cultural communities it is serving.
- ❑ The provider has adequate depth of knowledge about the primary culture(s) of its client population(s).
- ❑ Staff and administrators can describe the strengths, social problems, customs, values, languages, and natural helper resources for the primary cultural group(s) with whom they work.
- ❑ The provider has developed culturally appropriate service delivery protocols (including outreach activities, interviewing techniques, assessments, resources, and program content) for the group(s) it serves. When appropriate, these may include practices not familiar to Western practitioners.
- ❑ The provider has the general ability to bridge the differences between different cultures and the dominant culture and to help participants understand people of different cultures.
- ❑ The provider helps clients understand and co-exist peacefully with people of different cultures.
- ❑ The provider appreciates the roles that power and privilege play between cultures.
- ❑ The staff knows where to get help for clients from cultures with which they are less familiar.
- ❑ The staff members are interested in working with people from cultures different from their own.
- ❑ Staff can identify and address barriers, hindrances, and aids to providing services to a diverse population.
- ❑ Staff has social or professional contacts with the cultural groups in their service area, and uses those contacts to seek input and form collaborations to provide effective services.
- ❑ Staff uses culturally appropriate practices and services to successfully work with culturally diverse populations.
- ❑ The provider regularly offers training to help new and experienced staff to work more effectively with diverse groups.
- ❑ The provider conducts organizational self-assessments regularly, and uses the findings to move toward greater cultural competence.

1. Please discuss any supporting reasons for the **overall assessment ranking** you have provided and for the indicators you have identified that need improvement over time.

2. Please identify the key pieces of documentation that might support your ratings of the indicators and this element. These might include examples of training materials on cultural competency, percentage comparisons of staff, Board, and community diversity, literature in different languages, lists of diverse service organizations on referral lists, etc.

3. Please provide any comments about this element and its indicators that might be helpful in the development of the Action Plans.

Dimension 4: Theoretical Basis for Intervention

Element 5b: Serving Youth with Mental Disorders (see p. 30 in Guidebook)

Overall Element Rating	1	2	3	4	5	NA
*An overall assessment of element looking across the **11** indicators noted below*	We **don't do any** indicators and/or have room for improvement on **most or all** indicators	We do a **few** indicators, but could use improvement on **many** indicators	We do **some** of the indicators, but could use improvement on **some** indicators	We do **most** of the indicators and/or could use improvement on **only a few** indicators	We do **all** the indicators and/or need **no improvement** on the indicators	

Please note those indicators that <u>aren't currently happening</u> and/or <u>need improvement on</u> (***check all that apply***)

- ❑ Staff select, and deliver with integrity, appropriate evidence-based therapies and interventions that (a) create an environment conducive to learning and (b) fit the diagnosis of each youth based on thorough assessments of individual needs, especially those with a combination of disabilities.
- ❑ Staff develop and monitor strategies for achieving programmatic goals for each youth, making adjustments as needed.
- ❑ Staff actively utilize and teach a combination of skill based interventions
- ❑ Staff uses incentives and structure to teach prosocial behavior.
- ❑ Program includes components related to family involvement and transitional preparation for youth.
- ❑ Program is regularly assessed as to effectiveness based on collected data.
- ❑ Medication is available and used when efficacious for a youth's diagnosis.
- ❑ Care providers have and effectively apply training in how to work with youth with disabilities.
- ❑ Care providers relate with youth in sensitive and constructive ways.
- ❑ Staff match or can adapt to match the characteristics of youth with whom they work, including those from ethnic and disability cultures.
- ❑ Gender-sensitive assessment, operating procedures and services address the unique needs of female and male participants.

1. Please discuss any supporting reasons for the **overall assessment ranking** you have provided and for the indicators you have identified that need improvement over time.

2. Please identify the key pieces of documentation that might support your ratings of the indicators and this element. These might include examples of (anonymous) treatment plans that match diagnoses, guidelines fro staff who work/meet youth, staff resumes showing competencies in treating people with mental disorders, etc.

3. Please provide any comments about this element and its indicators that might be helpful in the development of the Action Plans.

Dimension 4: Theoretical Basis for Intervention
Element 5c: Serving Youth with Substance Use Problems and Co-Occurring Mental Disorders (see p. 35 in Guidebook)

Overall Element Rating	1	2	3	4	5	NA
*An overall assessment of element looking across the **8** indicators noted below*	We **don't do any** indicators and/or have room for improvement on **most or all** indicators	We do a **few** indicators, but could use improvement on **many** indicators	We do **some** of the indicators, but could use improvement on **some** indicators	We do **most** of the indicators and/or could use improvement on **only a few** indicators	We do **all** the indicators and/or need **no improvement** on the indicators	

Please note those indicators that <u>aren't currently happening</u> and/or <u>need improvement on</u> (***check all that apply***)
- ❑ Staff use effective assessment tools to determine the presence of substance use problems and/or co-occurring disorders, as well as levels of functioning and other factors that affect treatment referrals.
- ❑ Programs are designed for adolescents and include an individualized continuum of care plan for at least 12 months with provisions for follow-up care; are comprehensive; involve the family or a family substitute; and use forms of therapy and skill-building shown to be most effective. For co-occurring disorders, integrated treatment is used.
- ❑ Program goals for adolescent clients include: maximizing motivation for abstinence and developing strategies for abstinence; learning skills necessary to achieve economic, educational, employment and social adequacy; and learning skills necessary for relapse prevention.
- ❑ Staff have, and effectively apply, training in how to work with youth with substance use problems and/or co-occurring disorders.
- ❑ Staff know and use effective strategies to engage and retain youth
- ❑ Records are kept to show the program dropout rate and reasons associated with adolescents discontinuing programming and staff use that information to improve program engagement and retention.
- ❑ Staff consider cultural factors when making placement decisions.
- ❑ Staff deliver services with fidelity to and compliance with the program objectives and treatment design.

1. Please discuss any supporting reasons for the **overall assessment ranking** you have provided and for the indicators you have identified that need improvement over time.

2. Please identify the key pieces of documentation that might support your ratings of the indicators and this element. These might include examples of assessment tools, client plans, staff resumes illustrating appropriate training, records on programmatic successes and dropouts, etc.

3. Please provide any comments about this element and its indicators that might be helpful in the development of the Action Plans.

Dimension 4: Theoretical Basis for Intervention
Element 6: Staff Practice, Qualifications and Support (see p. 40 in Guidebook)

Overall Element Rating	1	2	3	4	5	NA
An overall assessment of element looking across the 7 indicators noted below	We **don't do any** indicators and/or have room for improvement on **most or all** indicators	We do a **few** indicators, but could use improvement on **many** indicators	We do **some** of the indicators, but could use improvement on **some** indicators	We do **most** of the indicators and/or could use improvement on **only a few** indicators	We do **all** the indicators and/or need **no improvement** on the indicators	

Please note those indicators that aren't currently happening and/or need improvement on (***check all that apply***)
- ❑ Staff have worked in program for offenders for at least two years.
- ❑ Staff can identify the core skills of effective correctional treatment, and are regularly assessed on these skills.
- ❑ Staff have undergraduate and advanced degrees in helping professions, and resumes and/or biographical descriptions are available for review.
- ❑ Staff reflect the personal qualities necessary for strong relationships with clients.
- ❑ High retention rates for staff
- ❑ Staff receive initial and ongoing training in the core skills and managers keep a log of trainings received.
- ❑ Supervisors regularly interact with staff in clinical settings.

1. Please discuss any supporting reasons for the **overall assessment ranking** you have provided and for the indicators you have identified that need improvement over time.

2. Please identify the key pieces of documentation that might support your ratings of the indicators and this element. These might include examples of staff resumes, (anonymous) personnel reviews, etc.

3. Please provide any comments about this element and its indicators that might be helpful in the development of the Action Plans.

Dimension 4: Theoretical Basis for Intervention

Element 7: _Engagement, Motivation and Retention of Participants (see p. 42 in Guidebook)_

Overall Element Rating	1	2	3	4	5	NA
An overall assessment of element looking across the **9** indicators noted below	We **don't do any** indicators and/or have room for improvement on **most or all** indicators	We do a **few** indicators, but could use improvement on **many** indicators	We do **some** of the indicators, but could use improvement on **some** indicators	We do **most** of the indicators and/or could use improvement on **only a few** indicators	We do **all** the indicators and/or need **no improvement** on the indicators	

Please note those indicators that aren't currently happening and/or need improvement on (***check all that apply***)

- ❑ Engaging, motivating, and retaining participants are key concepts included in agency policies and procedures.
- ❑ Staff are trained in, and uses reframing and other proven clinical techniques that provide a positive context for change.
- ❑ Staff is trained in, and uses retention strategies including those listed above.
- ❑ Staff identifies youth and family strengths.
- ❑ Staff is matched with participants based on gender and ethnicity, when possible.
- ❑ Aspects of program interventions include those listed above, such as: building a positive alliance with participants, showing interest in hearing about participants experiences, showing respect to participants, and helping families feel in control during the intervention process.
- ❑ Program interventions initially focus on changing participants' barriers to engaging in the program
- ❑ Records of engagement and retention show the dropout rates are low at all stages and the completion rates are high.
- ❑ Client satisfaction surveys show that participants believe they benefited from their participation.

1. Please discuss any supporting reasons for the **overall assessment ranking** you have provided and for the indicators you have identified that need improvement over time.

2. Please identify the key pieces of documentation that might support your ratings of the indicators and this element. These might include examples (anonymous) case notes that identify barriers to engagement and strategies to encourage it, records of retention and dropout rates, summaries of client satisfaction surveys, etc.

3. Please provide any comments about this element and its indicators that might be helpful in the development of the Action Plans.

Dimension 4: Theoretical Basis for Intervention

Element 8: Behavioral and Cognitive-Behavior Interventions (see p. 44 in Guidebook)

Overall Element Rating	1	2	3	4	5	NA
An overall assessment of element looking across the 6 indicators noted below	We **don't do any** indicators and/or have room for improvement on **most or all** indicators	We do a **few** indicators, but could use improvement on **many** indicators	We do **some** of the indicators, but could use improvement on **some** indicators	We do **most** of the indicators and/or could use improvement on **only a few** indicators	We do **all** the indicators and/or need **no improvement** on the indicators	

Please note those indicators that <u>aren't currently happening</u> and/or <u>need improvement on</u> (***check all that apply***)

- ❑ Staff can describe the specific behaviors and cognitive shifts they are helping clients to achieve and the techniques they are using to achieve desired changes, focusing on those risk factors that are amenable to change.
- ❑ Staff enforce behavioral and reinforcement strategies in a fair manner.
- ❑ Staff use appropriate incentives.
- ❑ Staff can demonstrate that positive reinforcers are used at least four times as often as punitive reinforcers.
- ❑ Staff have training in effective behavioral and cognitive-behavioral techniques.
- ❑ Programs use multiple types of cognitive-behavioral interventions.

1. Please discuss any supporting reasons for the **overall assessment ranking** you have provided and for the indicators you have identified that need improvement over time.

2. Please identify the key pieces of documentation that might support your ratings of the indicators and this element. These might include examples of staff resumes showing competencies, descriptions of commonly used techniques, (anonymous) client records illustrating results, etc.

3. Please provide any comments about this element and its indicators that might be helpful in the development of the Action Plans.

Dimension 4: Theoretical Basis for Intervention

Element 9: Interpersonal Skill Building and Other Skill-Oriented Interventions (see p. 47 in Guidebook)

Overall Element Rating	1	2	3	4	5	NA
An overall assessment of element looking across the 9 indicators noted below	We **don't do any** indicators and/or have room for improvement on **most or all** indicators	We do a **few** indicators, but could use improvement on **many** indicators	We do **some** of the indicators, but could use improvement on **some** indicators	We do **most** of the indicators and/or could use improvement on **only a few** indicators	We do **all** the indicators and/or need **no improvement** on the indicators	

Please note those indicators that <u>aren't currently happening</u> and/or <u>need improvement on</u> (***check all that apply***)

- ❑ Staff assesses participants' needs and can explain why they chose the components of an implement individual skill development plan or approach and the techniques they are using to achieve skill acquisition.
- ❑ Family members, teachers, and peers are included in the development and implementation of intervention for participants.
- ❑ Staff can describe the subskills that must be mastered to acquire a larger skill and demonstrate how the subskills are taught.
- ❑ Staff can describe and demonstrate how they are using the basic instructional components listed above in their program.
- ❑ Staff can describe, based on verbal reports and observations, how their participants use taught skills in daily living and in a variety of situations.
- ❑ Staff teach culturally appropriate social skills.
- ❑ Staff are trained on the basic instructional components of social skills programs.
- ❑ Programs teach multiple types of social skills and utilize varied interventions.
- ❑ Program records document skill building interventions and skills acquired for each youth.

