



Project SAFE:

**A review of a family systems model
to prevent teen homelessness in
Snohomish County**

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EXECUTIVE SUMMARY

Cocoon House is the only organization in Snohomish County specifically focused on serving at-risk and homeless youth. In line with its mission to “empower young people, families, and the community to break the cycle of homelessness through outreach, housing, and prevention,” it offers a continuum of services, including street outreach, parenting classes, parent support groups, residential shelters, and linkage to internal and external drug treatment, mental health, and social services.

Since 2001, Project SAFE has enabled parents and caregivers of at-risk youth to seek support and services, in advance of the youth running away or becoming homeless. The program’s two major goals are: 1) prevent youth homelessness, and 2) promote healthier family functioning. In 2006, the National Alliance to End Homelessness recognized Project SAFE as a best practice and an exemplary model for youth homelessness prevention programming, because it was one of the few programs nationally to adopt a family systems perspective.

Project SAFE’s core components include Phone A, a 90-minute phone consultation with a Master’s level therapist (hereinafter referred to as “counselor”), and Phone B, a brief follow-up call two weeks later. During Phone A, the counselor and parent/caregiver create an action plan with steps for both the parent/caregiver and youth to support the parent/caregiver in strengthening family management and parenting skills, understanding adolescent development, and improving family communication. In addition, the counselor provides referrals to Cocoon House programs and external services.

In October 2013, Cocoon House engaged Cardea to conduct an independent evaluation of Project SAFE implementation (July 2008 – June 2013).

This review had three objectives:

1. Describe parents/caregivers who accessed Project SAFE, including demographic and other background characteristics, as well as reasons for calling and ongoing concerns
2. Describe the services provided during the phone consultations, including the joint action plans developed, and referrals to both Cocoon House programs and other external services
3. Determine the extent to which Project SAFE met outputs and short-term outcomes, as outlined in project logic models, including change in hopefulness and frustration with the current situation and perception that the youth will leave home

The review examined data collected by Project SAFE staff during 1,494 unique phone consultations and 697 follow-up calls, and included extensive qualitative analysis of a subsample of case notes from 325 calls.



*I think parents who are struggling...
don't feel successful,
don't feel like they have any strengths,
and have often been told
that they're not good parents...
Parents feel accepted, supported,
and encouraged by Cocoon House staff.
Staff are knowledgeable and
well-trained... and they're willing
to take the time it takes
to help parents become successful.*

—Community partner at Housing Hope

RESULTS

Project SAFE supported a diversity of families facing serious challenges

Most Project SAFE consultations were with female callers, and about one-quarter of callers were people of color. While Project SAFE served male and female youth age 8-25 years, most youth were age 13-17 years. Nearly one-third were youth of color. Most youth lived in two-adult households in Snohomish County with annual incomes below the county median. Nearly one-third had experienced changes in parent or guardianship. More than one-third of youth had parents who suffered from substance abuse or mental health issues, and over one-quarter had either experienced or witnessed domestic violence or sexual assault. Over half of youth had previously run away, been told to leave, or been legally removed from their homes.

Callers reported distress, due to ongoing concerns about their youth

The majority of callers reported high levels of frustration and believed that their youth would leave home. Most reported several distinct concerns about their youth, including problems at school, disrespectful or defiant behavior, mental health issues, and drug/alcohol use. More than one-third of youth had prior involvement in the legal system. Many families had previously accessed Cocoon House's emergency shelter or other services, as well as external services such as counseling, therapy, or drug and alcohol treatment.

Despite ongoing concerns, callers had positive aspirations for their youth

Over half of callers said they wanted their youth to succeed in school. Many expressed positive hopes for their youth's future outlook and relationships with the family, and indicated that they wanted their youth to have a happy, healthy, or fulfilling life. Half of callers specifically indicated that they hoped to have a better relationship with their youth.

Most callers followed up on the action plans they developed with Project SAFE counselors

At Phone B, nearly two-thirds of callers had “fully” or “mostly” adhered to the action plans they developed with Project SAFE counselors. Plans included referrals to Cocoon House services, such as parenting classes and support groups, as well as external services.

Callers' outlook improved, and these improvements were sustained over time

More than half of callers reported improved outlook at the end of Phone A. After two weeks, callers reported sustained improvements in hope, frustration, and a decreased perception that their youth would leave home.

