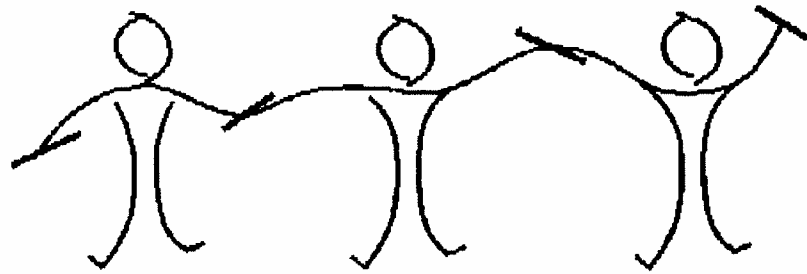


THE MENNINGER FOUNDATION

COVENANT HOUSE



PROJECT CONNECT

AND

ASSESSMENT PROJECT

FINAL REPORT
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Executive summary

Covenant House and the Menninger Foundation have successfully collaborated to evaluate Covenant House's crisis services for homeless, urban youth at two sites, New York and California. This Evaluation Project has enhanced and systematized procedures for day-to-day collection of data suitable for case management and outcome measurement; it has characterized the needs profile and progress of the youth in the Crisis Program; and it has successfully followed up a group of youth for six months after discharge from Covenant House. The Evaluation Project has provided convincing and rigorous evidence that Covenant House has gone some considerable way in meeting the challenge presented by these young people in crisis, in terms of the comprehensiveness of its service provision, the quality of these services, and the youths' improvement on concrete outcomes such as employment and housing over a period from intake to six months after discharge.

Outline of the project

Covenant House, the largest privately funded agency for homeless youths in the United States, and the Menninger Foundation, a national leader in the field of behavioral health, undertook a collaborative project to evaluate the characteristics and needs of urban, homeless youth, and the short and long-term outcomes of Covenant House Crisis Program services.

This evaluation project comprises two parts. The Assessment Project gathered information on youth who sought shelter for at least three days at the New York and California Crisis Program sites from November 1998 through January 2000, who had Basic or Basic Repeat Assessment forms completed. The youth were aged 18 to 21 (with some just outside these age ranges), and, in California, were single and unaccompanied, whereas in New York, the sample comprised single youth as well as young mothers with children. The final sample size in New York was 1297 cases, and in California it was 329 cases. Discharge assessments were completed for 833 cases (64%) in New York, and 251 (76%) in California. The data in this part of the project came solely from the forms completed by front-line staff in the Crisis Program.

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The second project, Project CONNECT, recruited a sample of 202 youth in New York and 162 in California for a six-month follow-up study. Although this recruitment was originally intended to be random, in fact after the first few months, every youth entering the Crisis Program was asked whether they would take part. Youth were reinterviewed confidentially by independent researchers at two weeks, three months and six months after discharge. The New York sample achieved a particularly good rate of follow-up: 82% were followed up at two weeks, 70% at three months and 92% were reinterviewed at six months, an impressively high rate of participant retention. In California, where the sample was somewhat more mobile and difficult to track, the follow-up rates were 82% at two weeks, 61% at three months, and 43% at six months.

The successful integration of the Assessment Project and Project CONNECT's data collection systems with the day-to-day running of the Crisis Programs in New York and California is a tribute to the skills and commitment of all of those involved and demonstrates Covenant House's determination to provide high quality service provision and evaluation.

This summary

In this summary we concentrate on the key data from the project, focusing on the measures of needs and outcome for the two sites, New York and California, integrating information from the Assessment Project and Project CONNECT. Without comparative data, it is of course a matter of interpretation to judge the extent of the success of Covenant House in meeting the needs of a deprived and troubled group of young people; this project sets out a base-line, against which future service evaluation may be compared. Moreover, because of the detailed nature of the dataset, the fact that outcomes can be measured in several different ways, and the fact that the project evaluated two slightly different samples (the Assessment Project sample and the Project CONNECT sample) it is difficult to summarize the outcome data unequivocally. Covenant House staff are in the best position to take a 'line of best fit' through the detail of the outcome measures, and give an overall judgment as to where the strengths and the weaknesses of their service provision lie.