1. Please discuss any supporting reasons for the **overall assessment ranking** you have provided and for the indicators you have identified that need improvement over time.

2. Please identify the key pieces of documentation that might support your ratings of the indicators and this element. These might include examples of staff resumes showing competencies, (anonymous) case notes that illustrate engagement of family, school and/or community members in treatment, etc.

3. Please provide any comments about this element and its indicators that might be helpful in the development of the Action Plans.

Dimension 4: Theoretical Basis for Intervention

Element 9a: *Employment and Vocational Interventions (see p. 51 in Guidebook)*

Overall Element Rating	1	2	3	4	5	NA
An overall assessment of element looking across the 6 indicators noted below	We **don't do any** indicators and/or have room for improvement on **most or all** indicators	We do a **few** indicators, but could use improvement on **many** indicators	We do **some** of the indicators, but could use improvement on **some** indicators	We do **most** of the indicators and/or could use improvement on **only a few** indicators	We do **all** the indicators and/or need **no improvement** on the indicators	

Please note those indicators that aren't currently happening and/or need improvement on (***check all that apply***)

- ❑ Standardized academic and vocational skills assessments (if culturally appropriate) are used or reviewed to determine needs and goals for each youth and are periodically re-administered at logical and consistent intervals.
- ❑ Staff can describe and provide a written, individual development plan for each participant.
- ❑ Records of assessment are maintained and tracked in files in order to effectively gauge progress toward individualized development plans.
- ❑ Program staff can describe why the program provides a focus on vocational training or educational interventions or both and why the services offered will prepare participants for specific, attainable jobs in their community.
- ❑ Staff can describe and demonstrate how they are ensuring that participants have obtained the core competencies of job attainment, job survival, communication, leadership, teamwork, career development, personal self-development and problem solving. This may include pre- and post-program assessments completed by staff, youth, and work supervisors.
- ❑ Supervisors can demonstrate how staff is accountable for the success rates of participants.

1. Please discuss any supporting reasons for the **overall assessment ranking** you have provided and for the indicators you have identified that need improvement over time.

2. Please identify the key pieces of documentation that might support your ratings of the indicators and this element. These might include examples of assessment tools, client educational plans, progress reports, standardized records of achievement by clients, etc.

3. Please provide any comments about this element and its indicators that might be helpful in the development of the Action Plans.

Dimension 4: Theoretical Basis for Intervention
Element 9b: Academic Skills and Training (see p. 53 in Guidebook)

Overall Element Rating	1	2	3	4	5	NA
*An overall assessment of element looking across the **6** indicators noted below*	We **don't do any** indicators and/or have room for improvement on **most or all** indicators	We do a **few** indicators, but could use improvement on **many** indicators	We do **some** of the indicators, but could use improvement on **some** indicators	We do **most** of the indicators and/or could use improvement on **only a few** indicators	We do **all** the indicators and/or need **no improvement** on the indicators	

Please note those indicators that aren't currently happening and/or need improvement on (*check all that apply*)
- ❑ Standardized academic skills assessments are used or reviewed to determine the needs of each client.
- ❑ Academic program is tailored to the individual needs of each youth.
- ❑ Learning activities effectively engage youth.
- ❑ Records of assessments, individualized learning plans, and re-assessments are maintained and tracked in client files.
- ❑ Academic progress is monitored regularly.
- ❑ If youth are in school, information on academic progress observed and interventions needed is shared between program and school (to the extent that privacy laws allow).

1. Please discuss any supporting reasons for the **overall assessment ranking** you have provided and for the indicators you have identified that need improvement over time.

2. Please identify the key pieces of documentation that might support your ratings of the indicators and this element. These might include examples of academic assessment tools or school records, client educational plans, academic progress reports, standardized records of achievement by clients, etc.

3. Please provide any comments about this element and its indicators that might be helpful in the development of the Action Plans.

Dimension 4: Theoretical Basis for Intervention

Element 10: Individual Therapy (see p. 55 in Guidebook)

Overall Element Rating	1	2	3	4	5	NA
*An overall assessment of element looking across the **4** indicators noted below*	We **don't do any** indicators and/or have room for improvement on **most or all** indicators	We do a **few** indicators, but could use improvement on **many** indicators	We do **some** of the indicators, but could use improvement on **some** indicators	We do **most** of the indicators and/or could use improvement on **only a few** indicators	We do **all** the indicators and/or need **no improvement** on the indicators	

Please note those indicators that aren't currently happening and/or need improvement on (*check all that apply*)

- ❑ Therapists tailor treatment plans - with short-term and long-term goals and identified strategies for reaching each goal – to the individual needs of each youth.
- ❑ Therapists can describe their conceptualization of the problem (does it encompass biological, psychological, social/environmental, developmental or family factors?) and the specific issues they are attempting to treat and the approach they are utilizing to affect these changes (in ways that do not compromise counselor-client privacy ethics).
- ❑ Family members are involved appropriately in the development and implementation of treatment plans.
- ❑ Therapists are trained in individual therapy theories appropriate for adolescents and have experience working with adjudicated youth.

1. Please discuss any supporting reasons for the **overall assessment ranking** you have provided and for the indicators you have identified that need improvement over time.

2. Please identify the key pieces of documentation that might support your ratings of the indicators and this element. These might include examples of staff resumes showing competencies, (anonymous) client assessments, treatment plans, etc.

3. Please provide any comments about this element and its indicators that might be helpful in the development of the Action Plans.

Dimension 4: Theoretical Basis for Intervention
Element 11: *Family Therapy/Interventions (see p. 58 in Guidebook)*

Overall Element Rating	1	2	3	4	5	NA
An overall assessment of element looking across the 6 indicators noted below	We **don't do any** indicators and/or have room for improvement on **most or all** indicators	We do a **few** indicators, but could use improvement on **many** indicators	We do **some** of the indicators, but could use improvement on **some** indicators	We do **most** of the indicators and/or could use improvement on **only a few** indicators	We do **all** the indicators and/or need **no improvement** on the indicators	

Please note those indicators that aren't currently happening and/or need improvement on (***check all that apply***)
- ❑ Therapists can describe specific strategies for engaging and establishing rapport with the family and youth that are related to reducing recidivism and mitigating other problem patterns.
- ❑ Therapists can describe how they help the family and youth recognize their problem patterns.
- ❑ Therapists can describe how they use multiple, effective techniques (social development, cognitive-behavioral, etc.) to help the family and youth practice new behaviors.
- ❑ Family and youth are actively engaged in the process, as measured through attendance and through evaluation processes including surveys and therapeutic measurement tools.
- ❑ Family and youth demonstrate observable behavior modification, specifically in areas discussed in therapy sessions.
- ❑ Family and youth have an increased understanding of problem behaviors and how to change them.

1. Please discuss any supporting reasons for the **overall assessment ranking** you have provided and for the indicators you have identified that need improvement over time.

2. Please identify the key pieces of documentation that might support your ratings of the indicators and this element. These might include examples of (anonymous) client records showing family involvement, (anonymous) family behavior modification plans, etc.

3. Please provide any comments about this element and its indicators that might be helpful in the development of the Action Plans.

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Dimension 4: Theoretical Basis for Intervention
Element 12: *Group Therapy (see p. 60 in Guidebook)*

Overall Element Rating	1	2	3	4	5	NA
An overall assessment of element looking across the 6 indicators noted below	We **don't do any** indicators and/or have room for improvement on **most or all** indicators	We do a **few** indicators, but could use improvement on **many** indicators	We do **some** of the indicators, but could use improvement on **some** indicators	We do **most** of the indicators and/or could use improvement on **only a few** indicators	We do **all** the indicators and/or need **no improvement** on the indicators	

Please note those indicators that <u>aren't currently happening</u> and/or <u>need improvement on</u> (***check all that apply***)
- ❑ The group design has specific objectives, with characteristics and activities that are effective in meeting the objectives, and which are measured on an ongoing basis.
- ❑ Participants are actively engaged in the group process, as measured through attendance and through evaluation processes including surveys and therapeutic measurement tools.
- ❑ Participants demonstrate observable behavior modification, specifically in areas discussed in group therapy sessions.
- ❑ Participants have an increased understanding of problem behaviors and how to change them.
- ❑ Therapists demonstrate a variety of styles suited to the personality and situation of participants.
- ❑ Therapists are trained in, and follow, professional guidelines for successful group counseling.

1. Please discuss any supporting reasons for the **overall assessment ranking** you have provided and for the indicators you have identified that need improvement over time.

2. Please identify the key pieces of documentation that might support your ratings of the indicators and this element. These might include examples of staff resumes showing competencies, group therapy plans, (anonymous) case notes, etc.

3. Please provide any comments about this element and its indicators that might be helpful in the development of the Action Plans.

Dimension 4: Theoretical Basis for Intervention
Element 13: Multiple Services, Casework/Advocacy (see p. 62 in Guidebook)

Overall Element Rating	1	2	3	4	5	NA
*An overall assessment of element looking across the **5** indicators noted below*	We **don't do any** indicators and/or have room for improvement on **most or all** indicators	We do a **few** indicators, but could use improvement on **many** indicators	We do **some** of the indicators, but could use improvement on **some** indicators	We do **most** of the indicators and/or could use improvement on **only a few** indicators	We do **all** the indicators and/or need **no improvement** on the indicators	

Please note those indicators that <u>aren't currently happening</u> and/or <u>need improvement on</u> (***check all that apply***)
- ❑ A case manager is assigned to each client, the manager rarely changes, and his/her caseload allows sufficient time for him/her to meet the needs of his/her clients.
- ❑ Staff can describe and provide a copy of an individual plan for each participant.
- ❑ Staff can describe a wide variety of services and supports that are routinely available to which they match clients.
- ❑ Staff can describe and provide a copy of records monitoring the progress of each participant, and demonstrate that changes in goals and services are made that are responsive to information received through reviewing relevant records.
- ❑ Families are appropriately involved in the development and implementation of individual plans, when applicable.

1. Please discuss any supporting reasons for the **overall assessment ranking** you have provided and for the indicators you have identified that need improvement over time.

2. Please identify the key pieces of documentation that might support your ratings of the indicators and this element. These might include examples of (anonymous) client casework plans, records of typical caseloads managed by staff, etc.

3. Please provide any comments about this element and its indicators that might be helpful in the development of the Action Plans.

Dimension 4: Theoretical Basis for Intervention
Element 14: Wraparound Process (see p. 64 in Guidebook)

Overall Element Rating	1	2	3	4	5	NA
An overall assessment of element looking across the 5 indicators noted below	We **don't do any** indicators and/or have room for improvement on **most or all** indicators	We do a **few** indicators, but could use improvement on **many** indicators	We do **some** of the indicators, but could use improvement on **some** indicators	We do **most** of the indicators and/or could use improvement on **only a few** indicators	We do **all** the indicators and/or need **no improvement** on the indicators	

For the method used to evaluate the Wraparound Process, please note those indicators that <u>aren't currently happening</u> and/or <u>need improvement on</u> (*check all that apply*)

➔ The *Wraparound Fidelity Index (WFI)* is an interview process that measures adherence during implementation to the recognized wraparound elements. WFI assesses the fidelity of implementation of a wraparound process by having the parent, youth and resource facilitator rate four items that are considered essential service delivery practices for each of the essential elements of wraparound listed above. For example, within the element of Voice and Choice, questions are:
  ❑ Does the parent express their opinions even if they are different from the rest of the team?
  ❑ Are important decisions about the youth and family made when the parent is not there?
  ❑ Do team members "overrule" the parent's wishes regarding the youth?
  ❑ Does the parent make all major decisions about services and supports with help from the team?

