

# **2002 AGENCY EVALUATIONS**

**Conducted for**

**CITY OF COLUMBIA, MISSOURI  
OFFICE OF COMMUNITY SERVICES**

**April 4, 2002**

**Conducted by**



**409 Vandiver Drive  
Building 6, Suite 102  
Columbia, Missouri 65202  
Telephone: (573) 874-1333  
Fax: (573) 874-6904**

**[www.horizonresearch.com](http://www.horizonresearch.com)**

## TABLE OF CONTENTS

---

<b>Background .....</b>	<b>1</b>
<b>Process.....</b>	<b>2</b>
<b>Development of Evaluation Frameworks.....</b>	<b>2</b>
<b>Self-evaluation on the Frameworks.....</b>	<b>3</b>
<b>Evaluation Process.....</b>	<b>6</b>
<b>Number of Agencies and Program Services Evaluated.....</b>	<b>6</b>
<b>Secondary Data Collection and Reporting.....</b>	<b>6</b>
<b>Relevant Background Research and Community Benchmark Data.....</b>	<b>8</b>
<b>Homelessness.....</b>	<b>8</b>
<b>Causes of Homelessness.....</b>	<b>9</b>
<b>Who is Homeless?.....</b>	<b>10</b>
<b>Characteristics of Persons in Shelters.....</b>	<b>12</b>
<b>Problems Homeless Individuals and Families Face .....</b>	<b>12</b>
<b>Health Status of Homeless Adults .....</b>	<b>14</b>
<b>Estimates of the Number of Homeless.....</b>	<b>15</b>
<b>Sources of Funding for Homeless Shelters.....</b>	<b>16</b>
<b>Cost and Availability of Housing.....</b>	<b>16</b>
<b>Homeless Children .....</b>	<b>17</b>
<b>Homeless Youth .....</b>	<b>19</b>
<b>Youthful Offenders.....</b>	<b>21</b>
<b>Mental Health .....</b>	<b>22</b>
<b>Missouri 1999 Youth Risk Behavior Survey and 2000 Safe and Drug-free Schools and Communities Survey.....</b>	<b>23</b>
<b>Kid's Count .....</b>	<b>27</b>
<b>Assessment of Major Goals and Objectives.....</b>	<b>29</b>
<b>Programs Types.....</b>	<b>29</b>
<b>Assessment of Relationship of Goals to Pertinent Community Issues .....</b>	<b>31</b>
<b>Relation to Boone County Health Report Card .....</b>	<b>31</b>
<b>Relation to Priorities in the 1998 Community Needs Assessment.....</b>	<b>32</b>
<b>Relation to the Causes of Homelessness.....</b>	<b>34</b>
<b>Existence of Programs Related to Fostering Well Being of Homeless People.....</b>	<b>35</b>

---

<b>Relation to Outcome Domains Related to Homelessness and Mental Health .....</b>	<b>36</b>
<b>Relation to Issues in the YBRS and the Feb. 2000 Survey of 9<sup>th</sup> Graders .....</b>	<b>37</b>
<b>Problems Related to Homeless Children .....</b>	<b>38</b>
<b>Relation to Kids Count Indicators.....</b>	<b>39</b>
<b>Individual Program Ratings and Scores From the Frameworks.....</b>	<b>40</b>
<b>Framework for Continuous Evaluation and Improvement.....</b>	<b>40</b>
<b>Framework for Gathering and Analyzing Outcomes Information .....</b>	<b>41</b>
<b>Assessment of Evaluation Plan - Harbor House .....</b>	<b>44</b>
<b>Program Mission .....</b>	<b>44</b>
<b>Current Evaluation Plan .....</b>	<b>44</b>
<b>Current Outcome Objectives.....</b>	<b>45</b>
<b>Recommendations .....</b>	<b>45</b>
<b>Assessment of Evaluation Plan - Rainbow House – Emergency Shelter and Crisis Care.....</b>	<b>47</b>
<b>Program Mission .....</b>	<b>47</b>
<b>Current Evaluation Plan .....</b>	<b>47</b>
<b>Current Outcome Objectives.....</b>	<b>48</b>
<b>Recommendations .....</b>	<b>48</b>
<b>Assessment of Evaluation Plan - Reality House.....</b>	<b>50</b>
<b>Program Mission .....</b>	<b>50</b>
<b>Current Evaluation Plan .....</b>	<b>50</b>
<b>Current Outcome Objectives.....</b>	<b>50</b>
<b>Recommendations .....</b>	<b>51</b>
<b>Assessment of Evaluation Plan - The Front Door – Boys and Girl Town of Missouri.....</b>	<b>53</b>
<b>Program Mission .....</b>	<b>53</b>
<b>Current Evaluation Plan .....</b>	<b>54</b>
<b>Current Outcome Objectives.....</b>	<b>55</b>
<b>Recommendations .....</b>	<b>56</b>
<b>Assessment of Evaluation Plan - The Shelter.....</b>	<b>57</b>
<b>Program Mission .....</b>	<b>57</b>
<b>Current Evaluation Plan .....</b>	<b>57</b>
<b>Current Outcome Objectives.....</b>	<b>58</b>
<b>Recommendations .....</b>	<b>58</b>

**Assessment of Evaluation Plan – Welcome Home..... 60**  
**Program Mission ..... 60**  
**Current Evaluation Plan ..... 60**  
**Current Outcome Objectives..... 60**  
**Recommendations ..... 61**  
**Appendix..... 62**

## **BACKGROUND**

---

For the past four years, the City of Columbia has contracted with Horizon Research Services to evaluate city-funded human services agencies. At the start of the first contract period, the Office of Community Services and the Boone County Community Services Advisory Commission had revised the evaluation process to focus more on program services and less on fiscal and management processes. Part of Horizon's role has been to help agencies move toward outcomes-based planning and performance evaluations.

As part of the process of continuous improvement in their planning, allocation, and evaluation procedures, the Office of Community Services and the Boone County Community Services Advisory Commission took further steps to revise the evaluation process. The new process was developed through discussions with Councilman Rex Campbell, the Office of Community Services, the Boone County Community Services Advisory Commission, and Horizon Research Services.

For each year's evaluation, the Office of Community Services plans to choose programs that are generally related to a service delivery system focusing on a specific population being served or a similar set of services being provided (e.g. services for homeless individuals). This will allow the Commission to compare outcomes for similar services each year.

This revised process further increases the emphasis on evaluation of program services and will help the City to judge to what extent agencies are producing measurable positive outcomes for the participants of their programs.

## PROCESS

---

### Development of Evaluation Frameworks

In 1998, when Horizon Research Services first submitted a proposal for this evaluation project, a “Sample Evaluation Framework for Outcomes-based Evaluation” was developed. The idea for these frameworks or continuums came from a project Horizon Research Services was conducting for the education community and mainly from a book entitled The School Portfolio by Victoria L. Bernhardt (Eye on Education, Larchmont, NY) published in 1994.

Called “Continuous Improvement Continuums” in the business world, Bernhardt adapted this planning and assessment tool to the world of school improvement. Based on the principles of quality management, the continuums lay out the directions and expectations for growth and continuous improvement. HRS adapted these to the evaluation of agency programs to outline the processes that are crucial to developing effective outcomes-based evaluation systems. The continuums provide a unique and effective framework for describing current processes and for envisioning the best possible scenario. Besides providing a constant guideline for change for the agency or program, the frameworks can also be used to track progress toward the ideal.

For the 2001 evaluation process, the original framework was revised and renamed “Framework for Gathering and Analyzing Outcomes Information.” This framework outlines a continuum for gathering and analyzing the outcomes information. In order to address the overall plan for evaluation, a new framework was developed, called the “Framework for Continuous Evaluation and Improvement.” Copies of these two frameworks follow this section.

Bernhardt outlines reasons these continuums or frameworks have been successful and useful.

- they focus on what is important in outcomes for clients
- they are simple to use - the goal is to spend time reflecting on progress, implementing the “big picture” and discussing next steps, rather than on conducting cumbersome assessments
- they are indicative of what needs to happen - they make clear the steps that need to be achieved to move forward
- they are set up for self-assessment
- they are challenging but achievable
- they are a working contract, as opposed to a form driven exercise
- they encourage ongoing conversations about the things that are important rather than demanding activities that require conforming to rules and paperwork
- they are comprehensive in scope

These frameworks will give members of the Columbia/Boone County Community Services Commission, as well as Boards and staff of agencies, a chance to reflect on the process and reach a common vision. As the vision and description of the ideal outcomes-based evaluation system is refined, each group can more clearly communicate where they are going and what acceptable and unacceptable evaluation processes look like.

Agencies can use these frameworks as examples to create their own frameworks for different aspects of their programs. The main goal in developing these frameworks is to extend the idea of continuous quality improvement. Describing the vision and stating the ideal outcomes wished for the people served will help move everyone along the road to an excellent evaluation system.

The frameworks extend from 1 to 5 horizontally, with the rows representing a continuum of expectations related to the approach to the evaluation, implementation of the approach, and the outcomes that result from the implementation.

A rating of “1” is given if the descriptions in the left-most column most accurately describe a program or agency. A rating of “5” is given if the descriptions in the right-most column most accurately describe an agency. This column represents the agency or program that is one step removed from being perfect or “world class quality.” The elements between one and five describe how that continuum is hypothesized to evolve in a continuously improving agency. The “5” in each continuum is the target. Vertically, the “approach-implementation-outcome” statements are hypotheses. In other words, the implementation statements describe how the approach might look when implemented, and the outcomes are the “pay-off” for implementing the approach. If the hypotheses are accurate, the outcomes will not be realized until the approach is actually implemented.

### **Self-evaluation on the Frameworks**

Each agency was asked to rate themselves on the evaluation frameworks and assign a score to their agency's efforts.

## FRAMEWORK FOR CONTINUOUS EVALUATION AND IMPROVEMENT

	<b>ONE</b>	<b>TWO</b>	<b>THREE</b>	<b>FOUR</b>	<b>FIVE</b>
<b>APPROACH</b>	Neither goal nor strategies exist for the evaluation and continuous improvement of the agency or elements of the agency's programs.	The approach to continuous improvement and evaluation is problem solving. If there are no problems, or if solutions can be made quickly, there is no need for improvement or analyses. Changes in parts of the system are not coordinated with all other parts.	Some elements of the organization are evaluated for effectiveness. Some elements are improved on the basis of the evaluation findings.	All elements of the agency's operations are evaluated for improvement and to ensure congruence of the elements with respect to the continuum of improvement for all clients.	All aspects of the agency are rigorously evaluated and improved on a continuous basis. Clients, and the maintenance of a comprehensive improvement continuum for clients become the focus of all aspects of the evaluation and improvement process.
<b>IMPLEMENTATION</b>	With no overall plans for evaluation and continuous improvement, individual program managers and administrators change strategies only when something sparks the need to improve. Reactive decisions and activities are a daily mode of operation.	Isolated changes are made in some areas of the organization in response to problem incidents. Changes are not preceded by comprehensive analyses, such as an understanding of the root causes of problems. The effectiveness of the elements of the agency or changes made to the elements, is not known.	Elements of the organization are improved on the basis of comprehensive analyses of root causes of problems, client perceptions, and operational effectiveness of processes.	Continuous improvement analysis of client outcomes and program strategies are rigorously reinforced within each program and across all levels to develop a comprehensive improvement continuum for all clients and to prevent negative client outcomes.	Comprehensive continuous improvement becomes the way of doing business at the agency. Staff continuously improve the appropriateness and effectiveness of program strategies based on client feedback and outcomes. All aspects of the organization are improved to support staff efforts.
<b>OUTCOMES</b>	Individuals struggle with system failure. Finger pointing and blaming others for failure occurs. The effectiveness of strategies is unknown. Mistakes are repeated.	Problems are solved only temporarily and few positive changes result. Additionally, unintended and undesirable consequences often appear in other parts of the system. Many aspects of the agency or program are incongruent, keeping the agency from reaching its vision.	Evidence of effective improvement strategies is observable. Positive changes are made and maintained due to comprehensive analyses and evaluation.	Those delivering service become astute at assessing and in predicting the impact of their strategies on individual clients. Sustainable improvements in clients are evident in all programs, due to continuous improvement.	The agency becomes a congruent and effective learning organization. Only methodology and strategies that produce quality client outcomes are used. A true continuum of improvement results for all clients.