Despite these qualifications, from our interpretation of the data we would offer the overall assessment that Covenant House appears to offer a strikingly effective and comprehensive service to this challenging group of young people in crisis. The data from the Assessment Project and Project CONNECT provide convincing evidence that Covenant House has gone some considerable way in meeting the challenge presented by these young people, both in terms of the match of services to those in need and the quality of these services, as rated by the young people themselves, and also in terms of concrete outcomes such as employment and housing over a period from intake to six months after discharge.

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There is one area where we have not been able to meet the original goals of the project as fully as we anticipated. While this evaluation project has provided a wealth of richly descriptive detail about the young people, their progress and their outcomes, on the whole it has not been possible, as we had originally hoped, to provide robust, predictive guidelines for interventions with particular sub-populations. Good outcome was broadly related to a lack of risk factors, but no specific risk factors emerge as particularly significant in relation to any particular outcome domain. Rather, we suggest, it is perhaps the sheer weight of disadvantage in a number of different areas which places an overwhelming burden on the shoulders of some of the young people we encountered, and it is these young people we would expect to have the least favorable outcomes. We found some statistical support for this hypothesis in the New York Assessment dataset (where the greater the number of risk factors, the worse the outcome in housing, and – to a lesser extent – the lower the number of needs met), and a higher number of risk factors also predicted worse housing outcome in California. It is certainly a hypothesis supported by other longitudinal studies that have looked at the cumulative and interactive nature of risk factors in explaining good and poor outcome in deprived populations.

After briefly reviewing the characteristics of the samples, the needs profile and the main outcome measures collected by the Assessment Project and Project CONNECT, this executive summary ends with a model for how the hard work of the previous three years may be built upon, to take this project forward in the future.

Brief description of the sample

New York

The average resident of the New York sample was a single, African-American woman; a large proportion of residents had at least one child. This sample were clearly a high risk group, with high rates of housing instability, unemployment, educational needs, and histories of physical abuse, sexual abuse, foster care, criminality and depression. On the more positive side, few appeared to have drug problems, and many were motivated to get better education, housing and employment. The median length of stay in the New York Crisis Program was 18 days; a quarter of residents stayed 8 days or less.

California

The California sample was fairly evenly split between those of African-American, Latino or other ethnic origin, and most were single, childless, heterosexual men, who were US citizens. Half the sample had histories of foster care, run away and throwaway incidents, and similar proportions reported physical and sexual abuse. Most had histories of educa-

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tional problems, and very few were employed or in educational programs at intake. Half had a history of arrests, and over half had at least mild substance abuse problems. The level of need in the sample appeared to be very high. The median length of stay in the California Crisis Program was 31 days; a quarter of residents stayed 15 days or less, and 10% stayed for at least 90 days.

What are the key needs of the young people coming to Covenant House?

Young people coming to Covenant House obviously had key needs for food, shelter and a sense of safety. Initially, their needs were also assessed in a range of other domains. Here we report on areas of need where at intake case managers believed that the provision of a Covenant House service was either 'required' or 'recommended'.

New York – Assessment Project

In the key areas of employment and education, at intake a high proportion of the young people were in an educational program (48%), but just 21% were employed, half of these part-time. Covenant House staff considered 65% of young people to be in need of employment services, and 62% in need of educational services.

Employment and education were the greatest areas of need: fewer youth were rated as needing help in other areas. Approximately half the sample were thought to need help with medical insurance (51%), parenting skills (47% of mothers) and identification/documentation (44%); a quarter were thought to need medical services (28%) and mental health assessment (27%); and fewer than a fifth appeared to need substance abuse assessment (18%) or legal aid (17%).