➔ The *Checklist for Indicators of Practice and Planning (ChIPP)* provides a list of indicators of the extent to which teams demonstrate, during team meetings, that the necessary conditions (listed above) of a high-quality wraparound process are present. It can be used as a self-assessment or as an observational tool. For example, within the necessary condition of adhering to a practice model that promotes team cohesiveness and high quality planning in a manner consistent with the value base of wraparound, the indicators are:
  ❑ Team adheres to meeting structures, techniques, and procedures that support high quality planning.
  ❑ Team considers multiple alternatives before making decisions.
  ❑ Team adheres to procedures, techniques and/or structures that work to counteract power imbalances between and among providers and families.
  ❑ Team uses structures and techniques that lead all members to feel that their input is valued.
  ❑ Team builds agreement around plans despite differing priorities and diverging mandates.
  ❑ Team builds an appreciation of strengths.
  ❑ Team planning reflects cultural competence.

❑ The *Wraparound Observation Form – Second Version (WOF-2)* was developed to reflect the delivery of services based on the wraparound approach to children and youth during team meetings in community-based systems of care. The WOF-2 is completed based on a user's manual by an observer of the meeting. For example, within the characteristic of community-based resources, indicators are:
  ❑ Information about resources/interventions in the area is offered to the team.
  ❑ Plan of care includes at least one public and/or private community service/resource.
  ❑ Plan of care includes at least one informal resource.
  ❑ When residential placement is discussed, team chooses community placements for child(ren), rather than out-of-community placements, whenever possible.
  ❑ Individuals (non-professionals) important to the family are present at the meeting.

1. Please discuss any supporting reasons for the **overall assessment ranking** you have provided and for the indicators you have identified that need improvement over time.

2. Please identify the key pieces of documentation that might support your ratings of the indicators and this element. These might include examples of assessment tools, (anonymous) sample assessments, etc.

3. Please provide any comments about this element and its indicators that might be helpful in the development of the Action Plans.

Dimension 4: Theoretical Basis for Intervention

Element 15: *Avoiding Programs with Mixed or Weak Effects (see p. 69 in Guidebook)*

Element/Indicator	Do you use it?	Do you evaluate its effectiveness?	Is it effective?	Follow-up: is it still being used?	Documentation of effectiveness? (Y/N) If "YES", how?
1. Wilderness challenge programs (e.g., Outward Bound and Vision Quest)					
2. Programs involving large groups of antisocial adolescents, especially in residential settings					
3. Aftercare (programs or activities designed to help juvenile offenders leaving an institution to reintegrate into the community)					

Dimension 4: Theoretical Basis for Intervention
Element 16: *Avoiding Programs that Don't Work (see p. 70 in Guidebook)*

Element/Indicator	Do you use it?	Do you evaluate its effectiveness?	Is it effective?	Follow-up: is it still being used?	Documentation of effectiveness? (Y/N) If "YES", how?
1. Confrontation					
a. *Scared Straight/shock incarceration*: Brings youth into prisons and subjects them to some of the dynamics of prison life or uses other methods to expose them to the realities of incarceration as a deterrent.					
b. *Boot camps*: Requires incarcerated youth to follow the structure and live in the atmosphere of military inductions training camps, using discipline, drill and ceremony.					
2. Traditional psychodynamic, nondirective or client-centered therapies (as distinguished from individual therapy aimed at specific emotional or behavioral changes)					
a. Includes processes such as "talking" cures, unraveling the unconscious and gaining insight, fostering positive self-regard, externalizing blame to parents or society, ventilating anger					
b. Open and non-focused family counseling)					
3. Vague, unstructured rehabilitation programs					

4. Increasing cohesiveness of delinquent/criminal groups (allowing delinquent youth to bond with other delinquent youth in ways that could increase criminal behavior through peer influence)					
5. Targeting non-crime producing needs (e.g., self-esteem, depression, anxiety, vague emotional or personal problems)					

Dimension 5: Implement with Quality and Fidelity

Element 17: Implementation of Practice as Designed (see p. 73 in Guidebook)

Overall Element Rating	1	2	3	4	5	NA
An overall assessment of element looking across the 3 indicators noted below	We **don't do any** indicators and/or have room for improvement on **most or all** indicators	We do a **few** indicators, but could use improvement on **many** indicators	We do **some** of the indicators, but could use improvement on **some** indicators	We do **most** of the indicators and/or could use improvement on **only a few** indicators	We do **all** the indicators and/or need **no improvement** on the indicators	

Please note those indicators that <u>aren't currently happening</u> and/or <u>need improvement on</u> (***check all that apply***)
- ❑ Staff understand and can identify specific, critical program design elements.
- ❑ Policies and procedures include instructions for on-going quality control processes, which may include site visits, additional staff training, and assessment.
- ❑ Staff use instruments, such as those named above, to track fidelity and these documents are filed for program review to document key components of program delivery.

1. Please discuss any supporting reasons for the **overall assessment ranking** you have provided and for the indicators you have identified that need improvement over time.

2. Please identify the key pieces of documentation that might support your ratings of the indicators and this element. These might include examples of program design descriptions paired with service delivery plans, descriptions of quality control procedures, examples of quality reviews, etc.

3. Please provide any comments about this element and its indicators that might be helpful in the development of the Action Plans.

Dimension 5: Implement with Quality and Fidelity

Element 18: _Sufficient Intensity and Duration (see p. 75 in Guidebook)_

Overall Element Rating	1	2	3	4	5	NA
An overall assessment of element looking across the **2** indicators noted below	We **don't do any** indicators and/or have room for improvement on **most or all** indicators	We do a **few** indicators, but could use improvement on **many** indicators	We do **some** of the indicators, but could use improvement on **some** indicators	We do **most** of the indicators and/or could use improvement on **only a few** indicators	We do **all** the indicators and/or need **no improvement** on the indicators	

Please note those indicators that aren't currently happening and/or need improvement on (***check all that apply***)

❑ The program articulates (in references; best practice protocols; or its own program evaluation results) evidence that the intensity and duration of the program activities are adequate to achieve the desired level of change. If the intensity or duration is less than that recommended for best practices, the program explains why it thinks the reduced intensity and/or duration will still be effective.

❑ The program keeps records of activities and attendance for each participant that demonstrate that most participants are receiving the planned minimum levels of intensity and duration even with anticipated average absences and service interruptions.

1. Please discuss any supporting reasons for the **overall assessment ranking** you have provided and for the indicators you have identified that need improvement over time.

2. Please identify the key pieces of documentation that might support your ratings of the indicators and this element. These might include examples of practice protocols, records of activities or attendance, etc.

3. Please provide any comments about this element and its indicators that might be helpful in the development of the Action Plans.

Dimension 5: Implement with Quality and Fidelity

Element 19: Evaluation and Continuous Improvement (see p. 77 in Guidebook)

Overall Element Rating	1	2	3	4	5	NA
*An overall assessment of element looking across the **9** indicators noted below*	We **don't do any** indicators and/or have room for improvement on **most or all** indicators	We do a **few** indicators, but could use improvement on **many** indicators	We do **some** of the indicators, but could use improvement on **some** indicators	We do **most** of the indicators and/or could use improvement on **only a few** indicators	We do **all** the indicators and/or need **no improvement** on the indicators	

Please note those indicators that aren't currently happening and/or need improvement on (***check all that apply***)

- ❑ Existence of a current written plan outlining a process for assessing and improving overall program performance, which assigns responsibilities and sets timelines for implementation.
- ❑ Existence of a current written plan developed with staff input that describes an outcomes measurement system for each program, including the outcome of customer satisfaction.
- ❑ Regular participation by stakeholders in an ongoing improvement process.
- ❑ A theory of change for the program and/or organization.
- ❑ A written logic model for each program, developed with staff input, and routinely updated.
- ❑ Appropriate outcomes, which contribute to the goal of reduced recidivism.
- ❑ Evaluation data are tracked in a system (such as computer spreadsheets or data bases) to allow comparisons of changes in individuals over time and comparisons of program outcomes over time or with different populations.
- ❑ Client recidivism is tracked for at least six months after clients leave the program.
- ❑ Documentation on how evaluation findings are used to improve performance and quality.

1. Please discuss any supporting reasons for the **overall assessment ranking** you have provided and for the indicators you have identified that need improvement over time.

2. Please identify the key pieces of documentation that might support your ratings of the indicators and this element. These might include examples of lists of anticipated program outcomes and indicators, program logic models, evaluation plans, data collection tools, outcome based evaluation data or reports, etc.

3. Please provide any comments about this element and its indicators that might be helpful in the development of the Action Plans.

Supports and Resources Surrounding the Intervention

Element 20: *Agency Mission (see p. 84 in Guidebook)*

Overall Element Rating	1	2	3	4	5	NA
An overall assessment of element looking across the 4 indicators noted below	We **don't do any** indicators and/or have room for improvement on **most or all** indicators	We do a **few** indicators, but could use improvement on **many** indicators	We do **some** of the indicators, but could use improvement on **some** indicators	We do **most** of the indicators and/or could use improvement on **only a few** indicators	We do **all** the indicators and/or need **no improvement** on the indicators	

Please note those indicators that aren't currently happening and/or need improvement on (***check all that apply***)
- ❑ Written mission statement that clearly defines the role and purpose of the organization, as well as how it intends to serve its stakeholders/target population.
- ❑ Program is designed based on clear priorities and goals developed from mission statement; coherent links are evident.
- ❑ Mission statement is included in program materials; it is regularly communicated to staff, board, participants, and other stakeholders.
- ❑ Mission statement is reviewed every five years, and revised as necessary

1. Please discuss any supporting reasons for the **overall assessment ranking** you have provided and for the indicators you have identified that need improvement over time.

2. Please identify the key pieces of documentation that might support your ratings of the indicators and this element. These might include examples of mission statement, goals lists (planned and achieved), strategic plans, etc.

3. Please provide any comments about this element and its indicators that might be helpful in the development of the Action Plans.

Supports and Resources Surrounding the Intervention
Element 21: Agency Leadership (see p. 85 in Guidebook)

Overall Element Rating	1	2	3	4	5	NA
*An overall assessment of element looking across the **4** indicators noted below*	We **don't do any** indicators and/or have room for improvement on **most or all** indicators	We do a **few** indicators, but could use improvement on **many** indicators	We do **some** of the indicators, but could use improvement on **some** indicators	We do **most** of the indicators and/or could use improvement on **only a few** indicators	We do **all** the indicators and/or need **no improvement** on the indicators	

Please note those indicators that aren't currently happening and/or need improvement on (***check all that apply***)
- ❑ Board membership includes people with skills and knowledge in financial management and organizational management, and reflects a diversity of additional skills and knowledge important to the organization.
- ❑ Leadership skills, and other associated requirements, needed for staff positions are included in job descriptions and program policies and procedures.
- ❑ Qualifications and job responsibilities for program leaders include: three years of experience working with offenders, training in a helping profession, and knowledge of program design and implementation, involvement in staff hiring and training, and some direct service provision.
- ❑ Initial and on-going leadership training for head executive and program leaders.

1. Please discuss any supporting reasons for the **overall assessment ranking** you have provided and for the indicators you have identified that need improvement over time.

2. Please identify the key pieces of documentation that might support your ratings of the indicators and this element. These might include examples of descriptions of Board members assets or activities for the organization, job descriptions describing leadership expectations, leadership training undertaken by staff or Board members, etc.

3. Please provide any comments about this element and its indicators that might be helpful in the development of the Action Plans.