At follow-up, most callers reported that the situation with their youth had improved

During Phone B, about three-fourths of callers reported that the situation with their youth “dramatically” or “somewhat” improved. Adherence to the action plan was the strongest predictor of improvement. Parents/caregivers with youth who had no history of living out of home were also more likely to report improvement.

At follow-up, nearly all callers reported that their youth were living at home

During Phone B, nearly all callers reported that their youth were living at home. Youth were most likely to be living at home, if their parents/caregivers had adhered to their action plans and the youth had no history of living out of home.

CONCLUSIONS

This review found that Project SAFE promotes family cohesiveness by providing support and resources for parents and caregivers. By supporting parents/caregivers in expressing concerns and aspirations for their youth and by guiding them in developing action plans to address the complex issues that they and their youth are facing, Project SAFE addresses the root causes that are often precursors to youth homelessness.

Through Project SAFE, Cocoon House supports over 250 families each year. A Project SAFE phone consultation costs just \$317, and the cost of full prevention services is estimated to be under \$2,000. These costs are less than the cost of an average shelter stay at Cocoon House (\$2,389 per youth), substantially less than the cost of long-term housing at Cocoon House (\$13,882 per youth, per year), and far less than the cumulative costs of the many adverse outcomes of chronic homelessness, estimated to range from \$7,500 to \$40,000 per person, per year.[‡]

This review sheds new light on the challenges that Project SAFE callers face, as well as parents'/caregivers' desire and effort to reconcile conflict and improve their relationship with their youth. Follow-up data on client satisfaction, outlook, and improvements suggest that Project SAFE is successfully meeting this need, providing further evidence to support the efficacy of Project SAFE in fostering family cohesion and preventing youth homelessness.



Key Results: In Brief

- Parents and caregivers were overwhelmingly satisfied with Project SAFE.
- At follow-up, about two-thirds of callers had fully or mostly implemented their action plans.
- More than half of callers reported sustained, improved outlooks.
- About three-fourths of callers reported that the situation with their youth had improved. The odds that the situation had improved were six times greater, if parents/caregivers adhered to their action plans.
- Nearly all callers reported their youth were living at home. The odds of the youth living at home were four times greater, if parents/caregivers adhered to their action plans.

[‡] Please see references 11-13 in the main report

INTRODUCTION

Background

According to the 2012 *Point in Time* report, a joint effort of the Snohomish County Office of Housing, Homelessness, and Community Development and the Homeless Policy Task Force, approximately 300 teens are homeless on any given night, and over 1,300 teens are homeless in Snohomish County at some point each year.¹

The National Network for Youth reports that youth who experience homelessness face an increased risk of mental health problems, substance abuse issues, criminal activity and victimization, unsafe sex, teen pregnancy, and poor educational opportunities.² Without assistance, most homeless youth are at extremely high risk of chronic or episodic homelessness, unemployment, and poverty as adults.³ Therefore, prevention and early intervention of youth homelessness is critical.

Fortunately, Snohomish County has a variety of organizations that provide supportive services to youth and their families. Cocoon House is the only organization in Snohomish County specifically focused on serving at-risk and homeless youth. Its mission is to “empower young people, families, and the community to break the cycle of homelessness through outreach, housing, and prevention.” Since 1991, Cocoon House has worked to decrease risk factors and build protective factors associated with youth homelessness through a continuum of services, including street outreach, parenting classes, parent support groups, residential shelters, and linkage to external drug treatment, mental health, and social services.

In the late 1990s, Cocoon House noticed an increase in calls from parents and caregivers who were concerned and proactively seeking advice about how to prevent their youth from running away or who had reached a critical point in addressing behavioral and other issues. Parents and caregivers were primarily concerned about their

youth’s drug use, violent behavior, running away, family conflict, and promiscuity. They also expressed frustration, because they felt there were no services available until their youth ran away.

To address these issues, Cocoon House launched Project SAFE in 2001. Cocoon House developed the components of Project SAFE, based on risk and protective factors for child maltreatment. Although children are not responsible for harm inflicted on them, certain characteristics have been found to increase risk of maltreatment.⁴ Project SAFE was developed to address parental risk factors connected to challenging youth behaviors.