The average number of needs rated at intake was 2.9, or 1.2 if only those needs rated most severe are counted.

New York – Project CONNECT

As an alternative way of assessing need, Project CONNECT sought to identify those young people whose histories revealed the greatest need. These analyses gave the following proportions:

- **Living on the streets:** 13% of the Project CONNECT sample had been living on the streets, in a motel or in a shelter directly before coming to Covenant House.
- **Poor education:** 39% hadn't graduated from high school, and were not attending an educational program currently or in the recent past.
- **Unemployment:** 34% were currently unemployed and hadn't worked in the previous 12 months.

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- **Educational/vocational status:** 21% had not worked nor been in education in the previous 12 months.
- **Health:** 19% described their health as fair or poor.
- **Legal involvement:** 10% were currently on probation or parole, and 29% had a history of conviction with detainment.
- **Substance abuse:** 10% reported having used at least one hard drug in the past; 4% reported their recent use of drugs to be more than 'mild'.
- **Mental health:** 28% reported moderate to severe levels of depression; 4% reported moderate to severe suicidal ideation, and 7% reported moderate to severe aggression. In addition, over a third fell into the clinical range for behavior problems as assessed by Achenbach's Young Adult Self-Report (YASR) scales.

California – Assessment Project

At intake, 19% of the California Assessment sample were in an educational program, and 15% were working, most part-time. Covenant House staff assessed that 85% of youth were in need of employment services, and 77% in need of educational services.

The level of need in the California sample was also extremely high in other areas. Approximately seven in ten were thought to need mental health assessment (73%), medical insurance (69%), substance abuse assessment (69%), and identification/documentation services (65%). In addition, there were significant proportions requiring help from medical services (43%), and legal aid (39%).

The average number of needs in the California sample was 5.1, or 3.2 if only those needs rated most severe are counted.

California – Project CONNECT

In the Project CONNECT analyses, the following proportions of young people were identified with particularly acute needs in key areas:

- **Living on the streets:** 43% of the sample had been living on the street, in a motel, or in a shelter immediately before arriving at Covenant House.
- **Poor education:** 47% of the sample had neither graduated from high school nor attended any educational program at the time of intake or in the recent past.
- **Unemployment:** 23% were unemployed at intake and hadn't worked in the previous 12 months.
- **Educational/vocational status:** 20% had neither been in employment nor in education in the previous 12 months.
- **Health:** 33% reported that their health was either fair or poor.
- **Legal involvement:** 12% were on probation or parole at intake, and 50% had a his-

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tory of conviction with detainment.

- **Substance abuse:** 11% reported current drug use that was more than mild; 49% of the sample had used hard drugs at some point in the past.
- **Mental health:** 34% reported moderate to severe depression in the previous month, but just 5% reported moderate or severe suicidal ideation. Overall 11% reported moderate or severe aggression in the past month. Nearly half fell into the clinical range for behavior problems, as assessed by the YASR.

What are the ways in which young people are helped by the Crisis Program?

There are many ways to assess how successful Covenant House was in helping young people in crisis. This executive summary reviews two approaches.

- I One way is to look at the progress youth were reported to have made in areas where they were assessed by the case managers as having needs. Progress towards meeting needs was measured by assessing the extent to which a relevant service had been provided for that resident, using a four point scale. We can also look at the concrete outcomes such as the proportion discharged to favorable housing or to employment.
- II We can use the follow-up data from Project CONNECT, examining the outcomes data over time for the sample as a whole and for those who had specific services provided for them. We can also make tentative comparisons, looking at the outcomes of those with similar need profiles who did or did not take up particular services.