Created by Carol M. Schultz, Ph.D., Horizon Research Services, Columbia, MO

Adapted from Victoria L. Bernhardt, *The School Portfolio*, Eye on Education, Larchmont, NY

## FRAMEWORK FOR GATHERING AND ANALYZING OUTCOMES INFORMATION

	<b>ONE</b>	<b>TWO</b>	<b>THREE</b>	<b>FOUR</b>	<b>FIVE</b>
<b>APPROACH</b>	Data or information about client needs are not gathered in any systematic way; there is no way to determine what needs to change at the agency based on data.	There is no systematic process, but some client information is collected and used to problem solve and to establish essential client outcomes.	Agency collects data on client outcomes and conducts client needs assessments. The information is used to drive the strategic quality plan for the agency.	There is systematic reliance on hard data (including data for sub-groups) as a basis for decision making at the client level as well as the agency level. Changes are based on the study of data to meet the needs of clients and staff.	Information is gathered in all areas of client interaction with the agency. Staff engage clients in gathering information on their own outcomes. Accessible to all levels, data are comprehensive in scope, and an accurate reflection of agency quality.
<b>IMPLEMENTATION</b>	No information is gathered with which to make changes. Client dissatisfaction is seen as an irritation, not a need for improvement.	Some data is tracked, such as client recidivism. Individuals are asked for feedback about their experience with the agency.	Agency collects information on clients and former clients, analyzes, and uses it in conjunction with future trends for planning. Identified areas for improvement are tracked over time.	Data are used to improve the effectiveness of service delivery. Client indicators are graphed and utilized for diagnostics. All staff analyze client evaluations and indicators.	Innovative processes meeting the needs of clients are implemented to the delight of staff, clients, and funding agencies. Root causes are known through analyses. Problems are prevented through the use of data.
<b>OUTCOMES</b>	Only anecdotal and hypothetical information is available about clients behavior and satisfaction. Problems are solved individually with short-term results.	Little data is available. Change is limited to some areas of the agency operation and dependent upon individuals and their efforts.	Information collected about clients' needs and outcomes is shared with staff and is used to plan for change. Information helps staff understand pressing issues, how to analyze information for root causes and how to track for improvement.	An information system is in place. Positive trends begin to appear in individual client as well as community outcomes. There is evidence that understanding and effectively using data collected cause these results.	Clients are delighted with the agency's processes and proud of their own capabilities to assess their own progress. There are good to excellent results for all clients. No client falls through the cracks. Staff use data to predict and prevent potential problems.

Created by Carol M. Schultz, Ph.D., Horizon Research Services, Columbia, MO

Adapted from Victoria L. Bernhardt, [The School Portfolio](#), Eye on Education, Larchmont, NY

## **Evaluation Process**

At the beginning of the evaluation process, the evaluator conducted a review to determine if the program had written measurable objectives and outcomes. The Social Services Proposals to the City of Columbia, Boone County, and Columbia Area United Way for the years 2002, 2001, and 2000 were the starting points for the review. The agencies were asked to send supporting documents to HRS such as instruments used in internal program evaluation and review processes, instruments from client feedback mechanisms, and instruments from outcomes-based evaluation processes already in use. These documents, reports from all of these measures, as well as reports from external reviewing agencies were reviewed.

The HRS evaluators used their expertise to determine if the program's objectives and outcomes were measurable and appropriate for the programs offered. If the agency had not developed a set of measurable objectives and outcomes for their specific program service, the evaluator developed some suggested outcomes objectives. These were discussed with the appropriate agency personnel during a site visit to the agency. The evaluator used a combination of available program records and data and secondary data to determine the measurable outcomes for the program.

Whenever possible, information from evaluations conducted by external monitoring organizations was utilized in order to reduce redundancy in evaluation practices. For example, if a program is subject to outcomes-based performance evaluations by state or national monitoring and/or accrediting organizations, the HRS evaluator determined the scope and quality of these evaluations and suggested that these findings be reported as outcome measures in their social services proposals.

Internal agency outcomes-based performance evaluations such as customer satisfaction surveys were reviewed whenever possible and available.

## **Number of Agencies and Program Services Evaluated**

The agency program evaluation process was conducted for seven (7) program services with six (6) agencies involved in the evaluation process. The Office of Community Services for evaluation in 2001-2002 chose these seven (7) programs.

- The Front Door
- Harbor House
- Rainbow House – Crisis Care
- Rainbow House – Emergency Shelter
- Reality House
- The Shelter
- Welcome Home

## **Secondary Data Collection and Reporting**

In addition to the specific program information gathered during the outcomes-based evaluation process, relevant, secondary, community-wide data relating to this issue/program area was also

included in the process. This allowed the services being evaluated to be compared to broader community needs and relevant “community benchmarks.”

Also included were interviews with the various “Community Support Teams” of the Community Partnership and the Health Report Card Project to gather their input and any available data that relates to the issue/program area being evaluated.

## **RELEVANT BACKGROUND RESEARCH AND COMMUNITY BENCHMARK DATA**

---

A number of state and national sources were found to provide relevant community benchmark data. A list of references is included at the end of this report.

### **Homelessness**

Definitions of homelessness typically include

- those who lack fixed and adequate nighttime residence,
- individuals who are housed in supervised shelters designed to provide temporary lodging,
- those who are temporarily living with others and 'doubled up',
- those in imminent danger of eviction followed by homelessness,
- and those using public or private places not designed for use as sleeping and living accommodations (for example underneath bridges, on benches and sidewalks, in abandoned buildings and cardboard boxes, etc).

Those who have been homeless for one year or more are described as chronically homeless. Some providers and advocates broaden the definition to include those residing in transitional or supportive housing programs.

## Causes of Homelessness

Causes of homelessness are described in a variety of studies, reports, and fact sheets. These causes are listed below.

Lack of affordable housing, reductions in housing subsidies and vouchers, reduced availability of new affordable housing, preferences for lower-risk tenants in subsidized housing
Lack of affordable housing with supportive and transitional services
Changes in welfare that have an impact on the homeless and those who are precariously housed, including cuts in SSI
Lack of health insurance and catastrophic illness or injury
Underemployment and low wages; lack of education and job training
Persistent poverty
Chronic mental illness and mental health problems, including Post Traumatic Stress Disorder
Chronic physical illness, including AIDS and HIV
Past and present domestic violence and/or sexual assault
Lack of supportive social networks
Inability to self-advocate and mediate conflicts that will result in homelessness (negotiating with landlords, utilities, etc)
Lack of transitional housing and supportive services for those leaving drug treatment programs or jail
Lack of follow-up services for those leaving foster care or youth services
Natural disasters
Lack of institutional programs for the small percentage of severely mentally ill homeless
Childhood homelessness is a strong predictor of adult homelessness
Transitional housing for those leaving hospitals who need recuperation time in order to prevent complications and relapse

Sources: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, and 18

## **Who is Homeless?**

### ***Demographics and special populations***

While the common thread among all homeless people is the need for safe and appropriate shelter, research shows that special populations have special needs. There are homeless persons with short-term or crisis shelter needs, and others considered chronically homeless who need long-term supportive services.

The demographic characteristics of the homeless include the following:

- Single men
- Single women
- Couples with no children
- Two-parent families
- Single parent families
- Children without families (unaccompanied youth)
- Seniors

Special populations include:

- Those previously incarcerated and at risk of incarceration
- Those with mental illness and the severely mentally ill
- Those who are ill- with AIDS/HIV, chronic illness, or recently released from the hospital
- Those who are survivors of domestic violence and sexual molestation/assault
- Migrant workers and farm workers
- Refugees/Non-English speaking
- Physically disabled
- Teen parents and their children
- Veterans
- Alcohol and drug abusers

### **Statistics on who is homeless**

Research has been conducted in many urban areas and across the United States. Limited data are available locally and statewide. Statistics from a broad array of studies are cited below to help provide a better understanding of who is homeless and how frequently homelessness occurs. Researchers who allowed respondents to use their own personal definition of homelessness have found higher lifetime rates of homelessness among the general population.

Category	Among all homeless	Lifetime rate of homelessness	Rate of homelessness if living in poverty, over a 1 year period	Less than a GED or diploma	Experienced violent abuse by male partner	Sexually molested during childhood	Suffer from chronic mental illness	Mentally ill requiring institutionalization vs. supportive services
Total Population		8%-14%	6.3%-9.6%	14.5%MO 18%US				
Among all homeless				38%			20-25% (single)	5-7%
Homeless women					63%	43%		
Homeless men who are veterans	22%-40%							
Homeless with children who left home because of current domestic violence	22%							
Youth		7.6%						
African-American	40%							

Sources: 1, 2, 3, 9, 19, 20, 21, 22, and 42

## Characteristics of Persons in Shelters

Recipients of shelter services (national estimate)	Single men	Single women	Families with children	Unaccompanied youth (minors)
<sup>39</sup> US Conference of Mayors Report, 2000	44%	13%	36%	7%
<sup>2</sup> Urban Institute	45%	21%	34%	
<sup>1</sup> NCH Fact Sheets #7 and #11			40%	
	<b>Unaccompanied Adults</b>			
<sup>9</sup> MASW 1998	47.6%		49.6%	2.6%

## Problems Homeless Individuals and Families Face

Low-income families are often one paycheck, or one crisis, away from eviction and homelessness. Yet many low-income and homeless individuals face a multiplicity of problems, ranging from lack of education to physical or mental health problems.

Many studies find the main cause of family homelessness to be scarcity of affordable housing; therefore homelessness can no longer be considered an aberration affecting just those Americans situated on the fringes of society. A study examining persistent poverty, behavioral disorders, impoverished social networks and housing conditions as predictors of entry in to shelter and subsequent stable housing found that 80% of homeless families--- regardless of substance abuse, mental or physical illness, or history of incarceration---become stably housed once receiving subsidized housing.<sup>7</sup>

Another study found that among the homeless with more serious mental illness, supportive housing costs were more cost effective than other kinds of services to the homeless.<sup>23</sup>

Paul Toro<sup>5, 6, 19, 24</sup>, a researcher from Wayne State University, reported that homeless people rated their own needs for transportation, personal safety, and education as high, while those items frequently cited by researchers (substance abuse and mental health problems) were rated low. The homeless interviewed in The National Survey of Homeless Providers and Clients<sup>2</sup> reported the top need of 42% of the homeless was help in finding a job. Almost a third of those surveyed cited insufficient income and another quarter cited lack of employment as the single most important thing preventing them from overcoming homelessness.

<b>Problems of the Homeless as Reported by Researchers and Providers</b>
Lack of affordable housing, reductions in housing subsidies and vouchers, reduced availability of new affordable housing, preferences for lower-risk tenants in subsidized housing
Lack of affordable housing with supportive services
Changes in welfare that have an impact on the homeless and those who are precariously housed, including cuts in SSI
Lack of health insurance and catastrophic illness/injury
Underemployment and low wages
Persistent poverty
Chronic mental illness and mental health problems, including Post Traumatic Stress Disorder
Chronic physical illness, including AIDS and HIV
Past and present domestic violence and/or sexual assault (adult and childhood)
Lack of supportive social networks
Lack of recreational opportunities which allow for fun and positive means of filling time, improve self esteem, release stress, promote socialization and the building of relationships
Lack of facilities in which to stay clean, do laundry, accept mail or phone calls--- all necessary for pursuing, finding and keeping employment
Lack of awareness about helpful and affordable community services such as family therapy, tutoring, and substance abuse programs
Inability to self-advocate and mediate conflicts that will result in homelessness (landlords, utilities, etc.)
Lack of food
Lack of transportation
Lack of transitional housing and supportive services for those leaving drug treatment programs or jail
Lack of substance abuse treatment programs on demand (long waiting lists)
Lack of follow-up services for those leaving foster care or youth services
Childhood homelessness is a strong predictor of adult homelessness.
Lack of comprehensive support services including job training, substance abuse treatment, mental health services, lavatory/shower access, telephone, mail delivery
Transitional housing for those leaving hospitals who need recuperation time in order to prevent complications and relapse
Accessible day time programs

Chart Sources: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 15, 16, 17, 18, 19, 24, and 25

## Health Status of Homeless Adults

Homeless people are often unhealthy. The Urban Institute conducted a National Survey of Homeless Assistance Providers and Clients<sup>2</sup> to assess common health conditions of the homeless. The Better Homes Fund<sup>16</sup> during a six-year study of homeless women conducted additional research on health and mental health status.

<b>Adult physical health</b>	<b>Homeless adults who reported the problem</b>
Unable to obtain needed medical care	24%
Acute infectious conditions (one or more)	26%
Chronic conditions (asthma, anemia, and ulcers)	46%

Chart Sources: 2 and 16

Those who are homeless suffer from mental illness and substance abuse problems. The National Survey of Homeless Assistance Providers and Clients<sup>2</sup> asked homeless people about their experiences.