Key risk factors for maltreatment include parents’ lack of understanding of children’s needs, child development, and parenting skills; parents’ history of child maltreatment in family of origin; substance abuse and/or mental health issues (including depression in the family); parental characteristics such as young age, low education, single parenthood, large number of dependent children, and low income; non-biological, transient caregivers in the home (e.g., mother’s male partner); and parental thoughts and emotions that tend to support or justify maltreatment behaviors. Family risk factors include social isolation; family disorganization, dissolution, and violence (including intimate partner violence); and parenting stress, poor parent-child relationships, and negative interactions.

In 2006, the National Alliance to End Homelessness recognized Project SAFE as a best practice and an exemplary model for youth homelessness prevention programming, because it was one of the few programs nationally to adopt a family systems perspective.⁵

Program Description

Project SAFE is designed to prevent youth homelessness by enabling parents and caregivers of at-risk youth to seek support and services, in advance of the youth running away or becoming homeless. The program's two major goals are: 1) prevent youth homelessness and 2) promote healthier family functioning.

While Project SAFE has evolved over the last 13 years, core components include phone consultation, support groups, and parenting classes/education. Program modifications prior to 2008 included lengthening the phone consultation from 75 to 90 minutes, shifting from an eight-week support group series to drop-in, weekly support groups, and using different models for providing parenting classes/education. In addition, to respond to the needs of Hispanic/Latino parents and caregivers, Cocoon House began designing services for Hispanic/Latino families in 2008.



*Oftentimes, it doesn't take
a huge intervention to shift
what's going on in a family system.
It's a place to be heard,
to talk through what's going on,
to gain skills and perspective.
Ultimately, the family is the best place
for a young person to grow up,
if it can be a safe place.*

—Cocoon House staff

Project SAFE outreach locations include schools and school counselors, family resource centers, human service agencies, low-income housing, libraries, police departments, YMCAs, juvenile detention centers, PTAs, and

community resource fairs. Project SAFE also reaches out to Hispanic/Latino parents and caregivers through additional locations including Familias Unidas (family support center that is a program of Lutheran Community Services Northwest) and Latino Parent Nights at schools.



*Usually what I hear from the families...
is how relieved they are that there is
access to these services...[and] that
Cocoon House has made a tremendous effort
to maintain diversity on their staff,
so our families feel understood
not only in their same language,
but culturally.*

—Community partner at Familias Unidas

As of 2008, services for parents/caregivers include:

- One 90-minute phone consultation with a Master's level therapist (hereinafter referred to as "counselor"), followed by a brief follow-up call two weeks later
- Drop-in weekly support groups, facilitated by a counselor, to help rebuild the parents'/caregivers' ability to connect with their youth and to strengthen their confidence in parenting
- Parenting classes, offered as a three-week series and as standalone classes
- Access WayOUT seminars, a series for youth and their parents/caregivers to build communication, decision making skills, and an understanding of the personal differences that can cause conflict

To access services, parents and caregivers call Cocoon House and speak with an intake coordinator. Services are available

in English and Spanish. The intake coordinator schedules Phone A, a 90-minute phone consultation between the parent/caregiver and a counselor, within a few days of the initial call. Cocoon House intentionally delays the phone consultation to allow the caller to de-escalate from the precipitating stress and make appropriate arrangements for this call.

Phone A is designed to:

- Assist parents and caregivers in exploring their relationship with their youth
- Help parents and caregivers reflect on their role as a parent/caregiver and as a youth themselves
- Discover aspirations for themselves and their youth
- Validate parents'/caregivers' experience and emotions
- Provide support and resources

Together, the counselor and parent/caregiver create an action plan with steps for both the parent/caregiver and youth to support the parent/caregiver in strengthening family management and parenting skills, understanding adolescent development, and improving family communication. In addition, the counselor provides referrals to Cocoon House programs and other external services (e.g., anger management classes, drug treatment, mental health counseling).

Two weeks after Phone A, the counselor contacts callers who agree to participate in Phone B, a follow-up call to measure the parents'/caregivers' adherence to the action plan, including follow-through with referrals. During the call, the counselor works with the parent/caregiver to provide support in reflecting on successes and challenges with the action plan and in making adjustments, as needed and appropriate. Six months after Phone A, the counselor attempts to contact those who agree to participate in Phone C, an additional follow-up call to collect data about longer-term outcomes.