I New York – Assessment Project outcome

Housing, employment and education were the areas with the highest proportion of residents with needs, and, given the particular difficulties in addressing these areas with this disadvantaged client group, the outcome data looks extremely encouraging:

- 61% of youth had made some progress towards their housing goal; 75% were discharged to a defined location, and 46% overall were discharged to housing considered by Covenant House to be 'favorable'.
- 60% had made progress towards finding a job placement, and 29% were employed at discharge (vs. 21% at intake).
- A high proportion were already enrolled in an educational program at intake (48%), and this proportion had not increased by discharge (50%).
- **Overall, 64% of residents were either in a job or in an educational program at discharge, a statistically significant increase on the 57% in employment/education at intake.**

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Progress made in other areas of need was also very good. For example, three quarters of those needing mental health assessment, psychiatric medication, medical services or legal aid had made progress in these areas, and for around half of those in need, the service had successfully been provided. Around half those needing substance abuse assessment, identification/documentation, parenting services or medical insurance had also made progress. In addition, there were significant reductions in the levels of depression and suicidality in the sample between intake and discharge.

Overall, the New York Crisis Program appears to help almost two thirds of those who require assistance in meeting at least one important area of need between intake and discharge.

II After leaving Covenant House New York: Project CONNECT outcome

The clear picture from Project CONNECT is that substantial positive gains continue in most areas in the lives of these young people over the six months of the follow-up.

- **Housing:** 49% were in **favorable housing** at discharge. By three months, this proportion was 68% (largely accounted for by the proportion who were now in their own residence), and this was maintained at six months (70%). Approximately a third moved from unfavorable to favorable housing between two week and six month follow-up.
- **Education:** 14% were in an **education program** at intake; by two weeks after discharge, this proportion had risen to 38%, half of whom were in a high school diploma or GED program. By six months, this proportion was 24%. Overall, 18 young people completed an educational program between intake and six months, and by six months, 43% had a high school diploma/GED, compared with 34% at intake.
- **Employment:** 15% were **working** at intake. At discharge, this proportion had increased to 23%, and increased significantly again to 35% at two weeks. By six months, there was a further small increase to 38%.
- **Mental health:** Levels of moderate to severe **depression** improved markedly, from 28% at intake to 12% at six months. The greatest change was during the stay at Covenant House, but significant gains were also made at each successive time point. There was also a significant improvement in suicidal feelings, but levels of reported aggression, low to begin with, did not appear to change between time points. Similarly, whereas between 33-38% of the sample showed behavior problems of clinical severity on the three YASR scales at intake, at six months follow-up, the highest proportion was 14%. Overall, 61% reliably improved in total behavior problems over the six-month follow-up period.
- **Legal problems.** By six months, 12% (n=21) reported having been arrested, mostly just once, and mostly for misdemeanors.

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Finally, we can look at (a) the outcomes of those young people who took up specific services, and then (b) compare the outcomes of a sub-sample of those who took up particular services with those young people with similar needs who did not make use of the services. Overall, the Project CONNECT follow-up shows differences between these latter two groups, and while a causal link cannot be proven, there is some evidence of a correlation between those groups who use services and better outcome over the long-term. There may, of course, be various reasons why the two groups had different outcomes; one possibility is that those who used the services were more motivated to make progress in that particular domain.

- **Employment.** Of those who took up employment services, 44% were in employment at six months. Moreover, 30% of the long-term unemployed who had used employment services were in work by six months, compared with fewer than 10% of the same group who had not used these services.
- **Education.** Of those who took up education services, 26% had an educational qualification by six-month follow-up, compared with 7% at intake. In the group defined as having significant educational need, nearly 45% of those who took up educational services were enrolled two weeks after discharge, compared with fewer than 10% of those in the same group who had not used these services. These differences did not hold at three or six months, however.
- **Legal aid.** Legal aid is not designed to prevent future criminality. However, it appears that 29% of the group with a history of arrests who had *not* used legal aid during their stay had been arrested by three-month follow-up, compared with just 8% of those with a similar arrest history who had used legal aid. There was a similar encouraging trend at six months.
- **Substance abuse.** Of the 28 young people who used one or more of the substance abuse services (assessment, counseling, or the treatment program), there were very substantial improvements over six months, from just over 30% reporting no substance abuse at two weeks, to over 60% reporting no substance abuse at six months.
- **Mental health services** (psychiatric assessment and counseling). There were significant changes in depression over six months for those who had used Covenant House's mental health services; however, when the depressed group who took up mental health services is compared with the depressed group who didn't use these services, the differences in level of depression were only significant at three month follow-up.