<b>All homeless</b>	<b>Occurring in the month prior to being interviewed</b>
Alcohol problems	38%
Drug problems	26%
Mental health problems	39%
One or more problems	66%

Chart Sources: 2 and 16

Homeless women have especially high rates of adult and childhood trauma such as physical and emotional abuse, and sexual assault and molestation.<sup>16</sup>

<b>Homeless women</b>	<b>Women who reported the problem</b>
Post Traumatic Stress Disorder (reported at a rate of 3 times the general population)	39% of homeless women who also report previous abuse
Major depressive disorders	47% of homeless women who also report previous abuse
Physical abuse	27% of those who reported physical abuse required medical treatment for the abuse
Severe physical and/or sexual assaults at some time	92% of homeless women
Drug and alcohol abuse	45% of homeless women who also report previous abuse
Drug and alcohol abuse problems at some time in life	40% of all homeless women

Chart Sources: 2 and 16

## Estimates of the Number of Homeless

The Missouri Association made most recent estimates of Missouri's homeless population for Social Welfare<sup>9</sup> from data gathered in 1996.

<b>MASW 1998 Report on Homelessness in Missouri</b>	<b>Yearly homeless population</b>	<b>Daily homeless population</b>	<b>Average number using shelter each night across the state</b>
Homeless in Missouri- statewide	56,765	21,355	6,000

Chart source: 9

<b>Race</b>	<b>Total all ages Boone Co.</b>	<b>Under age 18 Boone Co.</b>	<b>Adults Boone Co.</b>	<b>Among all homeless Boone Co.</b>	<b>Homeless Adults - Lifetime Prevalence Rate (8-14%)</b>	<b>Homeless at least once during year in a good economy (1%)</b>	<b>Of all adults living in poverty, % homeless during one year</b>
				estimate	estimate	estimate	estimate
<b>Total population Boone County</b>	135,454	30,902	104,552		8,364 to 14,637	1,046	6.3-9.6%
<b>Veterans in Boone County</b>			16,049 estimate	104-188			

Chart sources: 1, 3, 9, 37, 38, and 39

## Sources of Funding for Homeless Shelters

The Urban Institute<sup>2</sup> reports that nationwide, 85% of programs to serve the homeless are run by non-profit organizations and only 14% are operated by governmental agencies. The Missouri Association for Social Welfare<sup>9</sup> provides statistics on sources of funding in Missouri for emergency shelters.

<b>MASW 1998 Report on Homelessness</b>	Private Funding	State Funding	Federal Funding	Local Funding
Statewide Sources of Shelter Funding	43%	39%	14%	4%

## Cost and Availability of Housing

The Missouri Association for Social Welfare<sup>9</sup> reports that there is an “extreme shortage (160,000 units) of affordable housing in Missouri---the biggest single factor impacting homelessness.” The National Low Income Housing Coalition<sup>25</sup> provided data on housing and wage factors in Boone County. This organization reported that there were a total of 22,553 renter households in 2000. The 2001 estimated Median Family Income (HUD) was \$57,800. The 2001 fair market rental cost by number of bedrooms was \$384 for a one bedroom, \$500 for a two bedroom, \$695 for a three bedroom, and \$819 for a four bedroom rental unit.

## **Domestic Violence**

The ideal of safe, supportive relationships is not achieved in many American homes. Those who are physically abused by their partners may end up homeless and on the street, or they may be able to locate and utilize domestic violence shelter services. Recent findings from the July 2000 National Violence Against Women Survey<sup>26</sup>, in which a nationally representative sample 8,000 men and 8,000 women were surveyed, produced the following results:

- Intimate partner violence is pervasive and nearly 25% of women and 7.6% of men said they were raped and/or physically assaulted by a current or former spouse, cohabiting partner, or date at some point in their life.
- 1.5% of women and 0.9% of men said they were raped and/or physically assaulted by a partner in the previous 12 months.
- Violence perpetrated against women by intimates is often accompanied by emotionally abusive and controlling behavior.
- Women experience more chronic and injurious physical assault at the hands of intimate partners than do men.
- Women living with female intimate partners experience less intimate partner violence than women living with male intimate partners, however slightly more than 11% of the women who had lived with a woman as part of a couple reported being raped, physically assaulted, and/or stalked by the female cohabitant.
- Approximately 15% of men living with male intimate partners reported being raped, physically assaulted, and/or stalked by the male cohabitant, while 7.7% of the men who had married or lived with a woman as a couple reported such violence by the wife or female cohabitant.
- Most intimate victimizations are not reported to the police. Approximately one-fifth of all rapes, one-quarter of all physical assaults, and one-half of all stalking perpetrated against female respondents by intimates were reported to the police.

## **Homeless Children**

Kids Count Missouri<sup>27</sup> data report a number of conditions that create high risk for children, including child not living with two parents; household head a high school dropout; family income below poverty line; child living with underemployed parents; family receiving welfare benefits; and child without health insurance. Based on research we can postulate that many local homeless children have some or most of these risk factors.

African-American children (23% of all black children) are more than 5 times as likely to be in the high-risk category as Non-Hispanic white children.<sup>42</sup> Minorities, central city dwellers, and those living in rural areas were the most likely to be in the high-risk category.<sup>42</sup> Homeless children have higher rates of physical and mental illness, and special educational challenges.<sup>18, 28, 29</sup> The Better Homes Fund<sup>18</sup> researched the special problems of homeless children. Data on homeless children is also reported in Keeping Kids in School-The Educational Rights of Homeless Children.<sup>10</sup>

### ***Homeless children in school in Boone County***

The Missouri Department of Elementary and Secondary Education asks each school district to report on children identified as homeless. In Boone County, homeless school age children were

only reported in the Columbia school district, with all other county districts reporting zero. The majority of homeless school age children (71%) were aged K-5. Homeless youth that dropped out of school are not included in this official count.<sup>13</sup>

An estimate of total homeless children in Columbia is based on national research by the Better Homes Fund.<sup>18</sup> The authors reported that since the National Coalition of the Homeless reported 1.2 million children homeless on any given night, and the U.S. Department of Education reports that almost 400,000 homeless children were served by the nation's public schools in the past year, and more than half of all homeless children are under the age of 6 and not yet in school, a minimum of 800,000 children can be presumed to be homeless. "On the basis of these data, the Better Homes Fund concludes that more than one million American children are homeless today."<sup>18</sup>

Using this formula, we can estimate the number of children who may be homeless in Boone County.

Columbia Schools reported homeless <sup>28</sup>	70
Estimated children under 6 in these households	70
Add 20%	28
Total	168

<b>Homeless Children and Their Education</b>	
Attend two different schools in one year	40% of all homeless children
Attend three or more different schools in one year	28% of all homeless children
Have not attended school prior to kindergarten	80% of all homeless children
Drop out rate of homeless children	4 times more likely than housed peers
Likelihood of repeating a grade	9 times more likely than housed peers
Homeless children	Higher levels of grade retention, absenteeism, and lower scores on group tests

Chart source: 1 (Fact sheet 10)

## Living Arrangements of Children under the Age of 18 in Boone County

The October 2001, Step by Step,<sup>30</sup> the newsletter of the Missouri Youth Initiative, reported US 2000 Census data on where and with whom Missouri children are living.

Living Arrangements of Children Under Age 18 in Boone County								
Total Boone population under 18 yrs	Householder/spouse	Married Couple	Dad only	Mom only	Grand-parent	Other Relative	Non-relative	Group quarters
30,902	.1%	67.9%	4.7%	20.9%	3.1%	1.1%	2.1%	.2%

Chart source: 30

Child Health and Mental Health Problems	Homeless children reported with the problem
Physical abuse (twice the national rate)	8%
Sexual abuse (three times the national rate)	8%
Have seen their mother abused by a male partner	11%
Have seen their mother abused by their father	15%
Homeless children with learning disabilities	Twice the rate of housed children
Homeless children have emotional and behavioral problems	Three times the rate of housed children

Chart sources: 1 (Fact sheets 7 and 11)

As has been previously noted, time spent in the foster care system is one of only two risks for predicting future homelessness. According to the Fiscal Year 2000 report of the Missouri Department of Social Services, Division of Family Services<sup>31</sup> the following services were provided in Boone County.

FY 2000	Incidents of child abuse and neglect	Active cases - family services for families with probable cause of child abuse/neglect	Out of home placement of children	Families referred by intensive in-home services
Boone County	1,033	192	162	31

## Homeless Youth

According to the Prevention Researcher<sup>44</sup> and other sources, young people are homeless for a variety of reasons. They may they have been thrown out of the house by their parents due to

pregnancy, sexual orientation conflicts, and other issues. Homeless youth leave home because of physical, mental, and sexual abuse; because their parents are substance abusers; because of conflicts over sexual orientation, because they do not want to follow their parents' rules or have other conflicts; and because they do not get along with a step-parent or significant other of their parent. In the City of Columbia, teenage pregnancy, kids dropping out of school, and children not getting enough attention, discipline, and guidance from their parents were rated among the most serious problems in the 1998 Community Needs Assessment, indicating local concern about youth-parent relationships.

Homeless youth from severely dysfunctional families often lack resources to make a successful transition from childhood to adulthood. Homeless youth need safe places to live, access to education and job training, physical and mental health services, and environments in which they can engage in interactions with adults and peers in positive developmental ways.

Homeless youth have been found to have a history of school failure, with one study indicating that only 44% of homeless youth had attended school regularly before leaving their home.<sup>32</sup> To effectively serve homeless youth, school programs must flexibly incorporate these important elements: admissions criteria, class assignments, availability of resources; time to listen, and extracurricular activities. Improved peer awareness is important in retaining homeless youth within the school system. Homeless students face critical challenges in finishing school and 'helpers' need to understand the street culture homeless students live in.

Research indicates that at higher rates of physical abuse, abused urban children run away much more quickly than abused rural children.<sup>33</sup> Lesbian and gay homeless youth have been found to have a greater and more severe incidence of depression and suicide than their heterosexual homeless peers. Like other special homeless populations, homeless youth often suffer from chronic health problems, and like other teens they engage in many high-risk behaviors.

Victimization is a real hazard for runaways on the street, yet a report from the office of the Surgeon General estimated that only one in twelve homeless youth ever come in to contact with the shelter system.<sup>11</sup> More outreach and advocacy is needed to find and serve homeless youth.

<b>Homeless Youth</b>	
Asked to leave home by parent	43%
Homeless youth who have experienced physical or sexual abuse by their parents	60%
Average age of runaway, throwaway and abandoned youth	14.7 years
Homeless youth who have been assaulted on the streets	52%
Parents of homeless youth with some post high school education	43%

Chart sources: 11, 32, 33, and 44

## **Youthful Offenders**

According to a recent newspaper article,<sup>34</sup> a high percentage of Missouri teen offenders have learning disabilities and are two or more grades behind in school. Problems of teen offenders include depression, bipolar disorders, fetal alcohol syndrome, and other types of mental illness. Many youth in Division of Youth Services custody were physically or sexually abused as young children. Sexual molestation during childhood has proven to be an important predictor of recidivism, and time spent in foster care is also an important risk for future homelessness.

A 5 year nationally representative study<sup>41</sup> of 1,799 persons (71.4% male and 28.6% female) confirmed that both drug use and criminal behavior are reduced following inpatient, outpatient, and residential treatment for drug abuse. The one exception to overall drug use decrease following treatment was for those who were adolescent when discharged from treatment. Adolescents treated in 1989-90 increased use of alcohol by 13% and crack by 20%, in the 5 years following treatment. This survey confirms previous studies showing that treatment can significantly reduce crime, including physical violence against others and suicide attempts. MASW<sup>9</sup> reports that Missouri homeless seeking substance abuse treatment are frequently put on waiting lists.

Inmates who are released from incarceration without social support and transitional services are at risk of homelessness. Many of those who are incarcerated suffer from mental illness. A Boone County Jail<sup>43</sup> report indicates that inmates were diagnosed with major depression, adjustment disorder, anxiety, depression, anxiety disorder problems, schizophrenia, bipolar disorder, Post Traumatic Stress Disorder, and psychosis.

## Mental Health

Mental health services are considered important to all the agencies reviewed this year. Access to mental health was one of the issues identified in the 1998 Community Needs Assessment.