Findings from Earlier Evaluations

Earlier evaluations of Project SAFE have contributed to understanding the ways in which the program improves family functioning and family management skills. In 2008, a graduate class at Seattle Pacific University conducted an evaluation and found that families engaged in more youth- and family-focused treatment and adult self-care, after participating in Phone A. In addition, follow-up data from 2010-2011 revealed that youth were engaged in less risky behaviors. During this time period:

- 89% of parents/caregivers reported reduced frustration
- 75% of parents/caregivers reported a renewed sense of hope
- 91% of parents/caregivers reported reduced stress
- 63% of parents/caregivers reported a decreased perception that their youth would run away

Purpose of this Report

In October 2013, Cocoon House engaged Cardea to conduct an independent evaluation of five years (July 2008 – June 2013) of Project SAFE implementation, using existing data collected by Project SAFE staff.

Given the data available, this review had three objectives:

1. Describe parents and caregivers who accessed Project SAFE, including demographic and other background characteristics, as well as reasons for calling and ongoing concerns
2. Describe the services provided during the phone consultations, including the joint action plans developed, and referrals to both Cocoon House programs and other external services
3. Determine the extent to which Project SAFE met outputs and short-term outcomes, as outlined in project logic models, including change in hopefulness and frustration with the current situation and perception that the youth will leave home

METHODS

In October 2013, Cocoon House and Cardea defined project goals and timelines and discussed Cocoon House's data system and available data. Given changes in Cocoon House's data system prior to 2008 and an interest in focusing on more recent Project SAFE activities, Cocoon House and Cardea agreed to review data from July 2008 through June 2013.

Project SAFE Data Collection Tools

Across Phone A and Phone B, counselors collect quantitative data on caller and youth demographics, family and living situation, attitudes, and perceptions about the future. In addition, they write extensive case notes to document reasons for calling, callers' concerns about their youth, aspirations and natural supports, and action plans developed at the end of Phone A. Counselors use a common form for data collection and case notes, and Cocoon House's Prevention Specialist enters the data into a Microsoft Access database. Each caller and youth is assigned a unique identifier. Data from Phone C were not included in this evaluation, due to low response rate and limited information collected.

Measures

During Phone A, counselors document caller and youth demographic and background characteristics, including sex, age, race/ethnicity, (dis)ability status, and whether they have ever received counseling. They collect additional information about the caller only, including household size and makeup, youth custody arrangement, sources of income, household income level (estimated according to income ranges, if callers are uncomfortable divulging an exact income level), veteran status, and immigrant/refugee status. Callers are also asked if their youth has ever been involved in the legal system, is currently living at home, has ever been out of home (i.e., ran away, in a shelter, lived with friends/relatives, or in foster care) and has ever stayed

at Cocoon House's emergency shelter. In addition, callers are asked if they have ever contacted Cocoon House's emergency shelter.

During Phone A, counselors document case notes in several open-ended fields—reason for calling/presenting concerns; what prompted the call; history of concerns; history relevant to concerns; aspirations for the youth; impact of concerns on caller; caller aspirations for self; natural supports; and action plan (caller and youth-related).

At the beginning and end of Phone A and at the end of Phone B, counselors document the caller's level of hopefulness and frustration with the current situation, the likelihood that the youth will end up leaving home, and their assessment of the callers' self-sufficiency. During Phone B, counselors also document the caller's satisfaction with Phone A, adherence to the joint action plan, change in the situation with the youth, and whether the youth is living at home.

Data Extraction

Cardea worked with Cocoon House and its information technology consultant to export all Project SAFE quantitative and qualitative measures stored in the Access database. Data were exported to Microsoft Excel and transferred to Cardea via secure, encrypted email. Prior to June 2011, all written case notes were typed and entered into the Access database. During the period June 2011 through June 2013, counselors wrote case notes, scanned or typed them in Microsoft Word, and saved these case notes as separate PDF documents. These documents were exported and provided to Cardea on a CD.

Data Management and Cleaning

After successfully exporting all Project SAFE fields from Access to Excel, Cardea worked with Cocoon House to decipher variable names, in the absence of an existing

codebook. Cardea then matched variables by name to data collection tools, when possible; worked with Cocoon House to identify unclear variable names and codes; reconciled small differences between electronic and hard copy forms; and identified appropriate variables to use in analyses. Any out-of-range values were set to missing. To provide geographic context, zip-code tabulated Rural-Urban Commuting Area (RUCA) codes were imported, and callers' zip codes were used to determine county and city of residence.