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I California – Assessment Project outcome

There was a clear correlation in the data between the number of risk factors a resident had, and the likelihood of being discharged to favorable housing. Given the level of deprivation in the California sample, it is therefore perhaps not surprising that housing should have proved to be a particularly challenging area for California residents. Given this high level of need, however, the discharge data for employment and educational outcomes is particularly impressive.

- 23% of residents made some progress toward their housing goal; the majority of residents (70%) were discharged to an undefined housing situation, with just 21% assessed as being in 'favorable' housing.
- by discharge, 64% had made at least some progress toward finding a job placement, and 26% were employed (compared with 14% at intake).
- there was a significant increase in the proportion who were enrolled in an educational program by discharge (32% compared with 19% at intake)
- **by discharge 47% were in employment and/or enrolled in education, a statistically significant increase on the 29% in this position at intake.**

In addition, the level of service provision in each of the specific areas of need was extremely high. The areas where the highest proportion of those in need made at least initial progress included getting specialized medical services (96%), organizing medical insurance (86%), receiving a mental health assessment (85%), and being provided with psychiatric medication (84%). In each of these areas, for between 56-77% of those in need, the service had been fully provided. Around three quarters of those in need had also made at least initial progress with the provision of employment services, educational services, getting identification/documentation and legal aid. Substance abuse was a particular problem for this sample, and service provision in this often intractable area appears to have been particularly efficient: of those needing help, by discharge 58% had already received an appointment and on-going services if necessary, a further 11% had had an initial appointment with a specialist, and 13% had an imminent appointment.

Overall, 68% of the California sample appear to benefit from the Crisis Program in meeting at least one major need.

II After leaving Covenant House California – Project CONNECT outcome

The statistical power of the follow-up analyses on Project CONNECT California has been limited by the small sample size of some of the sub-groups. Nevertheless, on the key indicators of housing and employment particularly, good progress was made by the sample over the six-month follow-up.

- **Housing:** 35% were in favorable accommodation at discharge. By three months, this

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had increased to 53%, and at six months, the proportion was 64% (with the proportion in their own residence up from 16% at two weeks to 37% at six months).

- **Employment.** While 11% were working at intake, an impressive 33% had found jobs by discharge, the majority in jobs on the open market rather than internships or vocational programs. At three months, 48% were in work, a proportion sustained at six months (51%).
- **Education.** At intake, 25% of the Project CONNECT sample were enrolled in education. Over the six months of follow-up, this proportion fluctuated from 23% to 30%, but these differences were not statistically significant.
- **Mental health.** There is some indication that early improvements (up to three months) in depression were not maintained over the six-month follow-up period, or, at least, that the rate of improvement reduces over time. However, the YASR scales indicated that 37% of the sample showed reliable improvements in behavior problems between intake and six month follow-up.
- **Legal problems.** By six months, 13% of the follow-up sample had been arrested, mostly just once, and all for misdemeanors.

Small sample sizes of sub-groups in the California dataset limit the statistical power of further analyses, comparing those who received services with those of a similar need profile who didn't use these services. Nevertheless, although the illustrative findings reported below do not reach statistical significance, the trends apparent in the raw data are encouraging, and suggestive that taking up services in the key areas of employment, education and mental health is associated with improved outcome over the long-term. So, for example, of those who used employment services, 55% were in employment at six months, and a greater proportion of the long-term unemployed who took up services were in employment at each time point, compared with those in this group who didn't use these services. Similarly, in education, those with the highest educational needs who had used educational services were more likely to be enrolled at each time point than those in the same group who hadn't used these services. Finally, the YASR scales show clear, significant, positive changes in behavior for those who took up mental health services.