	Boone County households with children under age 18 who reported that one or more children in their household experienced a moderate or major behavioral or emotional problem in the past 6 months.	Among households with a child behavioral or emotional problem, percent who sought help.	Among households that sought help for a child behavioral or emotional problem, percent that got help.
Boone County 1998	8.8%	87.6%	78.4%
Persons with household income below \$10,000	16.3%	88.9%	77.8%
African Americans	19.0%	70.6%	72.2%
Persons who receive public assistance	24.4%	88.6%	88.7%

Ratings of getting affordable counseling or medical care for mental health problems as a city problem.	Percent who rated as major or moderate problem	Mean rating	Ranking among listed problems
Residents in or near Columbia 1998	48.6%	1.45	18
Persons with household income below \$10,000	57.1%	1.77	4
African Americans	75.2%	2.06	10
Persons who receive public assistance	58.3%	1.82	17

## Missouri 1999 Youth Risk Behavior Survey and 2000 Safe and Drug-free Schools and Communities Survey

The Missouri Department of Elementary and Secondary Education, to monitor specific behaviors among high school students, administers the Youth Risk Behavior Survey. These behaviors contribute to the leading causes of morbidity and mortality. The survey is administered in the spring of odd-numbered years. In 1999, 1,652 students in 23 public high schools participated. The YRBS was developed by the Division of Adolescent and School Health, Centers for Disease Control and Prevention. The publication can be obtained from the Missouri Department of Elementary and Secondary Education.<sup>35</sup>

In February 2000, the Missouri Department of Elementary and Secondary Education administered the Safe and Drug-Free Schools and Communities Survey to 1,035 9<sup>th</sup> graders in the Columbia Public Schools. The results were published in the Columbia Daily Tribune<sup>36</sup> on March 25, 2001. The complete survey can be found on the Tribune Web site, [www.columbiatribune.com/Surveys/032501survey.html](http://www.columbiatribune.com/Surveys/032501survey.html).

Results from these 2 surveys are reported together for ease in comparison.

### Alcohol use

Alcohol Use	Missouri high school students in 1999			Feb. 2000
	Male	Female	Total	Survey of Columbia 9 <sup>th</sup> graders
Percentage of Missouri high school students in 1999...				
...who had at least one drink of alcohol on one or more of the 30 days preceding the survey.			50%	42%
...who had five or more drinks of alcohol in a row, that is, within a couple of hours, on one or more of the 30 days preceding the survey.	36%	29%	32%	27%

Alcohol Use	Missouri high school students in 1999			
	9 <sup>th</sup> grade	10 <sup>th</sup> grade	11 <sup>th</sup> grade	12 <sup>th</sup> grade
Percentage of Missouri high school students in 1999...				
...who had five or more drinks of alcohol in a row, that is, within a couple of hours, on one or more of the 30 days preceding the survey, by grade.	24%	28%	41%	39%

<b>Survey of Columbia 9<sup>th</sup> graders Feb. 2000</b>	
<b>First Drinks of Alcohol</b>	<b>Age when you had your first drink of alcohol other than a few sips</b>
Never	34.4%
8 years old or younger	11.6%
9 or 10 years old	6.8%
11 or 12 years old	16.3%
13 or 14 years old	26.1%
15 or 16 years old	4.8%
17 years old or older	0.0%

### ***Suicide***

<b>Suicide</b>	<b>Survey of Columbia 9<sup>th</sup> graders Feb. 2000</b>			
	<b>Yes</b>		<b>No</b>	
During the past 12 months, did you ever seriously consider attempting suicide?	20.5%		79.5%	
During the past 12 months, did you make a plan about how you would attempt suicide?	14.7%		85.3%	
<b>Suicide attempts</b>	<b>Survey of Columbia 9<sup>th</sup> graders Feb. 2000</b>			
	0 times	1 time	2 or 3 times	4 or more times
During the past 12 months, how many times did you actually attempt suicide?	90.5%	4.9%	2.8%	1.8%
	<b>Survey of Columbia 9<sup>th</sup> graders Feb. 2000</b>			
	<b>Did not attempt in last 12 months</b>	<b>Yes</b>		<b>No</b>
If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?	81.5%	3.0%		15.5%

Nearly ten percent (9.5%) of the Columbia 9<sup>th</sup> grade students surveyed in February 2000 reported they had actually attempted suicide one or more times. This represents 97 individuals.

## Substance abuse

Substance Abuse	Missouri high school students in 1999			Feb. 2000
	Male	Female	Total	Survey of Columbia 9 <sup>th</sup> graders
Percentage of Missouri high school students in 1999...				
...who used marijuana one or more times during the 30 days preceding the survey.	28%	23%	26%	20%
...who had sniffed or inhaled intoxicating substances one or more times during their life.	15%	11%	13%	16%

Substance Abuse	Missouri high school students in 1999			
	Cigarettes	Alcohol	Marijuana	Cocaine
Percentage of Missouri high school students in 1999...				
...had tried cigarettes, alcohol, marijuana, and cocaine for the first time before age 13.	25%	34%	14%	NA

Substance Abuse	Survey of Columbia 9 <sup>th</sup> graders Feb. 2000	
	Age when you tried marijuana for the first time	Age when you tried any form of cocaine, including powder, crack, or freebase, for the first time
Never	61.8%	94.5%
8 years old or younger	2.2%	0.9%
9 or 10 years old	1.8%	0.6%
11 or 12 years old	9.0%	1.1%
13 or 14 years old	23.0%	2.5%
15 or 16 years old	2.1%	0.4%
17 years old or older	0.1%	0.0%

## ***Sexual activity***

<b>Sexual Activity</b>	<b>Missouri high school students in 1999</b>		
	<b>Male</b>	<b>Female</b>	<b>Total</b>
Percentage of Missouri high school students in 1999...			
...who ever had sexual intercourse, by gender.	57%	56%	57%
...who had sexual intercourse with one or more people during the past three months, by gender.	40%	43%	42%
...(of those who had sexual intercourse with one or more people during the three months preceding the survey) ... who used a condom during last sexual intercourse.			60%
...who had sexual intercourse for the first time before age 13, by gender.	14%	5%	10%

<b>Sexual Activity</b>	<b>Missouri high school students in 1999</b>			
	<b>9<sup>th</sup> grade</b>	<b>10<sup>th</sup> grade</b>	<b>11<sup>th</sup> grade</b>	<b>12<sup>th</sup> grade</b>
Percentage of Missouri high school students in 1999...				
...who ever had sexual intercourse, by grade.	46%	53%	64%	68%
...who had sexual intercourse with one or more people during the past three months, by grade.	31%	36%	52%	52%
...(of those who had sexual intercourse with one or more people during the three months preceding the survey) ... who used a condom during last sexual intercourse.	69%	68%	53%	54%

## Kid's Count

Kids Count in Missouri<sup>27</sup> (KCM) is a partnership of Citizens for Missouri's Children, the Children's Trust Fund, and the University of Missouri's Office of Social and Economic Data Analysis. The Annie E. Casey Foundation, America's largest philanthropic source, supports KCM for disadvantaged children. Each year KCM tracks a group of outcome measures that describe the overall well being of children. Each measure is rated according to whether the measure got better or worse between the base and current year. The outcome measures relevant to the group of agencies evaluated for Boone County are reported.

<b>Boone County</b>				
<b>Measure</b>	<b>Current Year Rate (2001)</b>	<b>*Trend</b>	<b>2001 State Rate</b>	<b>**County Rank 2001</b>
Child deaths ages 1-14 per 100,000 (1991-95 compared to 1996-00)	27.2	Worse	26.5	53
Probable cause child abuse/neglect per 1,000 under 18 (1996)	35.5	Better	42.0	31
Out of home placement entries per 1,000 under 18 (1996)	4.9	Better	5.3	56
Annual high school dropouts (1996)	5.5%	Better	5.0%	96

\*Trend=The change between the base year (in parentheses) and 2001

\*\*County rank 2001=The county's rank compared to the other 114 Missouri counties for that measure.

The Kids Count in Missouri 2001 report also lists some key facts for Boone County.

<b>Boone County</b>			
<b>Measure</b>	<b>Base Year</b>		<b>Current Year</b>
Child population	28,878	(1996)	30,902 (2000)
Minority children	18.6%	(1996)	20.7% (2000)
Limited English Students	244	(1998)	329 (2000)
Children in poverty	13.1%	(1995)	14.3% (1997)
Children in single parent families	21.9%	(1990)	25.6% (2000)
Annual wage and salary pay	\$22,157 (1996)		\$24,834 (1999)
Adult unemployment rate	1.7%	(1996)	1.2% (2000)
High school graduation rate	72.1%	(1996)	76.6% (2000)
Children receiving public mental health services for serious emotional disorders	646	(1996)	261 (2000)
Juvenile law violations per 1,000 youth age 10-17	134.8	(1996)	93.0 (1998)

## ASSESSMENT OF MAJOR GOALS AND OBJECTIVES

---

### Programs Types

According to the definitions used by the MASW in its 1998 report, there are four types of shelters.

**Emergency shelter** is a location which provides basic comfort needs (bed, food, heat, other necessities) for a relatively short period of time.

**Transitional shelter** is a location which provides basic needs plus programs to address the root causes of homelessness (for example, economic distress, domestic violence, mental illness). The duration of stay is often longer than emergency shelters.

**Referral shelters** are programs which pay for or arrange temporary residence in a motel, safe house, or private home. They could also include programs to prevent imminent homelessness.

**Permanent shelter** for homeless people with disabilities offer diverse sites (for example, apartments and group homes) for residences combined with social services specific to the special population. For example, the populations could be severely mentally ill, people with AIDS, etc.

Programs in Boone County classified in the 1998 MASW report are listed in the table below.

Type of Shelter	Emergency Shelter	Transitional shelter	Referral shelter	Permanent shelter
<b>Programs evaluated by HRS in 2001 – 2002</b>				
Harbor House	X			
Rainbow House		X		
Reality House		X		
The Front Door (not listed in the MASW report)	X	X		
The Shelter	X			
Welcome Home		X		

Type of Shelter	Emergency Shelter	Transitional shelter	Referral shelter	Permanent shelter
<b>Programs not evaluated by HRS in 2001 - 2002</b>				
Central Missouri Human Development Corporation			X	
Daybreak		X		
Lois Bryant House	X			
McCambridge Center	X			
New Horizons		X		
New Life Evangelistic Shelter		X		
Positive Motivation, Inc.		X		
St. Francis House	X			

## ASSESSMENT OF RELATIONSHIP OF GOALS TO PERTINENT COMMUNITY ISSUES

---

In deciding if program objectives addressed pertinent community issues, a subjective assessment was made of the agency or program mission, the major goals and objectives listed, and the activities offered.

### Relation to Boone County Health Report Card

Several of the Boone County Health Report Card issues are addressed by the programs reviewed this year. Each program is marked where it has goals that relate to a Health Report Card issue.

M=Major Goal; I=Indirect Goal

	Front Door	Harbor House	Rainbow House - Crises Care	Rainbow House - Emergency Shelter	Reality House	The Shelter	Welcome Home
Child abuse and neglect	M		M	M		I	
High school dropouts	M			I	M		
Access to mental health	M	I			I		I
Parent education	I		M	I		I	
Promotion of healthy behaviors	M	I	I	I	M	I	I
Substance abuse and prevention	I	I			M		I
Teen pregnancy	I						
Domestic violence			M	M		M	
Low income housing and basic needs	I	M	I	I	M	M	M

## Relation to Priorities in the 1998 Community Needs Assessment

A number of the issues identified in the 1998 Community Needs Assessment (CNA) are mentioned as contributors to homelessness. Many of the conditions identified as contributing to homelessness are listed in the top 21 issues identified in the 1998 CNA. Those issues are listed with the contributors to homelessness written in bold face. Several of the issues are addressed. Each program that has goals that relate to one of these CNA issues is marked. M=Major Goal; I=Indirect Goal

	Front Door	Harbor House	Rainbow House - Crises Care	Rainbow House - Emergency Shelter	Reality House	The Shelter	Welcome Home
1. Crowded classrooms							
<b>2. Children not getting enough attention</b>	I		I	I		I	
<b>3. Illegal drug use</b>	I	M			M		I
<b>4. Unhealthy behaviors</b>	M	I	I	I	M	M	I
<b>5. Kids dropping out of school</b>	M		I	I	M		
<b>6. Teenage pregnancy</b>	I						
<b>7. Crime</b>					M		
<b>8. Alcoholism</b>	I	M			M	I	I
9. Racial discrimination							
<b>10. Housing needs repair</b>							
<b>11. Money for basic needs</b>		Social Services portion of the Salvation Army				I	I
<b>12. Family violence/adult abuse</b>	I		M	M		M	
13. Racial tension							

	Front Door	Harbor House	Rainbow House – Crises Care	Rainbow House – Emergency Shelter	Reality House	The Shelter	Welcome Home
14. Low wage jobs	I						
15. Affordable medical care – physical					I		
16. Mental illness	I				I	I	
17. Underemployment					I*		
18. Affordable medical care-mental	I				I		
19. Child abuse	M		M	M		I	
20. Affordable legal services						I	
21. Shortage of affordable housing		I				I	I

\*Most clients are assisted in finding first time employment.