Given the large number of measures available and overlap between constructs, Cardea created several composite variables to use in analyses:

- *Race/ethnicity*—creation of a single race/ethnicity measure for Hispanic/Latino callers, due to homogeneity in caller-reported race
- *Improved outlook*—improvements in at least two measures and no declines within the caller-rated outlook measures of hope, frustration, and perception that their youth will leave home
- *Self-sufficiency*—equal weighting of three counselor-rated self-sufficiency measures: 1) human relations, 2) support systems, and 3) access to services, given high levels of internal consistency (Cronbach's alpha >.9) in these measures
- *Adherence with action plan*—caller's self-reported level of adherence to their action plan, collapsed into two categories: 1) high levels of adherence (reported taking 51% or more action steps); and 2) low levels of adherence (reported taking 50% or less action steps)

Client identifiers were modified to be compatible with Excel. Open-ended case notes were exported from Excel to individual Word files using the add-in Individual Merge Letters version 3.0, and were then exported to QSR NVivo 8 for qualitative analysis. Additional data from approximately 300 PDFs were transcribed directly into NVivo.

Analysis

Quantitative data were imported into SPSS version 19 for analysis. Frequencies were run on all measures, and cross-tabs and 95% confidence intervals were used to examine associations between caller and youth demographic and background characteristics and all outcome measures. In addition, multivariate logistic regression, controlling for youth's history of living outside of the home; youth's history with the criminal justice system; youth's sex, age, and race; caller's immigration status; and caller's improvement in outlook was used to examine whether youth were living at home and whether the caller reported that the situation had improved at Phone B. Crosstab and logistic regression results are reported where statistically significant ($p < .05$).

A random sample of 325 records (65 calls per year) was selected for more extensive qualitative analysis. Qualitative case notes were coded using thematic content analysis. Content areas were developed, based on the open-ended questions on the data collection tool for Phone A—ongoing concerns about the youth (reason for calling/presenting concerns, history of concerns, and history relevant to concerns), immediate reason for calling, impact of concerns on caller, caller's natural supports, aspirations for youth, aspirations for caller, specific action steps for youth, and specific action steps for caller. Cardea reviewed 100 records to identify common themes under each of these content areas and shared these themes with Cocoon House to develop a final list. A coding matrix was also generated to assign a dichotomous (yes/no) outcome for each caller on each theme (e.g., Did the caller report any concerns about youth drug/alcohol use?). Data were then exported to Excel and merged with the quantitative data in SPSS for further analysis. Frequencies were computed for each qualitative theme, and crosstabs and chi-square goodness-of-fit analyses were used to examine associations between demographic characteristics and qualitative themes.

The vast majority of calls were from parents and caregivers, regarding a youth living in their home. In reviewing the qualitative data, three calls were identified that did not fit Project SAFE's primary target audience. These cases were included in the quantitative analysis because there was no quantitative measure indicating the caller's relationship to the youth, but were excluded from the qualitative analysis.

Cocoon House allows individual callers to access Project SAFE once a year for each youth. If two parents/caregivers of the same youth want to access Project SAFE, their phone consultations are conducted/entered as separate calls. Duplicate callers/youth were not removed from the analyses for this evaluation. There were no significant demographic or outcome differences between parents and caregivers who accessed Project SAFE once vs. more than once.

Interviews

To provide additional context for the report, Cardea conducted brief, semi-structured qualitative interviews with five staff from Cocoon House and five staff from partner agencies.

RESULTS

During the period July 2008 – June 2013, counselors conducted 1,494 unique phone consultations, with an average of 299 consultations per year. Call volumes varied between 5% and 9% each year, with a range of 280-325 consultations per year. There were no apparent seasonal patterns in call volume.

CHARACTERISTICS OF CALLERS

More than 80% of Project SAFE consultations were with female callers. The median age of callers was 43 years (**Table 1**).

Nearly three-quarters of callers (74.0%) were non-Hispanic white, followed by Hispanic/Latino (10.0%). Approximately 3.1% and 2.5% of consultations were with Black/African American and Asian callers, respectively.

Consultations with Hispanic/Latino callers increased over time. In 2008-2009, less than 1% of callers were Hispanic/Latino, and, by 2012-2013, nearly one-fifth of callers were Hispanic/Latino. Counselors provided 97 consultations to callers who identified as immigrants or refugees (6.5%), and nearly two-thirds of these callers (62.9%) were Hispanic/Latino.

Fifteen percent (15.0%) of consultations were with callers who identified as (dis)abled. Nearly four percent (3.9%) of consultations were with veterans.