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What is the perception of the young people of the services they are offered?

Project CONNECT asked young people to confidentially appraise the services they had received, and in general the picture was very positive, with the vast majority of young people endorsing 11 statements about Covenant House as 'almost always true', and a small minority adding that they were 'sometimes true'.

New York

Almost 90% agreed that Covenant House addressed their immediate needs and provided them with a safe place to live. Approximately 70% agreed that it was sometimes or always true that Covenant House provided an atmosphere for goal setting, provided clear information and access to the programs available at Covenant House, helped them to obtain more education, and in general helped prepare them for independent living. Areas where approximately half agreed that Covenant House was successful were in showing respect to residents, helping to find stable housing, helping to find a better job, saving money and handling social problems.

California

Approximately 90% agreed that Covenant House addressed their immediate needs and provided them with a safe place to live. Approximately 85% agreed that it was sometimes or always true that Covenant House showed respect for its residents, provided an atmosphere for goal setting, helped them to obtain more education and helped them to save money. Areas where approximately 70% agreed that Covenant House was successful were providing clear information and access to the programs available at Covenant House, helping them to find stable housing, and generally helping them to prepare for independent living. The only statement which fewer than 40% thought was almost always true was that Covenant House helped them to handle problems in their social life. In general, the proportion that disagreed with any of the statements was under 10%, a remarkably low level of dissatisfaction.

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What predicts how successful outcome will be overall? What factors impede the likelihood of is the perception of the young people of the services they are offered?

The Assessment Project

In both New York and California, length of stay was the single most important factor in predicting how successfully youth would meet their needs. There was a strong relationship between the number of services provided and length of stay, and those who received more and different kinds of help did substantially better across a range of domains.

New York – Assessment Project

Length of stay is clearly the most consistent and strongest predictor of outcome overall, even after individual differences on all other factors are taken into account; youth who stay longer are more likely to have positive outcomes in all areas. In trying to identify other demographic or history characteristics which point towards those who are more likely to be successful overall, it appears that those who were more successful were more likely to be US citizens, of African-American ethnicity, who stayed for more than the average length of stay, and who had a need profile characterized by relatively low levels of educational/vocational, and – to some extent – medical needs. The more successful residents were also those who were somewhat better functioning at entry in terms of behavior problems.

Looking at the key indicators of housing, employment and education, length of stay was again a key predictor. A length of stay of at least 18 days substantially increased the likelihood of being discharged to favorable housing, with those staying at least 35 days gaining additional benefit. Given the same length of stay, a history of systems involvement in the middle of the range (e.g. some history of foster care, prior arrests and so on) predicted better housing outcome, as did a history of better functioning in terms of employment and completion of educational programs. Having low levels of medical service needs also predicted a more favorable housing outcome.

Looking at education and employment outcomes, length of stay appeared to have a significant effect if residents stayed at least 35 days; residents in this group were more than 20% more likely to be rated as meeting the criteria for favorable educational/employment outcome. Over 80% of those who stayed at least 35 days were in employment or education at discharge, compared with fewer than 60% if youth left earlier. Employment/educational outcome was also predicted by gender (females did worse), ethnicity (white residents did worse), and history of systems involvement (those with more experience in foster care/detainment did worse); those with higher levels of trauma and psychiatric treatment in their pasts, and with less emotional support from adults, appeared to do

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slightly better, although high levels of medical needs predicted poor outcome.

New York - Project CONNECT

Project CONNECT explicitly tried to draw a picture of the kinds of young people who appeared to make less progress than their peers after leaving Covenant House.

Housing. There were very few predictors of housing status at six months. The only reliable predictor was gender, with males more likely to be in favorable housing. Further analyses showed that a history of special educational needs was a risk factor for poor housing outcome for males, although not for females.