Supports and Resources Surrounding the Intervention

Element 22: Agency Funding and Financial Management (see p. 87 in Guidebook)

Overall Element Rating	1	2	3	4	5	NA
An overall assessment of element looking across the 8 indicators noted below	We **don't do any** indicators and/or have room for improvement on **most or all** indicators	We do a **few** indicators, but could use improvement on **many** indicators	We do **some** of the indicators, but could use improvement on **some** indicators	We do **most** of the indicators and/or could use improvement on **only a few** indicators	We do **all** the indicators and/or need **no improvement** on the indicators	

Please note those indicators that <u>aren't currently happening</u> and/or <u>need improvement on</u> (***check all that apply***)
- ❑ Governing board has developed and implemented a long-range funding plan with assigned responsibilities and timelines.
- ❑ Financial resources are leveraged through collaboration.
- ❑ Governing board regularly monitors financial status of program.
- ❑ Chief Executive Officer regularly reports to the governing board regarding financial status, anticipated problems, financial planning, and funding options.
- ❑ Program services are priced to be affordable to target population.
- ❑ Staff manage financial affairs of program utilizing sound fiscal management practices and applicable legal and professional requirements.
- ❑ Staff involved in seeking and managing funds have experience in fund development and financial management skills.
- ❑ Stable and predictable sources of revenue are sought and retained.

1. Please discuss any supporting reasons for the **overall assessment ranking** you have provided and for the indicators you have identified that need improvement over time.

2. Please identify the key pieces of documentation that might support your ratings of the indicators and this element. These might include examples of funding plans, balance sheets, development plans, cost summaries, etc.

3. Please provide any comments about this element and its indicators that might be helpful in the development of the Action Plans.

Supports and Resources Surrounding the Intervention
Element 23: *Community Support (see p. 89 in Guidebook)*

Overall Element Rating	1	2	3	4	5	NA
*An overall assessment of element looking across the **5** indicators noted below*	We **don't do any** indicators and/or have room for improvement on **most or all** indicators	We do a **few** indicators, but could use improvement on **many** indicators	We do **some** of the indicators, but could use improvement on **some** indicators	We do **most** of the indicators and/or could use improvement on **only a few** indicators	We do **all** the indicators and/or need **no improvement** on the indicators	

Please note those indicators that aren't currently happening and/or need improvement on (***check all that apply***)
- ❑ Community education and support-seeking activities are noted as specific tasks and responsibilities in appropriate staff job descriptions, policies and procedures, and materials describing board roles.
- ❑ Program has advisory and/or governing boards that reflect community interest groups and that are involved in program activities and policy development.
- ❑ Levels of community support are regularly measured.
- ❑ Levels of knowledge among stakeholder groups regarding organization's purpose, function, and role are regularly measured.
- ❑ Community advocacy and education activities are routinely carried out among stakeholder groups.

1. Please discuss any supporting reasons for the **overall assessment ranking** you have provided and for the indicators you have identified that need improvement over time.

2. Please identify the key pieces of documentation that might support your ratings of the indicators and this element. These might include examples of community survey results, lists of stakeholders and their interest relative to the organization, lists of advocates for the organization, etc.

3. Please provide any comments about this element and its indicators that might be helpful in the development of the Action Plans.

Supports and Resources Surrounding the Intervention

Element 24: *Connections across Programs and Services (see p. 91 in Guidebook)*

Overall Element Rating	1	2	3	4	5	NA
*An overall assessment of element looking across the **9** indicators noted below*	We **don't do any** indicators and/or have room for improvement on **most or all** indicators	We do a **few** indicators, but could use improvement on **many** indicators	We do **some** of the indicators, but could use improvement on **some** indicators	We do **most** of the indicators and/or could use improvement on **only a few** indicators	We do **all** the indicators and/or need **no improvement** on the indicators	

Please note those indicators that <u>aren't currently happening</u> and/or <u>need improvement on</u> (***check all that apply***)
- ❑ Regular trainings for staff regarding available services and supports.
- ❑ Assessments of clients are designed to identify services needed beyond what the program can provide.
- ❑ Networking with other agencies is included as a specific task in staff job descriptions and agency policies and procedures.
- ❑ Service coordination activities, as noted above, are routinely carried out by agency staff.
- ❑ Agency is involved in appropriate service collaborations.
- ❑ Continuum of services and integrated systems concepts are included in agency materials and supported by staff and the governing body.
- ❑ Staff educate participants about services and supports available to them in the community.
- ❑ Intake or other client records indicate other services received, other organizations engaged, contact staff and phone numbers.
- ❑ Records show referrals or consultation notes made during the program and whether client received services to which they are referred.

1. Please discuss any supporting reasons for the **overall assessment ranking** you have provided and for the indicators you have identified that need improvement over time.

2. Please identify the key pieces of documentation that might support your ratings of the indicators and this element. These might include examples of staff training schedules, lists of typical organizations used in referrals, lists of organizations with which the organization cooperates, (anonymous) client records of referrals, etc.

3. Please provide any comments about this element and its indicators that might be helpful in the development of the Action Plans.

Evaluation Form
for
The Program Assessment and Implementation Planning Guide

Thank you for using this assessment process for the Guidebook to Elements of Successful Programs. Since we are seeking input that we hope will help us improve this tool, we would like your feedback now that you have used the Assessment and Improvement Plan. Please answer the questions below and send this form to:

Maure Carrier
King County Community Services Division
821 Second Avenue, Suite 500
Seattle, WA 98104
E-mail: maure.carrier@metrokc.gov
Phone: 206-205-3048 FAX: 206-205-6565

Please also attach copies of:
      A.   Your program description page from this document (page 6) and
      B.   Your selection of elements to review (page 7).

Thanks!!

---

1.   Were you assessing a single program or more than one that are part of a single organization?

☐ Single program   ☐ Multiple Programs (How many? _____)

Thinking collectively about all of the elements you evaluated, please answer the following questions. For each question, please circle the number that best represents your opinion or write in the numbers requested.

For all elements combined:					
	Not at all clear				**Very clear**
2. How would you rate the overall *clarity of the elements (as described in the guidebook) as a whole* (i.e., how easy was it to understand what was written)?	0	1	2	3	4
	Not at all meaningful				**Very meaningful**
3. In general, how *meaningful are the numbered indicators as a whole* that describe these elements (i.e., how well do they describe these elements for a program serving highly at-risk youth)?	0	1	2	3	4
4. Which *elements* are *especially meaningful in helping describe how your program works* (i.e., in showing that your program is likely to be successful) (list numbers in space at right)?					

5. Which *elements* are *not meaningful* or *only marginally meaningful in helping describe how your program works* (i.e., in showing that your program is likely to be successful) (list numbers in space at right)?					
	Not at all reasonable				**Very reasonable**
6. There is a request for documentation that illustrates your organization's or your staff members' competency or effectiveness with regard to the indicators. In general, *how reasonable* is it to assume that an organization like yours have, provide, or create the documentation requested *for all of these elements combined*?	0	1	2	3	4
	Not at all useful				**Very useful**
7. *How useful* was this assessment process to your organization in gaining insights into what you do well, where there might be room for improvement, and how well you document your program and results?	0	1	2	3	4

8. What suggestions do you have for improving the guidebook?

9. What suggestions do you have for improving this assessment process?

10. How do you intend to use what (if anything) you have learned about your organization to improve your documentation or your programs?

11. What is your name? _____

12. What is your job title? _____

13. May we contact you with follow-up questions?

☐ No   ☐ Yes (phone number: _____   email: _____)

Please also attach copies of:
      A. Your program description page from this document (page 6) and
      B. Your selection of elements to review (page 7).

<div align="center">Thank you!!</div>

DAVID P. WEIKART
CENTER FOR YOUTH
PROGRAM QUALITY

program quality assessment handbook

YOUTH VERSION

The David P. Weikart Center for Youth Program Quality,

a division of the Forum for Youth Investment, is dedicated to empowering education and human service leaders to adapt, implement, and scale best-in-class, research-validated quality improvement systems to advance child and youth development.

The Weikart Center encourages managers to prioritize program quality. We offer training, technical assistance, and research services that all come together in the Youth Program Quality Intervention, a comprehensive system for improving the quality of youth programs.

The Program Quality Assessment Handbook Series

supports training with and use of the Youth and School-Age Program Quality Assessment (PQA). The Youth Program Quality Assessment (PQA) is a validated instrument designed to evaluate the quality of youth programs and identify staff training needs. It has been used in community organizations, schools, camps, and other places where youth have fun, work, and learn with adults.

The Youth PQA is a dual-purpose instrument, robust enough to use for accountability and research purposes and user-friendly enough to serve as a tool for program self assessment. It is both a quality monitoring tool and a learning tool.

To learn more, please visit www.cypq.org.

program quality assessment handbook

YOUTH VERSION

Charles Smith, Tom Akiva, Monica Jones, Amanda Sutter, Barbara Hillaker, Leah Wallace, & Gina McGovern

table of contents

Welcome to the Youth PQA Handbook!
Across the nation, high-quality youth programs are being recognized by their communities for the valuable contributions they can make to young people's growth. Studies suggest that children and youth who spend their out-of-school hours in safe and nurturing learning environments are at significantly less risk for truancy, emotional stress, poor grades, substance use, sexual activity, and crime. Participating in out-of-school activities on a consistent basis, with access to a variety of enriching activities and the opportunity to build meaningful relationships with peers and adults, has shown to benefit young people socially, emotionally, and academically.*

Research has also revealed that out-of-school time programs that contain quality features make larger impacts than those without. This underscores the importance of looking not just at outcomes but at the point-of-service – what happens when youth and adults get together in the program space – and strengthening the quality of those opportunities and interactions.

The David P. Weikart Center for Youth Program Quality, a division of the Forum for Youth Investment is charged with empowering education and human services leaders to adapt, implement, and scale research-validated, quality improvement systems to advance child and youth development. Basically, this means that our goal is to translate our experience and expertise in the field of youth development research to the folks working with youth in out-of-school time settings so that they can create youth programs that best support the developmental needs of youth.

Together, the Weikart Center and the Forum for Youth Investment are dedicated to helping communities and the nation make sure all young people are Ready by 21®: ready for college, work and life. The Weikart Center's role in the Ready By 21® approach is to research what contributes to the most developmentally supportive environments for youth, and to train youth workers on these approaches. Together with our national partners we provide powerful, cost-effective, and research-validated tools, training, and technical assistance to empower adults who work with youth.

Our positive youth development approach assumes that youth programs are more than places to baby sit young people in the non-school hours, but that they have learning and development purposes. Whether you believe that the purpose of an out-of-school time program is to improve academics, to build life skills, or just to provide a place where kids can hang out and be kids, our approach provides the foundations for building a safe and productive environment for young people. In short, the approach is based on the belief that it is a youth worker's job to set up an environment for young people in which their needs are met and learning is encouraged—to set up a space in which youth needs are met so that they can thrive!

*See the following scholarly articles for more information:
Eccles, J. S. and J. A. Gootman (2002). Community programs to promote youth development. Washington, DC, National Acad-emies Press.
Huang, D., D. LaTorre, et al. (2008). Identification of Key Indicators of Quality in Afterschool Programs, CRESST Report 748. Los Angeles, CA.
Miller, B. (2005). Pathways to Success for Youth: What Counts in After-School, A Report on the Massachusetts After-School Research Study (MARS) Arlington, MA.
Bodilly, S. and M. K. Beckett (2005). Making Out-of-School-Time Matter: Evidence for an Action Agenda. Santa Monica, RAND Corporation.
Durlak, J. and R. Weissberg (2007). The Impact of After-School Programs that Promote Personal and Social Skills. Chicago, IL, Collaborative for Academic, Social, and Emotional Learning.

The Youth Program Quality Intervention (YPQI) is a comprehensive system for improving program quality, built around the research-validated Youth Program Quality Assessment (PQA). It involves a three-part approach to program quality: the assess-plan-improve sequence as shown in Figure 1. This sequence begins with assessment in order to identify both youth workers' existing strengths and areas for improvement. These areas then become goals in an improvement plan, with clear steps and benchmarks for success. To manage improvement, the Weikart Center also provides powerful supports for youth leaders and the high quality Youth Work Methods series of workshops for staff. As a whole, the assess-plan-improve sequence establishes a supportive system for continuous improvement.

The assess-plan-improve sequence helps programs to turn data into useful information for program improvement. Assessment and evaluation can supply a wealth of valuable data about the quality of a youth program, but assessment provides just the data—numbers and words.

To learn from the data and use it effectively to improve the quality of experiences for youth, program staff engage in conversations that lead to professional development decisions. The Weikart Center Youth Work Methods trainings are aligned to the practices promoted in the Youth PQA and are designed to strengthen the skills of program staff. Program managers can provide support to their staff by using Quality Instructional Coaching to observe staff and reflect with them on their practice.