Table 1. Demographic characteristics of Project SAFE callers (N=1,494)

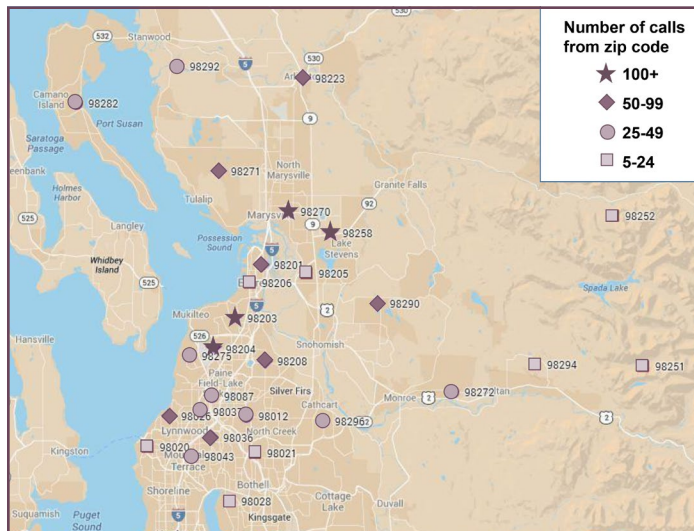
| Caller Demographics | Number | % |
|--|--------|------|
| Sex | | |
| Female | 1,199 | 80.3 |
| Male | 295 | 19.7 |
| Age range* | | |
| 20 years or younger | 3 | 0.2 |
| 21-30 years | 41 | 2.8 |
| 31-40 years | 553 | 37.2 |
| 41-50 years | 602 | 40.5 |
| 51-60 years | 242 | 16.3 |
| 61 years and older | 47 | 3.2 |
| Race/ethnicity | | |
| Non-Hispanic white | 1,106 | 74.0 |
| Black/African American | 46 | 3.1 |
| Hispanic/Latino | 150 | 10.0 |
| Asian | 37 | 2.5 |
| Native Hawaiian/ Other Pacific Islander | 20 | 1.3 |
| American Indian/Alaska Native | 21 | 1.4 |
| More than one race | 7 | 0.5 |
| Unknown | 107 | 7.2 |
| Immigrant or refugee* | 97 | 6.5 |
| Hispanic/Latino | 61 | 4.1 |
| (Dis)abled* | 224 | 15.0 |
| Veteran | 58 | 3.9 |
| Caller residence | | |
| Snohomish County | 1,349 | 90.3 |
| Everett | 387 | 25.9 |
| Lives in urban area** | 1,458 | 99.6 |

* 6 missing/unknown

** 30 missing/unknown

While the vast majority of callers (90.3%) were Snohomish County residents and more than one-quarter (25.9%) lived in Everett, the program reached families beyond Snohomish County. About four percent (3.8%) of callers were King County residents. Nearly all callers lived in urban areas (Figure 1).^{*}

Figure 1. Callers' zip codes (N=1,377)



CHARACTERISTICS OF YOUTH

Callers sought consultation for male (52.5%) and female youth (47.5%) at relatively equal rates. The median age of youth was 15 years, with 86.2% of youth age 13-17 years. About half (51.6%) were age 13-15 years, and one-third (35.0%) were age 16-17 years (Table 2).

Similar to callers, the most frequently reported race for youth was non-Hispanic white (65.5%), followed by Hispanic/Latino (11.3%). Black/African American and Asian youth represented 3.3% and 2.2% of the calls, respectively. Eight percent (8.0%) of the youth were (dis)abled. Youth attended 128 schools.

Table 2. Demographic characteristics of Project SAFE youth (N=1,494)

| Youth Demographics | Number | % |
|--|--------|------|
| Sex | | |
| Female | 710 | 47.5 |
| Male | 784 | 52.5 |
| Age range* | | |
| 9 years or younger | 6 | 0.4 |
| 10-12 years | 119 | 8.0 |
| 13-15 years | 767 | 51.6 |
| 16-17 years | 521 | 35.0 |
| 18-20 years | 71 | 4.8 |
| 21 years and older | 3 | 0.2 |
| Race/Ethnicity | | |
| Non-Hispanic white | 979 | 65.5 |
| Black/African American | 50 | 3.3 |
| Hispanic/Latino | 169 | 11.3 |
| Asian | 33 | 2.2 |
| Native Hawaiian/ Other Pacific Islander | 19 | 1.3 |
| American Indian/Alaska Native | 31 | 2.1 |
| More than one race | 41 | 2.7 |
| Unknown | 172 | 11.5 |
| Identified as (dis)abled | 119 | 8.0 |
| Number of schools represented | 128 | - |