Unemployment. Age and personality factors appeared to predict who would fail to find employment at any point between discharge and six months. Younger people had a worse outcome, as did those young men who scored lower on the 'openness to experience' dimension on the NEO personality test. It also appeared that young men with a history of special educational needs were at greater risk of unemployment than women with a similar history.

Mental health. There were few significant predictors, indicating that the significant improvements noted in psychological well-being in the sample over the six month follow-up period were, for the most part, uniform, and not restricted to one or more special groups. Change in levels of aggression appeared to be mostly restricted to males, and a history of special educational needs predicted a greater (positive) change. Finally, those who rated themselves high on the 'neuroticism' personality scale were those who made the greatest improvement in depressive symptoms between intake and six months. It is those with greater problems at intake, particularly in the area of depression, who are likely to show greater gains over the follow-up period.

Involvement with the law. Male gender, long-term unemployment, lower reported levels of family conflict, higher levels of aggression and high scores on the 'extroversion' personality scale all predicted greater involvement with the law during the six-month follow-up. There was a moderate degree of overlap between these predictors, and statistically, only gender was independently predictive of outcome in this domain.

California – Assessment Project

Looking at overall progress in relation to needs in Covenant House California, length of stay was once again the strongest predictor. It also appeared, however, that those with African-American ethnicity and those reporting a heterosexual orientation were *more* likely to make progress, given the same length of stay as other groups.

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Looking at the key areas of housing and educational/employment outcome, length of stay was a significant predictor. Over 80% of those who a favorable housing outcome had either a long or a very long length of stay. Only 8% of those whose length of stay was less than 30 days had favorable housing outcomes. Given the same length of stay, those with a worse history in terms of employment and education had significantly worse housing outcome, and US citizens did better than non-US citizens. High health care needs also predicted a poorer housing outcome.

Outcomes for education and employment were better than for housing: 47% of the sample were employed or in an educational program at discharge. Differences between ethnic groups could in general be accounted for by the generally long length of stay of the African-American group, who were more likely to end up in employment/school. Heterosexual orientation was an independent predictor of success, over and above length of stay. The group who stayed at least 52 days did best (almost 80% were discharged to a job or an educational program); staying for fewer than 16 days meant that just 23% had a favorable outcome in this area.

California - Project CONNECT

There were few significant predictors for poor outcome in the key areas of interest. However, **housing** was one of the few areas where two clear predictors emerged: those who were identified as having employment needs at intake were more likely to be in unfavorable housing at six months (60% vs. 33%), and having children predicted more favorable housing outcome (93% vs. 56%). As regards **mental health** needs, more significant and positive change in suicidal symptomatology was evident in those with special educational needs, and those scoring low on extroversion on the NEO personality inventory were more likely to show improvements over six months in depression. However, both of these improvements may be related to the fact that these groups showed higher levels of distress at intake, and so had greater room for improvement. Finally, likelihood of being **arrested** during the six-month follow-up period appeared to be clearly predicted by special educational needs, multiethnic or 'other' ethnic origin, low 'conscientiousness' personality scores and greater aggression at intake.

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How long a stay is needed to achieve what level of change?

New York

Overall, those who stayed in the Crisis Program for fewer than eight days did relatively poorly. It appeared that a stay of at least nine days is necessary to make progress in at least one area of need. Considerable extra benefit was gained from staying up to 18 days, with those who stayed for 35 days or more doing best.

California

Overall, those who stayed in the Crisis Program for fewer than 15 days did relatively poorly overall, whereas those who stayed a month or longer made significantly more progress. Those staying for the longest period (52 days or over) appeared to make more progress still. It appears that a length of stay of at least two weeks is necessary before one major need is met by the program.

Next steps—building on the scientific findings

The research described in this report has involved considerable work, commitment and resources on the part of all concerned. This effort has borne fruit in the form of findings demonstrating the value of Covenant House programs to the youths it serves.