Once you make assessment and improvement planning regular practice, you can keep doing it every year, tracking your progress from year to year and adjusting your focus based on the needs of your staff. The more you engage in improvement planning, the better you'll get at using data to effectively improve the experience youth have in your program.

The charts on the next few pages provide more detail on the steps in the assess-plan-improve se-quence. Figure 2 outlines all of the elements and trainings within the YPQI. Figure 3 shows how the YPQI involves different elements depending on the role you will play in the process. The next section provides step-by-step instructions for each stage of the YPQI.
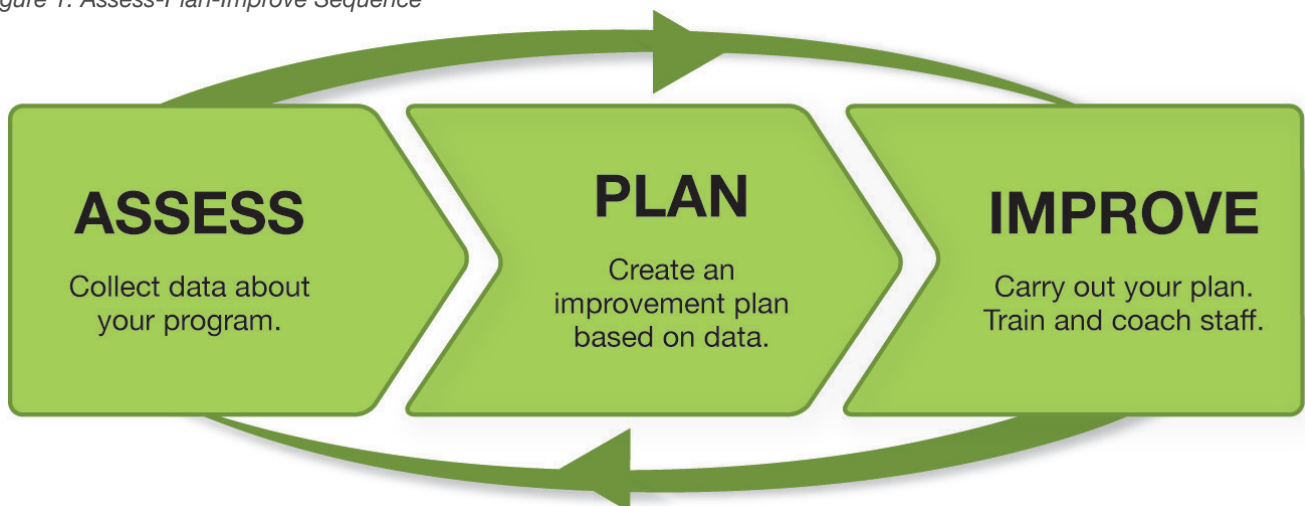
Figure 1: Assess-Plan-Improve Sequence

ASSESS
Collect data about your program.

PLAN
Create an improvement plan based on data.

IMPROVE
Carry out your plan. Train and coach staff.

Figure 2: Elements of Assess - Plan - Improve with Trainings

	Element	Training	Action
ASSESS	Program self assessment (PQA Form A)	*PQA Basics* (1 day)	Site teams complete a team-based program self assessment
	External Assessment (PQA Form A)	*External Assessor Workshop* (1.5 days)	External assessments completed by reliable External Assessors
	Organizational interview (PQA Form B)		Site teams and external assessors complete Form B
PLAN	Improvement Planning	*Planning with Data Workshop* (1 day)	Site teams develop program improvement plans based on PQA data
IMPROVE	Youth Work Methods (Active Participatory Approach aligned to PQA)	*Youth Work Methods Workshops* (2 hour workshops, usually in a half-day or one day summit)	Youth Work Methods Summit for staff and managers is delivered by local trainers that have attended the Youth Work Methods Training of Trainers Workshop. Selected workshops are identified by improvement plans.
	Quality Instructional Coaching	*Quality Coaching Workshop* (1 day)	Managers are trained to support staff improvement through one-on-one consultation using strengths-based feedback on practices in the PQA.

YPQI Roles and Responsibilities

Below is an overview of all key roles within the YPQI process. As you examine the various roles, please consider where you fit and how you think you can support this quality improvement work. Then consider the complete breakdown of responsibilities for your role throughout the assess-plan-improve sequence which is included in Figure 3.

Site Lead is responsible for leading a program (or programs) through the YPQI. He or she is usually a site manager, supervisor, or director, but could be anyone at the site. It is important that this person has sufficient time to coordinate the process and attend all trainings. The role of the Site Lead is explained in detail throughout the bulk of this handbook. The activities fall in the areas of managing assessment, managing improvement planning, and seeing that the improvement plan gets carried out.

Program Staff are primarily responsible for working directly with youth and enacting improvements in the quality of youth experience available at the program. They may take part in an assessment and improvement team. They may have some responsibilities for leading this team through the YPQI.

External Assessors visit programs in a network and prepare independent assessments to be used for network analysis and for program improvement. External Assessors must become reliable in scoring the Youth PQA, which usually involves three days of training and culminates in a video scoring check. To become an endorsed reliable assessor, a participant must achieve 80% accuracy with expert scores on a video of youth practice. External assessors can also support sites with improvement.
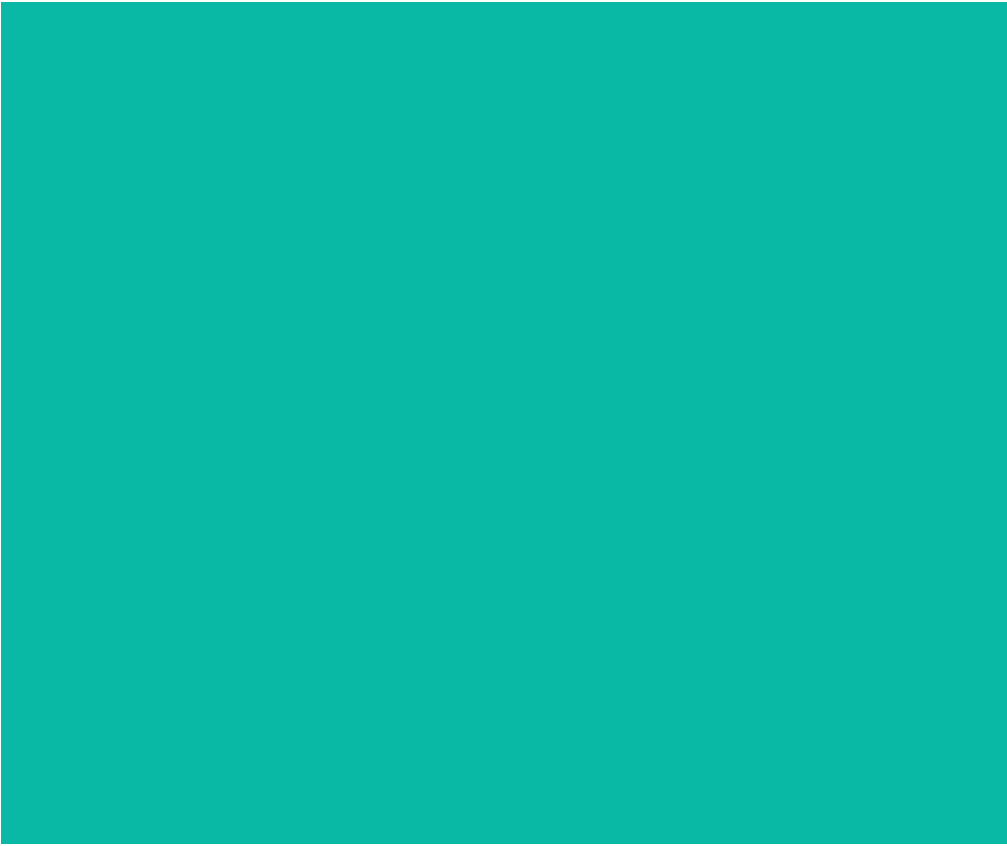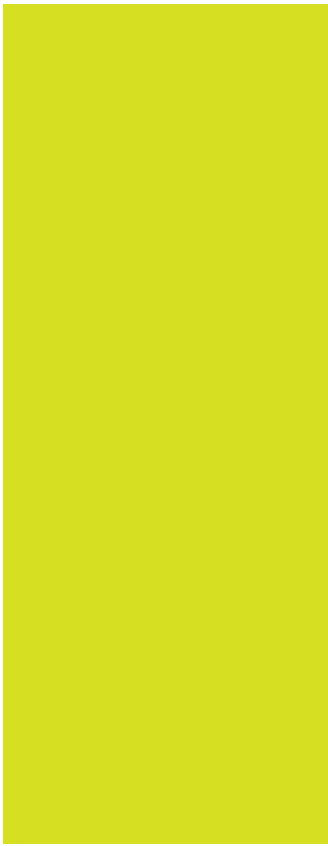
External Consultants or Coaches help program directors and staff experience success in the YPQI. This can involve guiding program self assessment, helping with improvement planning, working with individual staff, and facilitating trainings. These individuals may attend the Weikart Center's Training of Trainers or Traing of Consultants workshops. For more information about these capacity-building trainings, see the "What's Next" section beginning on page 39.

The *Network Lead* is involved in supporting the entire quality improvement system work. The Network Lead does all system coordinating for the YPQI, including communicating important information, scheduling, coordinating external assessment, and providing youth program personnel with access to supports. Most importantly, Network leads send signals to program staff that the improvement work is important.

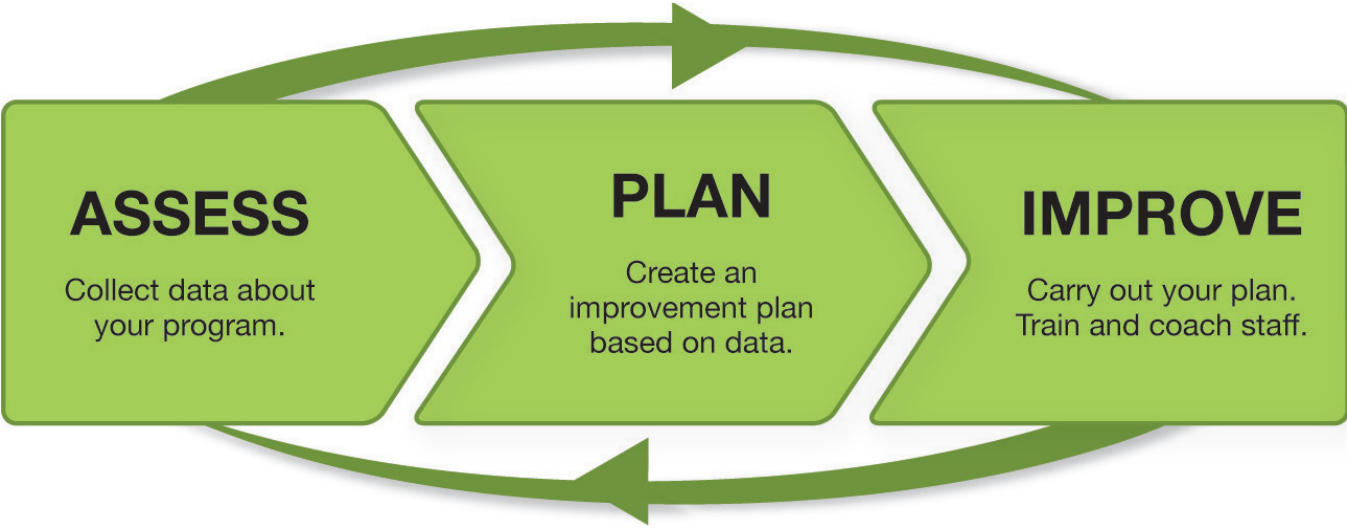*Figure 3: Assess - Plan - Improve Roles and Responsibilities*

	Site Lead	Program staff	External Assessors	External Consultants	Network Lead
ASSESS	Attend *PQA Basics* Train staff and lead program self assessment team (Form A and B) Attend *Scores Reporter Webinar* Enter data into Online Scores Reporter	Attend *PQA Basics* (live or online)* Participate in program self assessment	Attend *External Assessor Workshop* Conduct External Assessment (Form A and B)	Support site team in program self assessment Attend *Youth Work Management TOC*** Attend *Youth Work Methods TOT***	Plan trainings Coordinate external assessments Manage program self assessment
PLAN	Attend *Planning With Data* Lead team improvement planning Attend *Improvement Planning Webinar* Enter data into Online Scores Reporter	Attend *Planning With Data* Participate in improvement planning	Attend *Planning With Data**	Support site team improvement planning Facilitate *Planning with Data*	Plan trainings Activate external consultants Manage improvement planning
IMPROVE	Attend *Quality Coaching* Lead staff in improving point-of-service	Attend *Youth Work Methods* Enact best practices		Support team in improvement Deliver *Youth Work Methods* workshops to program staff Deliver *Quality Coaching* workshops to program managers and staff	Plan trainings Activate external consultants Support sites in improvement

* Attendance for this role is optional

part 1 | assess - plan - improve

ASSESS
Collect data about your program.