## Relation to the Causes of Homelessness

Prevention of homelessness begins with some of the basic services. Each of the agencies was assessed for goals and objectives related to main causes of homelessness as outlined in national reports. M=Major Goal; I=Indirect Goal

	Front Door	Harbor House	Rainbow House – Crises Care	Rainbow House – Emergency Shelter	Reality House	The Shelter	Welcome Home
1. Lack of affordable housing		Social Services portion of the Salvation Army			I	I	I
2. Low paying jobs	I						I
3. Substance abuse and the lack of needed services	M	M*			M	I	M
4. Mental illness and the lack of needed services	M				M	I	I
5. Domestic violence	I		M	M		M	
6. Poverty	I					I	
7. Changes and cuts in public assistance programs							

\*Harbor House provides assessment services with referral to appropriate treatment programs.

## Existence of Programs Related to Fostering Well Being of Homeless People

Six domains of service particularly germane to fostering the well being of homeless people were listed in a national report<sup>45</sup> (study included Kansas City). Each of the agencies was assessed for goals and objectives in these suggested outcome domains. Yes = agency has services or activities relating to this domain. R = refer clients to other agencies

	Front Door	Harbor House	Rainbow House – Crises Care	Rainbow House – Emergency Shelter	Reality House	The Shelter	Welcome Home
1. Assistance from public housing agency							
2. Mental health services	Yes	R	Yes	Yes	Yes	Yes	*
3. General health care	Yes	R	Yes	Yes	Yes		*
4. Substance abuse services	Yes	R			Yes	Yes	*
5. Income support							
6. Vocational rehabilitation		R			Indirectly		

\*Services are accessed through the VA Hospital.

## Relation to Outcome Domains Related to Homelessness and Mental Health

Six outcome domains for service agencies to address were suggested in a report on homelessness and mental health<sup>3</sup>. Each of the agencies was assessed for goals and objectives in these suggested outcome domains. Yes = agency has outcomes relating to this domain.

R = refer clients to other agencies.

	Front Door	Harbor House	Reality House	The Shelter	Welcome Home
<b>1. Psychiatric problems</b>	Yes		R		
<b>2. Substance abuse problems</b>	Yes	Yes	Yes	**Refer to and collaborate with McCambridge Center	*Yes
<b>3. Employment</b>	Yes	Yes	Yes	**	*Yes
<b>4. Public support income</b>				**	
<b>5. General health status</b>			R		
<b>6. Achievement of stable housing</b>	Yes	Yes		Yes	*Yes

\*Informal goals and objectives address these domains.

\*\*Could be addressed in Individual Case management goals on a case-by-case basis.

## Relation to Issues in the YBRS and the Feb. 2000 Survey of 9<sup>th</sup> Graders

Some of the major issues raised in the YBRS and the February 2000 survey of 9<sup>th</sup> graders in Columbia are addressed by the programs reviewed this year. Each program is marked where it has goals that relate to a YRBS issue. M=Major Goal; I=Indirect Goal

	Front Door	Rainbow House – Crises Care	Rainbow House – Emergency Shelter	Reality House	The Shelter
Alcohol use	M			M	
Sexual activity	I	*	*	I	**
Smoking	I			I	
Substance abuse	M			M	
Suicide	I			I	I
Mental health issues	M	I	I	M	I

\*Prevention of sexual assault

\*\*Serve rape victims age 15-18

## Problems Related to Homeless Children

Homeless children and children at risk of becoming homeless have some unique problems. Agency goals and objectives were assessed to see if services were offered in these critical areas. Yes = agency offers services

	Front Door	Harbor House	Rainbow House – Crises Care	Rainbow House – Emergency Shelter	Reality House	The Shelter
Maintain continuity in school attendance	Yes		Yes	Yes		Yes
Family preservation services as appropriate	Yes	Yes	Yes	Yes		Yes
Drop-out prevention, educational assistance, GED assistance	Yes		Yes	Yes	Yes	

## Relation to Kids Count Indicators

The programs reviewed this year address some of the indicators measured in the Kids Count report. Each program is marked where it has goals that relate to a Kids Count issue. M=Major Goal; I=Indirect Goal

	Front Door	Harbor House	Rainbow House – Crises Care	Rainbow House – Emergency Shelter	Reality House	The Shelter
Probable cause child abuse and neglect	M		M	M		I
Out-of-home placement entries under 18 years	M		M		I	
High school dropouts	M				M	
Births to teenagers ages 15-19	I					
Children in poverty		I				I
Children in single parent families		I				I
Annual wage and salary pay		I				
Adult unemployment rate		I			I	
Children receiving public mental health services for serious emotional disorders	M		I	I		I

# INDIVIDUAL PROGRAM RATINGS AND SCORES FROM THE FRAMEWORKS

---

## Framework for Continuous Evaluation and Improvement

Each agency was asked to review the frameworks for continuous evaluation and improvement and to give themselves a score on each framework. The scores reported below are the results of this self-evaluation.

### *Approach to continuous evaluation and improvement*

<p>Welcome Home (1.0)</p>	<p>Reality House (2.0)</p>	<p>Harbor House (3.0) Rainbow House (3.0) The Shelter (3.0)</p>	<p>The Front Door (4.0)</p>	
1	2	3	4	5
<p>Neither goal nor strategies exist for the evaluation and continuous improvement of the agency or elements of the agency's programs</p>	<p>The approach to continuous improvement and evaluation is problem solving. If there are no problems, or if solutions can be made quickly, there is no need for improvement or analyses. Changes in parts of the system are not coordinated with all other parts</p>	<p>Some elements of the organization are evaluated for effectiveness. Some elements are improved on the basis of the evaluation findings</p>	<p>All elements of the agency's operations are evaluated for improvement and to ensure congruence of the elements with respect to the continuum of improvement for all clients.</p>	<p>All aspects of the agency are rigorously evaluated and improved on a continuous basis. Clients, and the maintenance of a comprehensive improvement continuum for clients become the focus of all aspects of the evaluation and improvement process</p>

## ***Implementation of continuous evaluation and improvement***

Welcome Home (1.0)	Reality House (2.0)	The Front Door (3.5) Harbor House (3.0) Rainbow House (3.0)	The Shelter (4.0)	
1	2	3	4	5
With no overall plans for evaluation and continuous improvement, individual program managers and administrators change strategies only when something sparks the need to improve. Reactive decisions and activities are a daily mode of operation.	Isolated changes are made in some areas of the organization in response to problem incidents. Changes are not preceded by comprehensive analyses, such as an understanding of the root causes of problems. The effectiveness of the elements of the agency or changes made to the elements, is not known.	Elements of the organization are improved on the basis of comprehensive analyses of root causes of problems, client perceptions, and operational effectiveness of processes.	Continuous improvement analysis of client outcomes and program strategies are rigorously reinforced within each program and across all levels to develop a comprehensive improvement continuum for all clients and to prevent negative client outcomes	Comprehensive continuous improvement becomes the way of doing business at the agency. Staff continuously improve the appropriateness and effectiveness of program strategies based on client feedback and outcomes. All aspects of the organization are improved to support staff efforts.

## ***Outcomes of continuous evaluation and improvement***

	Welcome Home (2.0) Harbor House (2.0)	The Front Door (3.0) Reality House (3.0) The Shelter (3.0)	Rainbow House (4.0)	
1	2	3	4	5
Individuals struggle with system failure. Finger pointing and blaming others for failure occurs. The effectiveness of strategies is unknown. Mistakes are repeated.	Problems are solved only temporarily and few positive changes result. Additionally, unintended and undesirable consequences often appear in other parts of the system. Many aspects of the agency or program are incongruent, keeping the agency from reaching its vision.	Evidence of effective improvement strategies is observable. Positive changes are made and maintained due to comprehensive analyses and evaluation.	Those delivering service become astute at assessing and in predicting the impact of their strategies on individual clients. Sustainable improvements in clients are evident in all programs, due to continuous improvement.	The agency becomes a congruent and effective learning organization. Only methodology and strategies that produce quality client outcomes are used. A true continuum of improvement results for all clients.

## **Framework for Gathering and Analyzing Outcomes Information**

### ***Approach to gathering and analyzing outcomes information***

		The Front Door		
--	--	----------------	--	--

	Welcome Home (2.0)	(3.0) Harbor House (3.0) Rainbow House (3.0) Reality House (3.0) The Shelter (3.0)		
1	2	3	4	5
Data or information about client needs are not gathered in any systematic way; there is no way to determine what needs to change at the agency based on data.	There is no systematic process, but some client information is collected and used to problem solve and to establish essential client outcomes.	Agency collects data on client outcomes and conducts client needs assessments. The information is used to drive the strategic quality plan for the agency.	There is systematic reliance on hard data (including data for sub-groups) as a basis for decision making at the client level as well as the agency level. Changes are based on the study of data to meet the needs of clients and staff.	Information is gathered in all areas of client interaction with the agency. Staff engage clients in gathering information on their own outcomes. Accessible to all levels, data is comprehensive in scope, and an accurate reflection of agency quality.

### ***Implementation of gathering and analyzing outcomes information***

	Welcome Home (2.0) Harbor House (2.0)	The Front Door (3.5) Rainbow House (3.0) Reality House (3.0)	The Shelter (4.0)	
1	2	3	4	5
No information is gathered with which to make changes. Client dissatisfaction is seen as an irritation, not a need for improvement.	Some data is tracked, such as client recidivism. Individuals are asked for feedback about their experience with the agency.	Agency collects information on clients and former clients, analyzes, and uses it in conjunction with future trends for planning. Identified areas for improvement are tracked over time.	Data are used to improve the effectiveness of service delivery. Client indicators are graphed and utilized for diagnostics. All staff analyze client evaluations and indicators.	Innovative processes meeting the needs of clients are implemented to the delight of staff, clients, and funding agencies. Root causes are known through analyses. Problems are prevented through the use of data

### ***Outcomes of gathering and analyzing outcomes information***

Welcome Home (1.0)		The Front Door (3.0) Harbor House (3.0) Rainbow House (3.0) Reality House (3.0)	The Shelter (4.0)	
-----------------------	--	--	-------------------	--

1	2	3	4	5
<p>Only anecdotal and hypothetical information is available about clients' behavior and satisfaction. Problems are solved individually with short-term results.</p>	<p>Little data is available. Change is limited to some areas of the agency operation and dependent upon individuals and their efforts.</p>	<p>Information collected about clients' needs and outcomes is shared with staff and is used to plan for change. Information helps staff understand pressing issues, how to analyze information for root causes and how to track for improvement.</p>	<p>An information system is in place. Positive trends begin to appear in individual client as well as community outcomes. There is evidence that these results are caused by understanding and effectively using data collected.</p>	<p>Clients are delighted with the agency's processes and proud of their own capabilities to assess their own progress. There are good to excellent results for all clients. No client falls through the cracks. Staff use data to predict and prevent potential problems.</p>

## ASSESSMENT OF EVALUATION PLAN - HARBOR HOUSE

---

### Program Mission

Mission: “The Salvation Army Harbor House is deeply committed to the well-being, stabilization, and growth of our clients. This commitment is expressed through programs designed to improve the quality of life of each individual and/or family without regard to race, color, creed, or physical disability. At the heart of our service lies a fundamental belief in the value of each person. Each person is treated with compassion, patience, and respect, encouraging spiritual awakening and improved quality of life.”

### Current Evaluation Plan

#### *Evaluations and reviews from funding sources and accrediting boards*

<b>Other funding sources</b>	<b>Review results</b>
FEMA	Does not evaluate
Missouri Emergency Shelter Grant	Does not evaluate
Divisional Director – Salvation Army	Visits occasionally for to see how the program is going and if any assistance is needed. No reports generated
Central Missouri Food Bank	Inspects the facility for eligibility, USDA representative has also come to inspect. No reports generated.

### Process

Currently, Harbor House maintains a file on each individual who stays at Harbor House. This house file is an intake file that contains information like last address, residency, race, sex, religion, marital status, reason for homelessness, substance abuse problems, mental illness, employment status, and services from other agencies. This information is used to report on the agency outputs such as number and type of clients served.

Anyone who enters into one of the three programs, workers, alternative, or recovery, also has a case management file. The case manager completes an initial assessment and records the client’s goals. Clients may engage in a variety of activities that help them reach their stated goals. The client meets with the case manager once a week and has a choice of groups on money management, self-improvement, and addiction recovery.

Case managers document client personal goals and progress in case notes and in weekly meetings. Clients must show progress toward their personalized goals in order to remain at Harbor House.