It would not be realistic, however, to expect this level of effort to be expendable on a routine basis within an organization whose prime focus is on the task at hand: helping young people in trouble. For this reason, one of the key philosophical underpinnings behind the original proposal was the concept of developing an approach to measuring outcome that could be used routinely, rather than just through the type of intensive research exercise now completed. The research undertaken was therefore intended not just to provide answers to the immediate question of whether Covenant House produces good outcomes now, but to provide the scientific basis for developing an approach to outcome that could be used on an ongoing basis to evaluate outcomes.

Integrating quality and outcomes measurement with routine practice

The next step is therefore to use the research undertaken to date as the scientific underpinning for the establishment of a quality and outcome system capable of routine use. We propose the establishment of a quality and outcome system which takes the key findings of the current research as a baseline and which seeks to monitor improvements over time,

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such as, for example, an increase in the proportion enrolling in education. This will use a shortened version of the dataset used to date.

Key objectives

The key objectives of the system will be:

- To demonstrate continued positive outcomes of Covenant House.
- To demonstrate improvement in outcomes over time.
- To provide a feedback mechanism to facilitate quality improvement.

The system will have both promotional benefits, in terms of Covenant House's presentation of itself to external agencies, and internal management benefits, in maintaining and enhancing quality of care. Covenant House as an organization would be able to lay claim to a scientifically-based outcomes monitoring system, which demonstrated continued positive outcomes and improvement over time. In addition, it would enable the organization to demonstrate that it is constantly seeking to improve quality of care in an empirically-based manner.

Internally, the same monitoring system could be used to target resources, identify key areas where quality of care could be improved and generally enhance the within-organization understanding of the factors that promote or inhibit positive outcome. In addition, such a system would facilitate focus on key areas contributing to outcome, as well as providing routine information on those interventions with the highest chance of success. In sum, both individual and organizational quality of care would benefit.

How the system would work: The Quality and Outcomes Cycle

Stage 1. Key items from the existing dataset would be selected for routine data collection and analysis. The existing forms were developed in conjunction with Covenant House staff and provide a pool of items from which key items may be selected. This 'Quality and Outcomes' data set would comprise:

- key demographic and history items (e.g. history of homelessness, substance abuse and so on.)
- key items which appear to differentially predict outcomes
- outcome indicators (e.g. employment/educational status, housing status upon admission and discharge)
- details of key interventions undertaken
- other items relevant to addressing the needs of the individual youth

COVENANT HOUSE

Stage 2. The results of the present study will be taken as a baseline for future comparison. Based upon these results, each Covenant House site using the system will on an annual basis:

- set quality targets for the coming year
- agree methods or 'quality enhancement programs' which will facilitate the meeting of those targets
- review progress towards those targets on a quarterly or six-monthly basis.

Stage 3. The Quality and Outcomes Dataset will be collected routinely for all youths. Outputs will be produced on a quarterly basis, which will provide an indication of progress towards meeting agreed goals.

Stage 4. On an annual basis, a 'benchmarking' comparison of that year's data with data collected in previous years may be computed. As well as seeking to identify areas where improvement has occurred, this analysis will identify any changes in the characteristics of youths seen and seek to identify possible reasons for failure to meet quality enhancement targets (for example, more youths with greater initial difficulties or higher levels of substance abuse may have been seen in a particular year).

Stage 5. On an annual basis, the routine monthly reports produced from the dataset, the benchmarking analysis, and staff feedback on key issues in delivering the planned enhancements, will be used as the basis for reviewing the level of attainment of the targets. Where targets have not been met, the review will focus on reasons why this has not been possible, including exploration of possible reasons shown in the data.

Stage 6. The review will result in (i) the production of an annual report on quality and outcomes following an agreed standard format and (ii) agreement on and setting of targets and methods of quality enhancement for the coming year.

Outputs

Annually reported outputs would include:

- Percentage attainment of goals set for that year.
- Performance in key areas such as housing, education, mental health, employment.
- Comparison of current year and previous year performance within site.
- Comparison of site annual performance with the average annual performance of Covenant House sites participating in the quality and outcomes process.