PLAN
Create an improvement plan based on data.

IMPROVE
Carry out your plan. Train and coach staff.

youth pqa overview

The Youth Program Quality Assessment (PQA) is a validated instrument designed to evaluate the quality of youth programs and identify staff training needs. It has been used in community organizations, schools, camps, and other places where youth have fun, work, and learn with adults.

The Youth PQA consists of 2 forms (Form A and Form B); 7 domains (4 in A, 3 in B) and 30 scales (18 in A, 12 in B). Form A has 60 items and Form B has 43 items. There is an overview of Youth PQA assessment terminology on page 46 of this manual.

Form A: Observational Items

Key Features
- Measures staff practices and experiences of youth in grades 4-12.
- Can be used for internal or external assessment.
- Is based on observation. Assessors watch interactions, write notes, and score the tool.

Form A of the Youth PQA contains items focused on observable practices at the point-of-service, or the place where youth and staff interact.

If you work primarily with younger children, you may be interested in the School-Age PQA, which incorporates age-appropriate experiences for school-aged children K – 6th grade. Please visit www.cypq.org for more information on the School-Age PQA.

The domains of Form A of the Youth PQA contain items that focus on specific elements of best practice of working with children and youth. The domains are:

Safe Environment — Youth experience both physical and emotional safety. The program environment is safe and sanitary.

Supportive Environment — Adults support youth in learning and growing. Adults support youth with opportunities for active learning, skill building, and developing healthy relationships.

Interaction — This is about the peer culture that exists in a program, and what adults can do to positively affect that culture. Youth support each other. Youth experience a sense of belonging. Youth participate in small groups as members and as leaders. Youth have opportunities to partner with adults.

Engagement — When young people feel safe and experience a sense of belonging, this allows them to be ready to assert for agency over their own learning. The engagement domain measures whether youth have opportunities to plan, make choices, reflect and learn from their experiences.

Higher order engagement through choice, planning and reflection.

Peer interaction through grouping and cooperative learning.

Supportive environment through welcoming, conflict resolution, active learning, encouragement, and skill building.

Physical safety, emotional safety, and inclusive practices.

ENGAGEMENT

INTERACTION

SUPPORTIVE ENVIRONMENT

SAFE ENVIRONMENT

Form B: Organizational Interview

> **Key Features**
> - Measures organization-level policies and procedures.
> - Can be used for internal or external assessment.
> - Is based on individual or group interview and document review. Assessors ask questions, write notes, and score the tool.

Form B of the Youth PQA assesses the quality of organizational supports for the program offerings assessed in Form A. Each domain of Form B contains items that focus on specific elements of best practice. Form B is customizable so your network can select what policies and procedures you would like to examine in youth programs in your community. Below are some examples of common domains in Form B.

Youth Centered Policies and Practices — This domain is about how well the staff practices and policies support youth. It assesses whether or not staff has qualifications/experience in positive youth development and if health and safety is promoted. Moreover, it is about youth choice and governance, and assesses whether youth interests are reflected in the activities and whether youth have decision-making power, including having a role on youth boards or youth councils.

High Expectations for Youth and Staff — This domain focuses on the administrative expectations for youth and staff. There should be high expectations for what youth can do paired with supportive environments and strategies that support youth growth. It also focuses on staff development and management in the program, including if there is a business plan, job performance/satisfaction monitoring and continuous improvement.

Access— This domain focuses on access for youth and families. It is about the relationships that staff can have with youth (through limited turnover) and the relationships they have with families, including barriers to participation. It focuses on the general partnerships that the program has with all other entities in youths' lives, including family, school and community.

If you are interested in developing a customized Form B, please contact the Weikart Center's research department at: www.cypq.org/products_and_services/research.
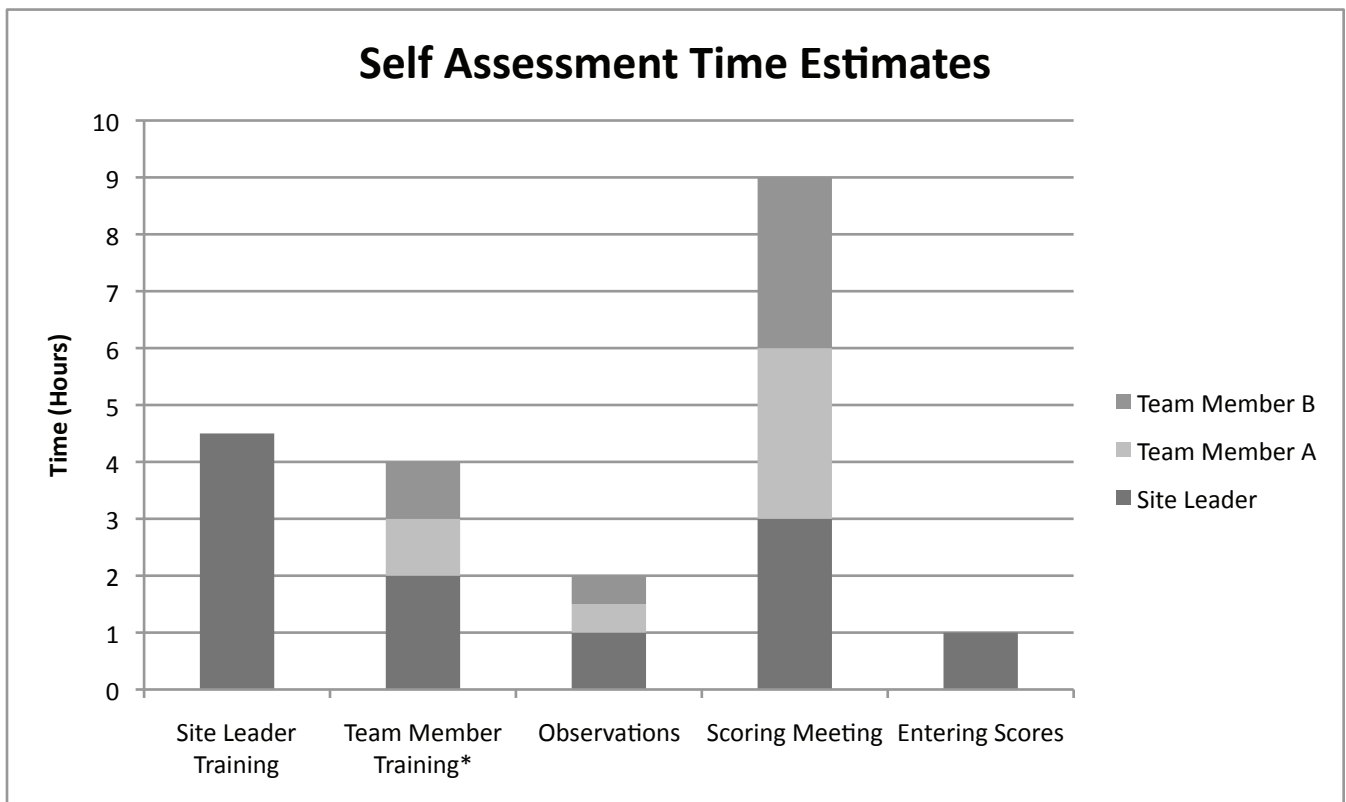
form a
program self assessment

Team-based program self assessment using the Youth PQA is a highly effective, low stakes strategy for building a quality-focused culture. Program self assessment can help managers and staff co-create meaningful improvement objectives for the quality of their programming and ultimately the outcomes for their youth participants.

Throughout the process, keep in mind these three aspects of a constructive program self assessment process:

- working as a team
- basing scores on observational evidence
- focusing on conversations about quality

The graph below shows estimated times for each major task in the self assessment process for the Site Leader and two team members. If you include additional team members, the time estimates will increase. The total time estimate for one Site Leader and two team members is roughly 20 hours of staff time.

Self Assessment Time Estimates

Y-axis: Time (Hours), scale 0 to 10

Categories: Site Leader Training, Team Member Training*, Observations, Scoring Meeting, Entering Scores

Legend:
- Team Member B
- Team Member A
- Site Leader

Team member training could include PQA Introduction online, or a Site Leader-led introduction using the Crash Course powerpoint and agenda on pages 16-18.

at-a-glance

Below is an overview of the Team-Based Program self assessment process. The pages that follow provide more detailed instructions on each step.

Step	Tasks
1. Training and Team Selection (page 15)	✓ The program self assessment team should consist of the site lead and at least two program staff, volunteers, or parents. ✓ Program self assessment team leader attends PQA Basics training. ✓ To prepare to be a part of the program self assessment process, we recommend that all program staff complete the 1-hour PQA Intro but they are also welcome to attend PQA Basics training live or online.

DO: Arrange for program staff to participate.	**DON'T: Include only Administrators.**

Step	Tasks
2. Data Collection Preparation (page 19)	✓ Team members collect data by taking turns observing their programs in action. ✓ Sometimes, schedules need to be rearranged, or a program manager needs to provide coverage in order to provide the opportunity for staff to observe each other. ✓ Schedule observation of a variety of offerings, including: academic enrichment, arts/culture enrichment, leadership programs and/or sports. Avoid: homework help, open gym, unstructured computer lab time, drop-in, etc. ✓ Always notify program staff of scheduled observation times. This is not a test! ✓ Plan time as soon as possible following the observations for discussion and scoring.
3. Observation and Note Taking (page 20)	✓ When possible, observe full program offerings – when students enter the room, until they leave, or as much of the program as time and coverage will allow. ✓ Take notes throughout the offering on factual information (include quotes, actions, etc.); refer to PQA instrument for additional questions for follow-up.

Step	Tasks
4. Team-based Scoring Meeting (page 22)	✓ Program self assessment team discusses each item row: each team member presents evidence from their observations; together, they select the best score for each item. ✓ Score one PQA instrument for the site.
5. Entering scores (page 29)	✓ Enter PQA instrument scores into the online Scores Reporter.

DO: Involve program staff in scoring meetings.	**DO: Plan more time than you think you need.**

"YPQA has absolutely changed the way we are looking at assessment, from the inside out."

-Debbi Herr,
Georgetown, CA

external assessment

As part of the YPQI, many programs choose to engage with a deeper intervention that involves external assessment in addition to program self assessment. In external assessment, a trained, reliable external assessor visits sites to observe a single program offering and score a PQA based on the observation. Your local network lead can coordinate this process by helping connect sites and assessors, support scheduling, monitor the quality of assessments, and manage the overall external assessment experience. Below is a step by step description of the External Assessment process.

STEP 1: Training
External assessors attend an External Assessment Workshop to practice skills and complete a reliability check. All assessors must pass the reliability check to be endorsed as external assessors prior to conducting any site visits.

All materials for external assessment will be sent to the network lead and they will disburse them assessors.

Materials given assessors at training:
- Youth PQA or School-Age PQA instruments, as applicable
- External Assessors Protocol

Other materials to take on visit:
- Paper & pencil or a small laptop

Materials for after visit (will be emailed by the Weikart Center):
- Online Scores Reporter login

External assessors go through a reliability check to make sure they would score an observation the same way that our expert raters would.

STEP 2: Data Collection Preparation
Network lead will often coordinate schedules and assign assessors to sites. The network lead will also confirm with assessors the number of observations that will be done.