## **Current Outcome Objectives**

The program objectives for 2001 listed in the 2002 Social Services Proposal have three objectives, but none relate to client outcomes. The objectives listed for 2000 and 2001 relate to process and outputs. The objectives listed for 2002 are currently stated as output measures, but could be changed into outcome measures with just a bit of adjustment.

## **Recommendations**

The objectives listed for 2002 in the Social Services Proposal could be adjusted and stated as outcome objectives.

Objectives for 2002

Objective 1

1. Current wording: "We intend to help 20 people complete six months of sobriety with the continued efforts of the Substance Abuse Counselor."

Discussion with agency staff: At the site visit, agency staff determined that substance abuse treatment was not the primary focus of Harbor House. The substance abuse counselor, who is a certified substance abuse counselor, mainly conducts assessments of the residents and refers them on to treatment programs. In addition, there is no requirement to stay at Harbor House for a 6 months period since the focus is on crisis intervention. Once the crisis is resolved, clients move on to other services.

Suggested new wording:

1. 80% of the people served at Harbor House will have no incidences of substance abuse during their stay in the facility.

Objective 2

2. Current wording: "We intend to help 80 families/individuals find permanent housing with the continuation of our educational programs and supportive services."

Suggested new wording:

2. 80% of the families/individuals served in the workers, alternative, and/or recovery programs will leave Harbor House for stable housing. ("Stable housing" for our purposes means a roof over their head, whether it be with relatives, friends, their own dwelling, or a residential living situation.)

Objective 3

3. Current wording: "We will provide 6 months of follow up services (i.e. support groups, counseling) for 25 clients/families who have moved from Harbor House into permanent housing, assisting them towards long-term self-sufficiency."

Discussion with agency staff: At the site visit, it was agreed that this objective is currently not possible. It may be a good objective to put in the long range plan, but currently staff resources do not allow for follow-up. At the time this objective was written, staff had hoped for a VISTA or Americorp volunteer who did not materialize. The discussion centered around objectives that could be measured while the clients were residents of Harbor House. Since their main objective is to provide emergency shelter, an objective relating to this would be more appropriate.

Harbor House currently does have a Client Satisfaction Survey. It was suggested that this survey be used as an instrument to measure one of the outcomes.

Suggested wording for new objective 3:

75% of the clients served between January 1 and December 31, who complete the Client Satisfaction Survey, score 15 or above (indicating that they feel that they were treated with dignity and respect, the physical environment was clean and pleasant, the groups were helpful, the staff responsive, and that they would return to the facility).

These three objectives listed as objectives and measured consistently over at least a five-year period will provide valuable information about the outcomes for clients served.

Other outcome objectives could be added as reporting systems are developed. For example, the Client Satisfaction Survey could be refined to include some items that would self-report feelings of safety and security during their crisis period. Clients engaging in certain programs could be pre- and post-tested for knowledge or attitudes in certain key areas.

# ASSESSMENT OF EVALUATION PLAN - RAINBOW HOUSE – EMERGENCY SHELTER AND CRISIS CARE

---

## **Program Mission**

Mission: “To keep children safe and support families in crisis through prevention, assessment, and intervention in child abuse and neglect.”

## **Goals and objectives**

A list of goals for 2001 was provided to HRS. The goals related to the transition to a new executive director and engaging in long range planning.

## **Current Evaluation Plan**

### ***Evaluations and reviews from funding sources and accrediting boards***

<b>Other funding sources</b>	<b>Review results</b>
DFS licensing review for emergency shelter every 6 months	May and December 2001 site visits were made but no report has been produced.
Crisis Care contract reviewed by DFS every 3 years	No specific review done as the facility is a licensed facility.
Met standards for membership in the National Children’s Alliance	Initial site visit conducted, reviewed every 5 years.

## **Process**

The materials provided to HRS included the statement of a long-range goal to

“...evaluate and plan for a more adequate facility to better meet the needs of children” and “conduct a needs assessment and develop appropriate services to address any unmet needs in the community regarding child abuse and neglect.”

In the 2002 Social Services Proposal an evaluation plan is outlined.

- The Rainbow House Board of Directors continually evaluates the House and its programs and the staff meets weekly with DFS caseworkers (the major referring agency) to review cases and progress.
- For Emergency Shelter and Crisis Care specifically: A youth departure assessment/exit interview form, developed by Rainbow House, is administered to children who stay a minimum of 48 hours and who are developmentally mature enough to understand the questions.

## Current Outcome Objectives

The program objectives for 2001 listed in the 2002 Social Services Proposal have three objectives, but none relate to client outcomes. The objectives listed for 2000, 2001, and 2002 relate to process and outputs.

In materials provided to HRS, Rainbow House listed two outcomes based objectives with the outcome indicator by which they will measure their success. These two outcome objectives are as follows:

1. Children who come to Rainbow House will be made to feel safe and secure while in residence.

Indicator: 85% of the children of age 4 or greater will respond as feeling safe while at Rainbow House.

Evaluation results: 10 questionnaires were reviewed in the second quarter of 2001. The results indicated that the children felt safe at admission and discharge.

The assessment/exit interview form mentioned previously was used to gather data for this measure. After reviewing the instrument, the Rainbow House staff refined and expanded the initial interview form, adding behavioral aspects to more fully capture the child's sense of safety and security. They then refined the outcome objective as follows:

1. Children who come to Rainbow House will be assisted in transitioning into the shelter and display behaviors that reflect a feeling of safety and security while in residence.

Indicator: 85% of the children of age 3 or greater will show improved behaviors and reduced concerns from staff from admission to discharge.

Evaluation results: Not yet available

The second outcome objective listed in the materials provided to HRS, relates to exposure to violent behavior.

2. Children will be free of exposure to violent behavior while in residence at Rainbow House.

Indicator: 90% of all children in residence will experience no episode of violence involving themselves, other children, staff, or other guests.

Evaluation results: Staff are required to complete an incident report for any serious behavioral incident, accident, injury, or other unusual occurrence. The indicator of 90% was met during the second quarter of 2001.

## Recommendations

Rainbow House is moving toward outcomes based objectives; however, these objectives are not mentioned in the list of objectives for 2001, 2001, or 2002 in the Social Service Proposal to the City of Columbia, Boone County, and Columbia Area United Way. New objectives are listed for Rainbow House each year in the Social Services Proposal so that there is no consistent measure to compare across years.

Suggested wording for future proposals:

Objective 1: 85% of the children who come to Rainbow House will display behaviors that reflect a feeling of safety and security while in residence.

Objective 2: 90% of the children who come to Rainbow House will be free of exposure to violent behavior while in residence at Rainbow House.

Objective 3: 95% of the children who come to Rainbow House will maintain enrollment in the school they were attending prior to placement.

These three objectives listed as objectives and measured consistently over at least a five-year period will provide valuable information about the outcomes for clients served.

Other outcome objectives could be added as reporting systems are developed. For example, some type of psychological profile could be conducted on children upon admission and discharge with an expected outcome of an improved score. Another objective could relate to the preventive aspects of the Rainbow House Crisis Care program to track whether there has been an incident of abuse in the 3 to 6 months following the Rainbow House stay.

## ASSESSMENT OF EVALUATION PLAN - REALITY HOUSE

---

### Program Mission

Mission: "The mission of Reality House Programs is to provide community corrections in the least restrictive and most fruitful environment possible while staying true to our core principles of: maintaining the rehabilitative focus of our clients, accountability to our courts, safety of our community, and retribution for the victims of crime."

### Current Evaluation Plan

#### *Evaluations and reviews from funding sources and accrediting boards*

Other funding sources	Review results
Department of Corrections - Probation and parole	Liaison Officer Semi-annual Review for a Residential Facility dated 8-31-01 was reviewed by HRS. All requirements for certification were met.
Board of Jail Visitors	Reports from August 8, 2000 and June 13, 2001 were reviewed. Both contained glowing reports.

### Process

The 2002 Social Services Proposal outlines the following methods that are used to evaluate the Reality House Programs.

To measure the satisfaction of the referral sources: The number of referrals from courts and the Department of Corrections is tracked.

To evaluate the effectiveness in teaching the rules of probation: A pre-test of the resident's knowledge of the rules of probation and parole is administered upon entry into the program. A post-test is administered upon discharge.

To measure RHP's effect on the recidivism rates: Residents are tracked upon discharge from Reality House to track any subsequent stays in prison. Residents have been tracked for the last 7 years. Tables showing success rates by types of clients were reviewed by HRS.

To measure of the effectiveness of RHP's educational classes about sobriety: Drug testing is conducted at least monthly with testing for alcohol completed at least twice weekly. The abstinence rate is used as a measure of the effectiveness of the educational classes about sobriety.

### Current Outcome Objectives

The program objectives for 2001, as written in the 2002 Social Services Proposal, have two objectives that relate to client outcomes. These are currently stated...

Goal #2: Program Outcomes – Continue to test residents to ensure knowledge of Probation and Parole rules. Adjust for changes in probation rules.

Impact – Help to ensure residents do not violate probation rules as a result of a lack of knowledge.

Results – Residents entering RHP average approximately 50% correct. All successfully discharged residents score 100% correct on a test of Probation and Parole rules.

Goal #3: Program Outcomes – Continue to track successfully discharged residents to determine program effectiveness through recidivism rates.

Impact – Will provide statistical support for overall program effectiveness.

Results – Partial results listed in section 6.4 (in the 2002 Social Services proposal).

## **Recommendations**

Reality House Programs have a good start on outcomes based evaluation. It is recommended that the outcome objectives be more clearly and strongly stated in the Social Services Proposal. For example, Goal #2 could be restated.

Suggested outcome objective: 100% of RHP clients successfully discharged will score 100% on a test of Probation and Parole rules.

Goal #3 could be restated:

Suggested outcome objective: 95% of successfully discharged clients will have no incidents of recidivism for one year after discharge.

Another outcome objective could relate to sobriety.

Suggested outcome objective: 90% of residents are found to be free from drugs and alcohol when tested each month.

The evaluation report given each year could then clearly point to the difference the Reality House Programs are having on individuals in the community.

Going back to the mission statement, some of the terms could be quantified so that it would be very clear that Reality House Programs are fulfilling their mission. For example “most fruitful environment possible” could be defined using the words describing the Offender Evaluation Program.

Most “fruitful environment” means that residents “receive an intensive psycho-social evaluation, education classes, and counseling while maintaining 24-hour supervision.”

Possible outcome objectives relating to providing “the most fruitful environment possible.”

Outcome objective: 100% of residents receive an intensive psychosocial evaluation within 48 hours of entering the facility.

Outcome objective: 80% of clients in substance abuse classes, when given the oral test, can name 4 signs that they are in trouble with a substance.

Outcome objective: 80% of clients in basic living skills class adequately demonstrate one peaceful conflict resolution skill in an evaluated role playing session.

Outcome objective: 80% of clients in intensive employment skills training receive a score of 70 points or more on the evaluation of their mock interview.

Outcome objective: 95% of residents receiving individual counseling make positive progress on their stated goals.

Other phrases in the mission statement that could be quantified are listed.

“rehabilitative focus”

“accountability to our courts”

“safety of our community”

“retribution for the victims of crime”

## **ASSESSMENT OF EVALUATION PLAN - THE FRONT DOOR – BOYS AND GIRL TOWN OF MISSOURI**

---

### **Program Mission**

Mission: “Boys and Girls Town of Missouri (BGTM) improves the lives of children with emotional and behavioral problems through superior, family focused services.”

### **Goals and objectives**

A Strategic Action Plan provided to Horizon Research Services (dated 8/14/01) mentions goals related to all the residential programs in the BGTM network and some specific goals related to The Front Door.

Specifically, Goal 2 is stated: Serve children and families in home and community settings.” Objective 2A, (“Expand community-based services.”) has two action steps relating directly to The Front Door. These are “Assess implementing Family Preservation services” and “Develop programs at The Front Door.”

Short-term goals were outlined in a memo provided to Horizon Research Services from Cindy Burks (dated 11/28/01) of Community Resource Consulting, the consulting group assisting in program development. The memo outlined specific goals and target dates for completion. The section on “Outcome Evaluation” listed three goals

1. Priority outcomes agreed upon
2. Evaluation method in place
3. On-going evaluation taking place

The target date for completion of these three goals was “to be determined.”

## Current Evaluation Plan

### *Evaluations and reviews from funding sources and accrediting boards*

<b>Other funding sources</b>	<b>Review results</b>
DFS licensing review	Copy to be provided.
Joint Commission on Accreditation of Healthcare Organizations accreditation report	JCAH review has been completed, The Front Door was not specifically included. The cover letter from the accreditation visit will be provided.
Division of Youth Services	No report available at this time.
Department of Mental Health	Services to each client placed at The Front Door is evaluated by DMH, not the facility.