External assessors will contact site managers to receive permission to visit on the prearranged dates. They will ask the site managers to inform the relevant staff that they will be visiting to conduct an observation.

Assessors and staff should verify times and schedule of program offerings.

To the fullest extent possible, assessors should select offerings with these guidelines:
- Offerings should be at least 45 minutes in length
- Offerings should have at least 4 youth in attendance
- Offerings should be "typical," not something special that they only do once
- Avoid "snack time," "open gym," "free time," "drop in," and "homework/tutoring"
- Avoid offerings delivered by outside vendors or volunteer staff, unless the vendor delivers most of the services
- Avoid offerings for youth grades K – 4 for the Youth PQA
- Avoid offerings for children grades 7-12th for the School-Age PQA

"What to Say" suggestions on page 36 offer suggestions for external assessors on how to respond to staff and youth questions.

STEP 3: Observation and Note Taking

When travelling to the assigned youth program, assessors should arrive at least 15 minutes before the scheduled observation time. Assessors should dress in business casual and check in at the main office upon arrival. Assessors should introduce themselves to the site supervisor (if available) and to staff involved in the offering to be observed. If assessors arrive to find the program not in session, please call the Weikart Center immediately.

Verify that the offering meets selection guidelines on the previous page. If it does not meet guidelines, please consult with the program supervisor to select an appropriate offering or call the Weikart Center for suggestions.

Assessors will view program offerings in their entirety (usually 45-90 minutes long). Assessors should check with the network lead on how many offerings they should observe. ASSESSORS WILL SCORE A COMPLETE AND UNIQUE PQA FORM FOR EACH PROGRAM OFFERING.

Assessors take objective observational notes which describe only observable behaviors, language and materials. They focus on the behaviors of the staff and students with whom the staff is interacting and record as many quotations as possible. See page 20 for tips on note-taking.

Assessors will not score the PQAs onsite. Before leaving the program site, assessors should double check to make sure they have taken notes on all program description information and Safe Environment items in the PQA. Assessors should also ask any follow-up questions (listed throughout the PQA forms in the anecdotal evidence column) after the observation has been completed. It is critical that follow-up questions be addressed before leaving the site. If time absolutely does not allow, assessors can make arrangements with the staff person to have a follow up call the next day.

STEP 4: Scoring

After the visit, assessors fit and score using their notes, making sure to fill out all evidence boxes and program description information.

Assessors should always score within 48 hours of the site visit. [Note: Weikart Center does not recommend payment for forms completed 48 hours or more after the observation was completed.]

STEP 5: Entering Scores

Assessors will enter the PQA scores onto the online Scores Reporter system at www.cypq.org. Account login and password will be emailed by the Weikart Center.

Assessors return all completed PQA forms with written anecdotal notes (along with observation notes) to network lead. Completed forms have written evidence in rubric evidence boxes to demonstrate how scores were derived. [Note: Weikart Center does not recommend payment for incomplete forms.]

STEP 6: Planning for Improvement

External assessment data will be used to create network reports and will be used to make improvement plans at the Planning with Data workshop(s).

Program Self Assessment vs. External Assessment

Figure 5 below compares the processes for program self assessment and External Assessment.

Figure 5: Comparison of steps for program self and External Assessment

Program self assessment	Step	External Assessment
Program self assessment team should include as many staff as possible.	**1. Training and Team/ Assessor Selection**	Get reliable assessors trained in the PQA.
Decide when the data will be collected and who will watch whom. Plan for your scoring meetings.	**2. Data Collection Preparation**	Schedule assessment visits with sites. Make sure an appropriate program offering will be available to observe. Make sure frontline staff know(s) you're coming.
Staff observe each other and take lots of notes. Staff do not need to score the tool yet, but they should familiarize themselves with the indicators and begin to think about where anecdotes fit.	**3. Observation and Note Taking**	Plan for a 2-3 hour visit per offering observed. Take notes as you observe a program offering. Ask follow-up questions with staff you observed as necessary. For Form B, first send survey, then conduct interview.
Have a meeting. Go item by item, sharing evidence and coming to consensus on each score. Anticipate a total of at least 3 hours for scoring meeting time— this may involve multiple meetings.	**4. Scoring**	Fit and score each item. Score a PQA for EACH program offering you observe.
Enter scores into the Scores Reporter and print your report. Make sure all relevant staff members receive a copy.	**5. Entering Scores**	Enter scores into the PQA Scores Reporter and submit report.
Use the report to make improvement plans.	**6. Planning for Improvement**	Use the report to make improvement plans.

Continuum of Uses

The PQA was designed to serve a variety of assessment needs that arise in education and human service organizations. Since it was designed as a dual-purpose instrument, it can be used for both staff learning and rigorous evaluation of staff performances. Indeed, there is a continuum of uses for the Youth PQA, depending on your purposes for collecting data. The table below describes the two poles of the continuum between program self assessment and external assessment by trained reliable raters.

Determining your purpose for Youth PQA data can help you decide which data collection method to use. If data is to be used for research and evaluation purposes, external assessment is a necessity. If maximum staff learning for minimum cost is critical, then program self assessment is probably the best option. If you wish to build the strongest assessment and improvement system, combining both external assessment and program self assessment is best. Program self assessment is a powerful way to prepare staff to make efficient use of external assessment reports.

Figure 6: Continuum of Uses

	Program self assessment	**Hybrid Approach**	**External Assessment**
Who assesses:	A team of site-based frontline staff and manager(s); site manager only	A trained, reliable rater and a site team or site manager.	Trained, reliable assessors not connected to the program
What it produces:	Data with unknown precision	Data with unknown precision	Data with known precision
Purposes:	Support talk about practice, common language and planning; team prep for external	Support talk about practice, common language and planning; team prep for external	Evaluation, aggregation of data, accountability; planning
Information for:	Internal audiences	Internal audiences	Internal and external audiences

youth pqa terminology

How familiar are you with assessment talk? Understanding the following terms will help you learn to use the Youth PQA:

- Mean or average
- Anecdotal evidence
- Reliability and validity
- External assessment
- Internal assessment
- Domain/scale/item (pieces and clumps)

A mathematical mean or average is obtained by adding up a series of numbers and dividing by the amount of numbers. For example, to calculate the average of 3, 5, 1, and 3, first add them up for a sum of 12. Next, since there are four numbers, divide 12 by 4 for a result of 3. This calculation is used in numerous ways throughout the Youth PQA.

A completed Youth PQA contains numeric scores, but every score must be supported by narrative anecdotal evidence. An anecdote is a little story.

Reliability is about how consistently different people give a single observation the same scores. Validity is about measuring what you think you're measuring. The Youth PQA has undergone an extensive study to establish both reliability and validity. In other words, the Youth PQA is reliable because assessors tend to rate the same offerings similarly; it is valid because when asked, youth reports of quality align with assessors' reports. Reliability also applies to assessors: We say an assessor is "reliable" if she has learned to produce scores at a level of accuracy that matches our expert raters (anchors).

The Youth PQA is a dual-purpose instrument that can be used both for external assessment and internal assessment. External assessment brings raters from outside the organization, and internal assessment allows frontline staff and administrators to assess the strengths and improvement areas for their own youth program.

A domain is a grouping of 3–6 scales. These are the major groupings for the pyramid on page 6. Form A of the Youth PQA has four domains: Safe Environment, Supportive Environment, Interaction, and Engagement.

Scale refers to a page of the Youth PQA. For instance, in the Supportive Environment section or domain, staff support youth in building new skills and activities support active engagement are scales. There are 18 scales in Form A, the observation tool of the Youth PQA.

An item (sometimes called an item row) is a measurable standard of best practice. A scale is made up of 2 to 6 items — horizontal paths across the page. The PQA describes low (1), medium (3), and high (5) scores for every row.

It's all about the items. Items contain the actual assessment of behaviors; however, scales and domains provide useful ways for thinking about quality.

II-I. Staff support youth building new skills.

1. All youth are encouraged to try out new skills or attempt higher levels of performance.
2. All youth who try out new skills receive support from staff despite imperfect results, errors, or failure; staff allows youth to learn from and correct their own mistakes and encourage youth to keep trying to improve their skills.

Scale II-I is about setting up an environment in which youth move beyond just having fun with friends (although this is important too) and into learning and building their skills. Like some other important concepts in the Youth PQA, these items are not intended to be a comprehensive but to get at the concept in measurable ways.

Item 1: Youth encouraged to try new skills
Simply assesses whether youth are encouraged to achieve. This is a very simple item to read but requires a great deal of skill for a youth worker to do well.

Tips for Scoring
• The purpose of this item is not necessarily to determine whether a given activity is new to the group of youth.
• It is to differentiate between activities with a skill-building focus and activities that are not.

Scenario	Score	Notes
Youth are having "Friday free time". They socialize with each other. Some youth are reading but there is no expectation that youth do that, and the staff does not encourage youth either way.	1	This would score a 1 because there are no structured opportunities for skill building.
All youth are involved in creating a stained glass window. Two of the youth have worked with stained glass before, but the others are new to it.	5	This item doesn't require that each activity is brand-new to all youth. Young people that have done something before can still be pushed to advance their skills.

Item 2: Mistakes allowed
Looks for a "mistakes allowed" environment in which it is clear that youth will receive support when they try new things. This is another simple item to read but complex in practice. Do youth avoid difficult work or outside-the-box ideas because mistakes are punished? When a youth makes a mistake or struggles with something, do staff guide them to use that mistake as a learning opportunity?

Tips for Scoring
• This is sometimes a difficult item to score.
• You should rate based on the youth who try out a new skill, not all youth in the program.

Scenario	Score	Notes
Only one youth tries out new skills, and she is supported.	5	The rubric states "All youth who try out new skills," so you should score this based on the youth who tried new skills — in this case, only one youth.

iv. engagement

The scales within the engagement domain can be seen as three parts of an overall method for working with youth, most easily remembered as plan-do-review. This particular scale will be discussed in detail, but first here is an overview of this method.

The plan-do-review method can be a powerful way to help youth engage in their experience. This three-part sequence of planning, carrying out plans, and reflective evaluation helps young people learn and grow. The sequence is essentially a simplified scientific method — making hypotheses about what will work, trying them out, and learning from the results. When youth conduct this sequence, they become actively involved in managing their time, making decisions, and connecting their experiences to learning.

Although it is beneficial to engage children in planning as early as preschool age, the increased cognitive abilities that emerge in adolescence make planning particularly important for youth. Adolescents are able to think abstractly and consider the implications of different possible plans. Helping them make plans — even for simple projects — helps them establish patterns that have lifelong implications. If, for instance, a youth can intentionally put together a plan for a performance, he or she may use those same skills in planning a pathway to higher education.

The three components of this planning sequence include the following:
- Plan — Youth become aware of and take responsibility for their thinking process. They are encouraged to analyze situations; set goals; consider a variety of resources; and be open to new approaches, alternatives, and solutions.
- Do — Youth make choices, propose initiatives, test different approaches, and carry out plans. They are encouraged to take risks and to persist in the tasks they design, even when faced with obstacles.
- Review — Youth reflect on the effectiveness of their actions in regard to their own objectives and in regard to the impact of their actions on others. They also consider and determine revisions to original ideas or plans that might have resulted in more desirable outcomes.

Almost every activity should involve youth in all three aspects of the cycle in some way — planning, doing, and reviewing. Even if youth are working on a half-hour project, taking short amounts of time for planning and for review can greatly improve the experience. Youth workers can improve existing activities by simply adding in planning and reviewing time. This is an ongoing and cyclical process; for example, reviewing a project's progress at the end of a work session will inevitably lead to further planning for future stages of the project.

Plan-do-review can also occur over a greater span of time. For example, youth may spend several sessions planning, complete a several-week project, and then review. Shorter plan-do-review se-quences may occur within the greater project.

Appendix F: Additional Resources

These resources are recommended to be reviewed by the Youth Eligibility Team for applicability and use in future decision making.