### *Process relating to the BGTM organization*

BGTM employs a quality assurance specialist to assist with compliance with JCAHO regulations. The written plan for improving organizational performance was provided to Horizon Research Services. Stated in part;

“...purpose of this written plan...includes designing, defining, evaluating, and enhancing systems and processes utilized in providing care and managing the organization; measuring and monitoring customer expectations and dimensions of performance for important functions to meet those expectations; evaluating data and prioritizing projects to improve important outcomes and processes. The objectives of the improvement of organizational performance function are: ....to systematically evaluate our efforts to improve outcomes and processes; to quickly detect and address unacceptable outcomes and processes; to educate and motivate staff members to contribute to improved outcomes and processes by participating in improvement of organizational performance activities...”

In the plan there is a process outlined to measure and assess progress.

“In order to improve organizational performance, it is essential that observable, quantifiable information is utilized and that resources such as information systems are accessible to retrieve the data... Data is analyzed and evaluated in ECPSO meetings quarterly for each basic function; Data regarding performance measured as required by the ORYX initiative is gathered through the FamCare system; Comparative databases are being sought and developed. Possibilities include data averages from previous quarters, data from other campuses, professional literature, data from comparable organizations, and professional standards of practice.”

In addition, the plan outlines performance improvement teams and an annual assessment report for review by the Management Team and Board of Directors.

One of the teams in the BGTM organization relates to the therapeutic groups conducted by BGTM group workers. In a document from the Group Program Team provided to Horizon

Research Services, they report they are “developing the organization and structure for outcome research process on the groups done.” Included in this report were the results from a client satisfaction inventory (Dec. 31, 2000) showing that “a total of 72% of the residents noted positive satisfaction with the current group treatment they were receiving.” The document also noted that these same processes will be applied to groups conducted at The Front Door.

The document also stated that the substance abuse group is refining an education pre- and post-test to use with the substance abuse groups. This evaluation process will be also be applied to Front Door groups. The sexual issues group is experimenting with an Index of Self-Esteem and the Children’s Depression Inventory to use as client outcome evaluation tools.

### ***Processes relating specifically to The Front Door***

A “Program Evaluation Plan 2002” was included as Attachment I to the 2002 Social Services Proposal. The document outlines the processes from BGTM that will be applied to the Front Door Program. These are

- The on-going data tracking system (FamCare) is used to track release/discharge information that relates to the outcome objective about permanency.
- FamCare will also be used to document the educational/vocational progress for each client.
- Customer satisfaction surveys are conducted on an on-going basis, compiled, and reported on a semi-annual basis.
- Each resident is assessed upon entry into the program and an individual treatment plan developed. Progress toward the goals listed in the ITP are reviewed by a multidisciplinary staffing review done quarterly at a minimum and more frequently if needed or requested.

### **Current Outcome Objectives**

The program objectives for 2001 listed in the 2002 Social Services Proposal have two objectives relating to clients which can be considered outcomes based. These are

- Objective 1: Of the youth who are scheduled for high school graduation during their stay at The Front Door, 90% will graduate or earn their GED.

The evaluation reported that the graduation rate for 2000 was 100%.

- Objective 3: A minimum of 65% of discharges in 2001 will be to less restrictive environments.

The evaluation reported that in 2000, 56% of discharges were to a less restrictive environment.

Objective 2 for 2001 related to increasing current referral sources by 10%. This is a good output objective relating to agency processes, however it does not state how it will affect the clients served.

There are three program objectives for 2002 listed in the 2002 Social Services Proposal. The first two could be considered output or process objectives, however, the third has several outcome measures relating to clients attached to it. These are

- Objective III. Quality of Services: Lives of children and families will be improved as a result of services received.

- a. Children will be released to settings that are permanent in nature a minimum of 85% of the time.
- b. Clients and families will report satisfaction with services via a survey 90% of the time.
- c. Clients will make progress towards/graduate (including GED) or be employed at the time of release 90% of the time.

A Program Evaluation Plan for 2002 was sent as Attachment I to the 2002 Social Services Proposal as was discussed previously.

## **Recommendations**

Because of all the systems in place at BGTM, The Front Door is doing well in setting outcome objectives and indicators of success. It is recommended that the outcome objectives as stated in “Objective III: Quality of services” be emphasized in the Social Services Proposals.

## ASSESSMENT OF EVALUATION PLAN - THE SHELTER

---

### Program Mission

Vision: “Comprehensive Human Services (CHS) strives to end violence and abuse.

Mission: “We provide a safe environment, education, and empowerment to victims of violence and abuse.”

### Goals and objectives

A copy of the Strategic Plan (adopted March 30, 1998) was provided to HRS. Short term and long term goals for 2001 for The Shelter, now the only program under CHS, were provided.

Program goals for The Shelter as listed in the 2002 Social Services Proposal are “to provide shelter and a range of support services to battered and abused women and their children, and to survivors of rape and incest.”

### Current Evaluation Plan

#### *Evaluations and reviews from funding sources and accrediting boards*

Other funding sources	Review results
Department of Public Safety Victims of Crime Act State Services to Victims Fund STOP Violence Against Women Ac DOVE – Domestic Violence Elimination Program	On-site review was conducted March 16, 2002. A letter from DPS stating that The Shelter was in compliance with grant guidelines was presented as documentation..
DFS Domestic Violence Shelter and Related Support Services	No written review.
DOH Sexual Assault Prevention Grant, Sexual Assault Victim Services Grant	The Shelter was reviewed, but no written report was produced.
Missouri Housing Trust Fund – Utility and rent assistance for victims of DV	Not reviewed.
ESPG McKinney Grant utility and rent assistance, emergency services, and operations assistance	Not reviewed.
McDermott Family Trust Fund: Children’s Assistance	Not reviewed.

## **Process**

The 2002 Social Services Proposal outlines the following methods, which are used to evaluate The Shelter Program.

- “1) Exit interviews from residents and participant surveys for non residents;
- 2) Monitoring by the Department of Public Safety and the Missouri Coalition Against Domestic Violence which includes peer review by the domestic violence programs in the same service area;
- 3) The CHS Board will continue to monitor through the use of personnel policies.”

The forms used for the Exit Interview and the Participant Satisfaction Survey were provided to HRS along with the Victim Impact Survey for the D.O.V.E. Unit.

Results of the Exit Interviews conducted in 2001 were provided. An interim report dated September 2001 and a final report as of December 2001 were reviewed.

The resident census and statistical tracking form provides demographic and statistical information about clients served. A tracking form (dated 12/5/01) as well as the demographic information being collected (without identifying information) was provided to HRS. The Shelter also tracks the number of presentations given and the number attending each presentation. These forms provide excellent ways of tracking output and process goals.

## **Current Outcome Objectives**

The program objectives for 2001 listed in the 2002 Social Services Proposal have three objective but none relate to client outcomes. The objectives listed for 2000, 2001, and 2002 relate to process and outputs.

## **Recommendations**

The Shelter is collecting information that could be used in tracking outcome objectives. The results reported on the 2001 Exit Interview Report show the percentage of individuals who agree and disagree with several statements, their destination upon leaving The Shelter, the client's feelings about whether they met the goals they had set, improvements in their feelings of self-esteem, and the number who requested aftercare services.

The Social Services Proposal could be strengthened considerably if the program objectives were stated in terms of outcomes objectives gleaned from information already being gathered.

The main questions to ask when developing outcomes objectives is, “As a result of a client's experience with The Shelter, what has changed?” Using the Exit Interview form a few questions indicating the client's perception could be used. Going back to the stated mission, “We provide a safe environment, education, and empowerment to victims of violence and abuse,” an outcome related to the client's self-reported feelings of empowerment could be chosen. For example:

Suggested Outcome Objective 1: 70% of clients served at The Shelter will strongly agree that their ability to make choices for themselves has improved.

Another objective could be related to education about the cycle of violence. For example:

Suggested Outcome Objective 2: 70% of clients served at The Shelter strongly agree that they have a better understanding of battering and the issues involved in their situations.

Other outcomes could relate to overall scores on the Participant Satisfaction Survey. For example:

Suggested Outcome Objective 3: 80% of the clients served at The Shelter will have an overall score on the Participant Satisfaction Survey of 60 points or more. (A value of 4 points was assigned to each “strongly agree” response for a possible perfect score of 80. A score of 60 points would indicate that participants had marked at least “agree.” Different methods could be used to allow for the “does not apply” answer.)

As the follow-up systems are developed, an outcomes measure could be drafted relating to the number of violence free months in their new situation.

## **ASSESSMENT OF EVALUATION PLAN – WELCOME HOME**

---

### **Program Mission**

Mission: Welcome Home, Inc. is a non-profit community based program for veterans facilitated by community members, that enables veterans to return to society as productive citizens.

### **Goals and objectives**

To operationalize the mission, the Executive Director of Welcome Home articulated these goals for clients

- to stay in the program 90 days
- to maintain sobriety
- to be employed, or seeking employment or training
- to contribute 25% of earned income towards room and board
- to establish and maintain a savings account

### **Current Evaluation Plan**

Welcome Home is not reviewed by any outside funding sources or accrediting boards.

### **Process**

Currently, Welcome Home maintains a file on each individual who stays at Welcome Home. The file contains the intake form, a record of the individual's goals, and a record of employment or job search contacts.

Client information is entered into a computer database so that reports on the number of units provided, utilization rates, and length of stay can be reported.

Shortly after intake, the Executive Director documents the individual's goals. Board members interview residents at intervals to assess the resident's progress.

### **Current Outcome Objectives**

Welcome Home has not yet developed a set of outcome based objectives.

Reports from Welcome Home's computer database were provided at the site visit with these results.

- a total of 186 individuals served since Welcome Home began operation in 1993
- overall bed utilization rate is 80.8%
- 21 different individuals were served in 2001 for a total of 3,136 days

## **Recommendations**

### ***Further consultation***

Welcome Home has the potential to track some outcome measures with their existing data base. It is recommended that Horizon Research Services consult further with Welcome Home staff on the revision of the intake form, and exit interview form, and a possible 6-month follow-up form to strengthen their data collection.

### ***Suggested objectives for 2003***

In discussion with the Executive Director, several outcome objectives for the 2003 Social Services proposal were formulated.

Objective 1: 50% of the clients served in a one-year period will have suitable living arrangements upon discharge.

Measured by: Exit interview - Client's report of his living arrangements

Objective 2: 90% of clients served in a one-year period will remain free of drug or alcohol use during their stay at Welcome Home.

Measured by: Client database – Reason for discharge not alcohol or drug related, current residents counted as successful.

Objective 3: Only 10% of the clients served in a one-year period are re-admissions to Welcome Home.

Measured by: Client database – Record of former admissions.

## **APPENDIX**

---

Bibliography

Web Resources

## BIBLIOGRAPHY

---

- <sup>1</sup>National Coalition for the Homeless Fact Sheets. Washington, D.C. at [www.nationalhomeless.org](http://www.nationalhomeless.org)
- NCH Fact Sheet #1 “Why are people homeless?”
- NCH Fact Sheet #2 “How many people experience homelessness?”
- NCH Fact Sheet #3 “Who is homeless?”
- NCH Fact Sheet #4 “Employment and homelessness.”
- NCH Fact Sheet #5 “Mental illness and homelessness.”
- NCH Fact Sheet #6 “Addiction disorders and homelessness.”
- NCH Fact Sheet #7 “Homeless families with children.”
- NCH Fact Sheet #8a “Domestic violence and homelessness.”
- NCH Fact Sheet #8b “Healthcare and homelessness.”
- NCH Fact Sheet #9a “HIV/AIDS and homelessness.”
- NCH Fact Sheet #9b “Homeless Veterans.”
- NCH Fact Sheet #10 “Education of homeless children and youth.”
- NCH Fact Sheet #11 “Homeless youth.”
- NCH Fact Sheet #13 “Rural homelessness.”
- NCH Fact Sheet #15 “Homelessness among elderly persons.”
- NCH Fact Sheet #18 “The McKinney Act.”
- NCH Fact Sheet #17 “Homeless self-help and empowerment projects.”
- <sup>2</sup> Burt, M. R., Aron, L. Y., et. al., 1999. Homelessness: Programs and the People They Serve. Findings of the National Survey of Homeless Assistance Providers and Clients. The Urban Institute Press, Washington, D.C. at [www.huduser.org/publications/homeless/](http://www.huduser.org/publications/homeless/)
- <sup>3</sup> Burt, M. R., Aron, L. Y., et. al., 2001. Helping America’s Homeless. Urban Institute Press Washington, D.C. at [www.urban.org/pubs/homeless](http://www.urban.org/pubs/homeless)
- <sup>4</sup> The Urban Institute, 1988. “Homelessness, Ten Basic Questions Answered.” The Urban Institute at [www.urban.org/news/factsheets/homelessFS.html](http://www.urban.org/news/factsheets/homelessFS.html)
- <sup>5</sup> Clinton-Sherrod, M. Toro, P., et.al. 2001. “Homeless and Abused Poor Mothers: An Analysis of Social Networks and Support.” Wayne State University, Detroit, MI at [www.sun.science.wayne.edu/~ptoro/](http://www.sun.science.wayne.edu/~ptoro/)
- <sup>6</sup> Toro, P., Lombardo, S. A., and Yapchai, C. J., 2001. “Preventing Homelessness among Children and Adolescents.” Wayne State University Detroit, MI at [www.sun.science.wayne.edu/~ptoro/](http://www.sun.science.wayne.edu/~ptoro/)
- <sup>7</sup> Shinn, M. B., et. al., 1998. “Predictors of Homelessness Among Families in New York City: From Shelter Request to Housing Stability.” American Journal of Public Health, Vol. 88, No 11 at [resources.web.net/show.cfm?id=250&APP=housing](http://resources.web.net/show.cfm?id=250&APP=housing)

- <sup>8</sup> Bassuk, E. L., Perloff, J. N., and Dawson, R., 2001. "Multiply Homeless Families: The Insidious Impact of Violence." Housing Policy Debate, Volume 12, No. 2. Fannie Mae Foundation at [www.fanniemaefoundation.org](http://www.fanniemaefoundation.org)
- <sup>9</sup> Missouri Association for Social Welfare, 1998. Homelessness in Missouri: The Eye of the Storm. Missouri Association for Social Welfare, Task Force on Affordable Housing and Homelessness, Jefferson City, MO at [www.masw.org](http://www.masw.org)
- <sup>10</sup> Missouri Department of Elementary and Secondary Education. "Keeping Kids in School: The Educational Rights of Homeless Children" at [www.dese.state.mo.us](http://www.dese.state.mo.us)
- <sup>11</sup> National Alliance to End Homelessness, 2000. "Facts about Homelessness." National Alliance to End Homelessness, Washington, D.C. at [www.naeh.org](http://www.naeh.org)
- <sup>12</sup> Hess, R. V., 2000. "Helping People Off the Street: Real Solutions to Urban Homelessness." USA Today, January 2000 at <http://resources.web.net/show.cfm?id=874&APP=housing>
- <sup>13</sup> deVera, Cory, 2001. "Youth and Homelessness." Columbia Daily Tribune, April 20, 2001
- <sup>14</sup> Coalition for the Homeless, Inc., 1998. "Data and Special Needs Surveys" at [www.homelesscoal.org/datasurveys.htm](http://www.homelesscoal.org/datasurveys.htm) and [www.homelesscoal.org/mensurveys.htm](http://www.homelesscoal.org/mensurveys.htm)
- <sup>15</sup> "Education and Job Training Needs of Very Low Income Women." The Better Homes Fund at [www.tbhf.org/edjt.html](http://www.tbhf.org/edjt.html)
- <sup>16</sup> "Violence in the Lives of Homeless Women." The Better Homes Fund at [www.tbhf.org/violence.html](http://www.tbhf.org/violence.html)
- <sup>17</sup> "The Worcester Family Research Project: Research on Homeless and Low-Income Housed Families." Better Homes Fund at [www.tbhf.org/wfrp.html](http://www.tbhf.org/wfrp.html)
- <sup>18</sup> "Homeless Children: America's New Outcasts." The Better Homes Fund at [www.tbhf.org/factsheet.html](http://www.tbhf.org/factsheet.html)
- <sup>19</sup> Toro, P.A., 2001. "Trials, Tribulations, and Occasional Jubilations while Conducting Research on Homelessness." Wayne State University, Detroit, MI at [www.sun.science.wayne.edu/~ptoro/](http://www.sun.science.wayne.edu/~ptoro/)
- <sup>20</sup> Ringwalt, C. L., Green, J. M., Robertson, M., McPheeters, M, 1998. "The Prevalence of Homelessness Among Adolescents in the United States." American Journal of Public Health, Vol. 88 at [www.alpha.org/journal/abstracts/ringwalt.htm](http://www.alpha.org/journal/abstracts/ringwalt.htm)
- <sup>21</sup> "Educational Attainment for Persons Age 25 Years and Over" Missouri Counties 1980 and 1990." Trendletter, September/October 1994 at [www.oseda.missouri.edu](http://www.oseda.missouri.edu)
- <sup>22</sup> Institute for Children and Poverty, 1998. "The Future of Violence Among Homeless Children in America." Homes for the Homeless, New York, NY at [www.homesforthehomeless.com](http://www.homesforthehomeless.com)
- <sup>23</sup> Culhane, D.P., Metraux, S., and Hadley, T., 2001. "The Impact of Supportive Housing for Homeless People with Severe Mental Illness on the Utilization of the Public Health, Corrections, and Emergency Shelter Systems: The New York-New York Initiative." Center for Mental Health Policy and Services Research, University of Pennsylvania, Philadelphia, PA at [www.fanniemaefoundation.org](http://www.fanniemaefoundation.org)
- <sup>24</sup> Yapchai, C. J., Toro, P., et. al. 2001. "Behavioral and Cognitive Functioning among Homeless and Housed Poor Children: A Comparative Study." Wayne State University; Detroit, MI at [www.sun.science.wayne.edu/~ptoro/](http://www.sun.science.wayne.edu/~ptoro/)

- <sup>25</sup> Twombly, J. G., Crowley, S., Ferris, N., and Dolbeare, C. N., 2001. "Out of Reach 2001: America's Growing Wage-Rent Disparity." National Low Income Housing Coalition, at [www.nlihc.org](http://www.nlihc.org)
- <sup>26</sup> Tjaden, P. and Thoennes, N., 2000. "Extent, Nature and Consequences of Intimate Partner Violence; Findings from the National Violence Against Women Survey." National Institute of Justice at [www.ojp.usdoj.gov/nij](http://www.ojp.usdoj.gov/nij)
- <sup>27</sup> Citizens for Missouri's Children and Children's Trust Fund, 2002. Kids Count in Missouri: 2001 Data Book at <http://oseda.missouri.edu/kidscount/01>
- <sup>28</sup> Missouri Department of Elementary and Secondary Education. 2000 Homeless Census Results by School District at [www.dese.state.mo.us/divimrove/fedprog/discretionary](http://www.dese.state.mo.us/divimrove/fedprog/discretionary)
- <sup>29</sup> National Coalition for the Homeless Fact Sheets #11. "Homeless Youth." Washington, D.C. at [www.nationalhomeless.org](http://www.nationalhomeless.org)
- <sup>30</sup> "Where Missouri children are Living." Step by Step. Newsletter of the Missouri Youth Initiative, October 2001. University of Missouri Outreach and Extension, Columbia, MO at <http://oseda.missouri.edu>
- <sup>31</sup> Missouri Department of Social Services, Division of Family Services, 2001. Children's Services Annual Report, FY 2000. Jefferson City, MO
- <sup>32</sup> Vising, Y., 2001. "Educational Needs of Middle School Homeless Students." The Prevention Researcher, Vol. 8, No. 3. Integrated Research Services, Eugene, OR at [www.TPRonline.org](http://www.TPRonline.org)
- <sup>33</sup> Thrane, L. E. and Yoder, K. A., 2001. "Rural and Urban Runaways: Different Survival Strategies or Different Resources?" The Prevention Researcher, Vol. 8, No. 3. Integrated Research Services, Eugene, OR at [www.TPRonline.org](http://www.TPRonline.org)
- <sup>34</sup> Fuhrman, M., 2001. "Children of Chaos." Columbia Daily Tribune, October 14, 2001 at <http://archive.showmenews.com/2001/Delinquency/20011014Feat007.asp>
- <sup>35</sup> Missouri Department of Elementary and Secondary Education, 1999. 1999 Missouri Youth Risk Behavior Survey. Jefferson City, MO at [www.dese.state.mo.us](http://www.dese.state.mo.us)
- <sup>36</sup> deVera, Cory, 2001. "Watching and Wondering." Columbia Tribune, March 25, 2001. Survey at [www.columbiatribune.com/Surveys/032501survey.html](http://www.columbiatribune.com/Surveys/032501survey.html)
- <sup>37</sup> 1998 Population Estimates by Age and Sex for Boone County and Missouri at [www.dhss.state.mo.us/profiles/Population/PopulationBoone.html](http://www.dhss.state.mo.us/profiles/Population/PopulationBoone.html)
- <sup>38</sup> Department of Veterans Affairs at [www.va.gov/vetdata](http://www.va.gov/vetdata)
- <sup>39</sup> The United States Conference of Mayors, 2000. A Status Report on Hunger and Homelessness in America's Cities 2000. The United States Conference of Mayors, Washington, D.C. at [www.usmayors.org](http://www.usmayors.org)
- <sup>40</sup> Chanley, S. and Chanley, J., 1999. "Providing Refuge: The Value of Domestic Violence Shelter Services." Arizona State University, Tempe, AZ at [www.public.asu.edu/~tillie/complectebamar3.htm](http://www.public.asu.edu/~tillie/complectebamar3.htm)
- <sup>41</sup> Services and Research Outcomes Study Office of National Drug Control Policy 1998 at [www.samhsa.gov/oas/sros](http://www.samhsa.gov/oas/sros)

- <sup>42</sup> Office of the Surgeon General, SAMHSA, 2000. "Culture, Race and Ethnicity: A Supplement to Mental Health : A Report of the Surgeon General" at [www.surgeongeneral.gov/library/mentalhealth/cre/fact1.asp](http://www.surgeongeneral.gov/library/mentalhealth/cre/fact1.asp)
- <sup>43</sup> BHC, Inc., 2001. 2000-01 Annual Report Boone County Jail, Mental Health Services. BHC, Inc, Columbia, MO
- <sup>44</sup> Smollar, J., 2001. "Homeless Youth in the United States." The Prevention Researcher, Vol. 8, No. 3. Integrated Research Services, Eugene, OR at [www.TPRonline.org](http://www.TPRonline.org)
- <sup>45</sup> Rosenheck, Robert, et. al., 1996. Homelessness in America, Oryx Press. National Coalition for the Homeless, Washington, D.C.

## **WEB RESOURCES**

---

American FactFinder: [www.census.gov](http://www.census.gov)

Annie E. Casey Foundations: [www.aecf.org](http://www.aecf.org)

Better Homes Fund: [www.tbhf.org](http://www.tbhf.org)

Citizens for Missouri's Children: [www.mokids.org](http://www.mokids.org)

Coalition for the Homeless, Inc.: [www.homelesscoal.org](http://www.homelesscoal.org)

Fannie Mae Foundation: [www.fanniemaefoundation.org](http://www.fanniemaefoundation.org)

Homes for the Homeless: [www.homesforthehomeless.com](http://www.homesforthehomeless.com)

Missouri Association for Social Welfare: [www.masw.org](http://www.masw.org)

Missouri Department of Elementary and Secondary Education: [www.dese.state.mo.us](http://www.dese.state.mo.us)

(Click on "Programs and Services A-Z," click on "F" for Federal Programs Discretionary Grants, click on "Homeless Children and Youth.")

National Alliance to End Homelessness: [www.naeh.org](http://www.naeh.org)

National Coalition for the Homeless: [www.nationalhomeless.org](http://www.nationalhomeless.org)

National Institute of Justice: [www.ojp.usdoj.gov/nij](http://www.ojp.usdoj.gov/nij)

National Low Income Housing Coalition: [www.nlihc.org](http://www.nlihc.org)

Office of Social and Economic Data Analysis (OSED): <http://oseda.missouri.edu/kidscount/01>

Office of the Surgeon General: [www.surgeongeneral.gov](http://www.surgeongeneral.gov)

Research Group on Homelessness and Poverty, Wayne State University:  
[www.science.wayne.edu/~ptoro/](http://www.science.wayne.edu/~ptoro/)

Substance Abuse and Mental Health Services Administration (SAMHSA): [www.samhsa.gov](http://www.samhsa.gov)

The Prevention Researcher, Integrated Research Services: [www.TPRonline.org](http://www.TPRonline.org)

The Urban Institute: [www.urban.org](http://www.urban.org)

The United States Conference of Mayors: [www.usmayors.org](http://www.usmayors.org)