- *The Four Rs of Service Delivery for MFIP Teen Parents: Approaches of Eight Minnesota Counties. Rule, Routes, Relationships, Resources.* Minnesota Department of Human Services Transition to Economic Stability Division. (2012)
  https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6517-ENG

- *Fact Sheet: Best Practices for Working with Teen Parents and their Children.* TeenWise Minnesota. (November 2006)
  http://www.moappp.org/Documents/apn/WorkingWithTeenParents.pdf

- Allegheny County Department of Human Services Improving Outcomes for Children and Families Initiative website. http://www.alleghenycounty.us/dhs/outcomes.aspx

- *National Recommended Best Practices for Serving LGBT Homeless Youth.* Lambda Legal and National Alliance to End Homelessness. (2009)
  http://www.lambdalegal.org/sites/default/files/publications/downloads/bkl_national-recommended-best-practices-for-lgbt-homeless-youth_0.pdf

- *King County Youth & Family Services Association: What it is & why it works* (August 2007) **Attached as Appendix G.**

- Seattle Department of Human Services website. http://www.seattle.gov/humanservices/

- Washington State Department of Social and Health Services website.
  http://www1.dshs.wa.gov/

- National Center for Homeless Education at The SERVE Center Training Resources.
  http://center.serve.org/nche/web/online_tr.php

King County Youth & Family Services Association: What It Is & Why It Works

What is the King County Youth & Family Services Association?

The King County Youth & Family Services Association (YFSA) is an association of organizations throughout King County focused on serving their local communities' specific needs of youth and families through professional counseling, education and other support services.

Established by King County policy and supported since 1972, the YFSA collectively blankets all of King County with a large range of specialized, prevention-to-intervention services.

All member organizations of the YFSA offer:
- Effective, school-based services
- Youth and family support services
- Outreach and intervention services for youth with behavioral or emotional needs but not involved with the justice system but approach involvement—a group not typically served by programs outside of YFSA

In addition, each organization is locally based in its community with local leadership, deep community roots, and credibility as experts in their field.

What are the benefits of the YFSA?

The associated relationships between the individual organizations create a synergy of services through which the YFSA as a whole offers:
- **Accessibility:** a full range of prevention and intervention services to youth & families throughout King County, covering both urban and rural communities
- **Efficiency**: ongoing communication and partnership means no duplication of services in any one area
- **Effectiveness**: services specifically tailored to the local communities' needs

How does this synergy work?
- We have created countywide linkages through cross-referrals, leading to more effective interventions
- We can leverage local resources because of our local roots and relationships

How the YFSA benefits its members' clients:
- We are deeply involved and called upon as experts within local community groups
- We work through the schools, reaching youth and families who may not otherwise be served
- We have highly trained staff who specialize in working with youth and families.
- We focus on local families and their specific needs, while still being able to flex to meet kids as their needs change.

If the YFSA didn't exist, what would be lost?
- A vibrant network with a strong history of working together
- An efficient process to allocate funds to established local resources that provide regional coverage
- Unparalleled depth of local community-invested connection across the county
- Range/scope of early intervention services provided to county children and families
- Flexible responses to individual community needs

Notes from the Field

A Homeless Teen Pregnancy Project: An Intensive Team Case Management Model

Adolescents become homeless for many reasons. Some leave intolerable home situations characterized by sexual and physical abuse and neglect or by drug or alcohol abuse in the home. Some homeless adolescents reflect failures of the foster care system or the mental health care system. Other youths are evicted or abandoned by their families. It is not unusual for a young woman to be kicked out of the family home after becoming pregnant. For many adolescents, home is seen as so dangerous and unpredictable that life on the street is considered a safer option.

National estimates of the number of runaway and homeless youth range from 1 million to more than 2 million annually.[1] In the Seattle–King County area (population 180 535 youths aged 10 through 19 years), it is estimated that as many as 2000 homeless youths are on the streets during the year; approximately half of these are females of childbearing age.[2] This prob-

lem is not unique to urban settings, but is found in communities of all sizes.

The combination of homelessness with school failure and the many other symptoms of social disarray pervading the lives of these young women leaves them little opportunity to survive in a lawful manner. Their options are often limited to prostitution, panhandling, stealing, mugging, drug dealing, or "survival sex" (the practice of trading sexual favors for necessities such as food, shelter, transportation, and companionship). Sex is also often traded for drugs.

Over half of the young women involved in prostitution and survival sex become pregnant.[3] Adolescent childbearing brings with it many risks, even among young women with support systems. The combined risks of transience, substance abuse, lack of prenatal care, poor nutrition, mistrust of traditional support systems, threat of physical violence and injury, sexually transmitted diseases, and human immunodeficiency virus (HIV) infection predict poor pregnancy and infant outcomes for runaway and homeless adolescents.

In 1987, the Washington State Division of Parent Child Health began funding a collaborative effort between the Division of Adolescent Medicine at the University of Washington and the Seattle–King County Department of Public Health to address the increasing numbers of homeless pregnant and parenting teens. An intensive team case management model was developed to respond to the needs of and deliver service to this extremely vulnerable and difficult-to-reach group. To be eligible for the Out-of-Home Teen Pregnancy Project, a girl must meet three criteria:

- She must be pregnant and younger than 18 years of age.

- She must have a history of prostitution, survival sex, or street activity.
- She must be estranged from home, family, and adult supervision.

The project's goal is to improve pregnancy outcomes by

- Establishing prenatal and primary health care
- Building a supportive network of services
- Stabilizing the client's living situation
- Providing intensive case management

This intensive case management model hinges on the provision of services by a team consisting of a public health nurse and a social worker. The team provides all services in the field and in nontraditional settings such as shelters, city and county parks, detention centers, and youth drop-in centers. Another unique feature of the team is its ability to provide services throughout the county, whereas most public health services in Seattle–King County are geographically restricted by districts. The team's services may include

- Outreach
- Education
- Crisis intervention counseling
- Drug treatment and mental health referral
- Assistance in accessing medical care and social services
- Assistance with financial and housing resources
- General physical assessment of mother and baby
- Individual intervention strategies
- Referral to and coordination of other community services

The team has developed a number of alternative interventions that they employ to first engage the client and then main-

tain the relationship while providing required services. These unique strategies were considered necessary to meet the complex and ever changing needs of this difficult-to-serve population.

The team's ability to provide limited transportation greatly facilitates the engagement of the client with the team as well as getting the client to first appointments. Many significant interactions and educational opportunities occur while the team is transporting the client. Walking the client through the system for the first time has been a key to assisting the client in maintaining contact and following through. This is particularly true with medical appointments. Many health and social systems are not geared toward adolescents; they are set up for adults, who have a higher level of functioning. Often teens don't have the proper documentation, and they are intimidated by the bureaucracy. Most have not had healthy adult role models to show them how to manage basic daily needs. The team models and demonstrates behaviors such as making appointments, diapering the baby, planning meals, and organizing daily activities. The project stabilizes clients' living situations through linkages with housing and shelter programs, with which we have contractual agreements to provide case management services to our clients.

The team's efforts to improve services to clients have included community education, interagency training and networking, case conferences, and coalition building. The collection of birth outcome data, attitude survey data, and postpartum follow-up information has helped to document the tremendous needs of this vulnerable maternal and infant population. The project also provides training for students in public health, nursing, and social work.

The project has served over 200 teens and has had contact with many more over its 7-year history. Preliminary data suggest that birth outcomes are improving for project clients in comparison with 61 adolescent pregnant prostitutes studied.[3] The team has a caseload of approximately 30 to 35 clients at any given time. With an annual budget of $106 745, the project's cost per client served is approximately $3050 per year. Project funding comes from the Washington State Department of Health, Division of Parent and Child Health Services; the Seattle–King County Health Department; First Steps case-management reimbursement; and ac-

quired immunodeficiency syndrome (AIDS) prevention education funds.

It has been clearly documented that early health care intervention and prenatal care improve pregnancy outcomes. The reformed health care system must respond to the complex and specific needs of homeless pregnant adolescents and other high-risk groups. Programs that offer consistent support, long-term interaction, and follow-up can build a trusting relationship with their clients. This trusting relationship is a stabilizing influence for healthful change and risk reduction. □

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A Population-Based Screening Mammography Program in Saskatchewan

Although the value of screening mammography is readily accepted in North America, its application for the delivery of population-based screening programs is relatively new. Several recent Notes from the Field have focused on population-based strategies. The introduction of such programs presents unique problems in relation to large geographic areas and harsh climates. The province of Saskatchewan has 1 million residents spread over a large area, resulting in a population density of 0.25 per square mile. About 350 000 residents are divided almost equally between the two main

cities (Regina and Saskatoon); the other 650 000 residents are spread over 250 000 square miles.

A provincial task force, with representation from a wide range of stakeholders, recommended that a pilot project be undertaken to determine the best way of providing a population-based screening program to the dispersed population of the province. An advisory committee, which includes many members of the earlier task force, was established to guide the program. Two delivery modes were piloted: a stationary center in Regina and a mobile van. The size of the rural area to be served by the van was chosen to include a catchment population of similar magnitude to that of the stationary center. The van traveled a predetermined itinerary and stayed at each location from 2 weeks to 2 months, depending on the size of the catchment population.

The medical radiation technologists who staff the van are employed through service contracts with local hospitals. This collaborative effort between the hospitals and our community-based program promotes institutional cooperation, provides varied work experience for the technologists, and eliminates the need for the program to recruit technologists. The technologists receive instruction on the use of air brakes and are required to pass an air brake endorsement examination. Driving instruction is also provided. No other staff are employed on the mobile van. The technologists travel in pairs from their homes to the location of the mobile van.

Because the technologists staffing the van do not develop their films, they are unable to correct any positioning or technical problems before their clients leave the van. When such problems become evident, clients are asked to return to the same location.

An average of 29 clients a day were screened at the stationary center during the first 2 years. Because the mobile van operated on 12-hour work days, compared with 8-hour days for the stationary center, the van's average number of clients was higher (34 per day).

The program offers double-view mammography every 2 years, but annual mammography is provided to those with a family history of breast cancer. Instruction on breast self-examination is offered in a 15-minute video and a companion brochure. Clinical examination of the breasts is not a part of the program, as such examinations are provided by family physicians.

Clients are recruited by personal letters of invitation, signed by the medical director of the program, to women in the targeted age group (50 to 69 years). The names and addresses are obtained from the provincial Health Insurance Registration File, which consists of a list of all residents and is updated weekly. Women who do not respond to the first letter of invitation within 3 weeks are sent a second letter.

Included with the letter of invitation is a notice of a public meeting at which information will be provided on breast cancer, mammography, and the services of the program. Because many women make appointments on the day after these meetings, it is likely that these meetings stimulate an increased uptake rate for mammography. Of the total population eligible in the target area, 56% responded.

Film reading and interpretation services are contracted with private radiologists who are paid on a fee-for-service basis. The results of mammograms are sent to both the client and her family physician. If the films are not considered to be within normal limits, the family physician also receives a copy of the radiology report. A follow-up letter is sent to the family physician when an abnormal report is issued. The family physician receives a fee for returning this report once the follow-up has been completed and a diagnosis has been made. Virtually all of the women who had abnormal mammograms (12% of those screened) returned for a follow-up visit.

Regular technical tests are carried out on the processor and the x-ray machine. In addition, the techniques of the technologists are constantly monitored. To ensure accuracy of radiological interpretation, all abnormal mammograms, interspersed with normal films, are reread by the radiologists in a group setting each month. Differences are discussed and interpretation guidelines are developed.

Actual expenditures were used to determine the cost per client inclusive of operating and equipment costs and public educational and promotional activities. Head office operations were apportioned to the expenditures of the two centers and the van, whereas equipment costs are amortized over 10 years. The cost of screening a client was US$49 for the stationary center and US$57 for the mobile van.

At the end of the pilot project, the provincial screening program was firmly established. A second stationary center is now operational in Saskatoon, and existing mammography units in hospitals in four smaller cities are also being used, on a contract basis, for screening sessions.

When planning for the program began in 1989, it looked like a mammoth task. However, the development of the program has been surprisingly problem-free and women in Saskatchewan have responded very positively to the program. Women in the target age group remember the tuberculosis screening program of the 1940s and the success of its outreach vans in ensuring coverage of the entire province. It is not surprising that analogies have been made between these two programs, and appreciation has been expressed regarding the delivery of screening mammography at the local level. □

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