*7 missing/unknown

Youth most commonly lived in two-adult households (43.9%). Excluding those for whom living situations were unknown, 40.2% of youth lived in single-parent households. Most callers (80.4%) had full custody of their youth. "Full custody" included situations in which the youth lived full-time in a single household with either one or two parents, while shared custody implied the youth split time between different households (Table 3, next page).

About 30% of youth lived in large households with five or more individuals. In contrast, according to 2010 U.S. Census data, only about 11% and 9% of Snohomish County and Everett households had five or more individuals.⁶

^{*} As defined by the U.S. Census Bureau, Rural-Urban Commuting Area Codes (RUCAs) are measures used to characterize the nation's Census tracts according to their rural or urban status.

Table 3. Contextual factors of youth's environment (N=1,494)

| Contextual Factor | Number | % |
|----------------------------------|--------|------|
| Youth lives with... | | |
| Two adults (couple) | 656 | 43.9 |
| Mother | 415 | 27.8 |
| Father | 71 | 4.8 |
| None | 61 | 4.1 |
| Other | 5 | 0.3 |
| Unknown | 286 | 19.1 |
| Custody status | | |
| Full custody | 1,201 | 80.4 |
| Shared custody | 137 | 9.2 |
| Guardianship | 3 | 0.2 |
| None | 8 | 0.5 |
| Unknown | 145 | 9.7 |
| Household size | | |
| Five or more household members | 440 | 30.4 |
| Less than five household members | 1,006 | 69.6 |

Nearly three-quarters of youth (72.5%) lived in households with annual incomes below the average median household income for Snohomish County.⁷ A similar percentage (74.4%) lived in households that received at least some income from employment, and nearly one-quarter (22.0%) lived in households that received some form of public assistance (Table 4).

Table 4. Annual household incomes/sources (N=1,494)

| Characteristic | Number | % |
|---|--------|------|
| Annual household income* | | |
| Less than \$25,000 | 512 | 34.3 |
| \$25,000-\$50,000 | 453 | 30.3 |
| \$50,000-\$75,000 | 212 | 14.2 |
| Greater than \$75,000 | 250 | 16.7 |
| Unknown | 67 | 4.5 |
| Below Snohomish County median income | 1,083 | 72.5 |
| Sources of income** | | |
| Employment | 1,111 | 74.4 |
| Public assistance | 329 | 22.0 |
| More than one source of income | 237 | 15.9 |

* 48 missing/unknown; callers were often reluctant to disclose exact household incomes, so counselors provided estimates.

** Callers could report several sources of income.

More than half of the youth (55.4%) had a history of living outside of the home. About three-quarters of these youth were age 12-16 years when they first left home; the median age at which they first left home was 15 years. Many had prior contact with Cocoon House; 14.4% of youth had stayed at Cocoon House's emergency shelter, and 20.1% of callers reported that they had contacted Cocoon House's emergency shelter. More than half of the youth (56.9%) had received counseling, and nearly one-fourth of the callers (21.5%) had previously received counseling. History with the legal system was also common; more than one-third of youth (34.4%) had prior involvement in the legal system (Table 5).

Table 5. Youth and caller histories

| History | Number | % |
|---|--------|------|
| Youth previously lived out of home (N=1,485) | 822 | 55.4 |
| Age youth first left home (N=365) | | |
| 11 years or younger | 40 | 11.0 |
| 12-14 years | 137 | 37.5 |
| 15-16 years | 148 | 40.5 |
| 17 years and older | 40 | 11.0 |
| Prior contact with Cocoon House | | |
| Youth used emergency shelter (N=1,484) | 214 | 14.4 |
| Caller contacted emergency shelter (N=1,454) | 296 | 20.1 |
| Counseling history | | |
| Youth received counseling (N=1,443) | 821 | 56.9 |
| Caller received counseling (N=1,421) | 306 | 21.5 |
| Youth history with legal system (N=1,472) | 506 | 34.4 |

PHONE A — 90-MINUTE PHONE CONSULTATION

Concerns about Youth

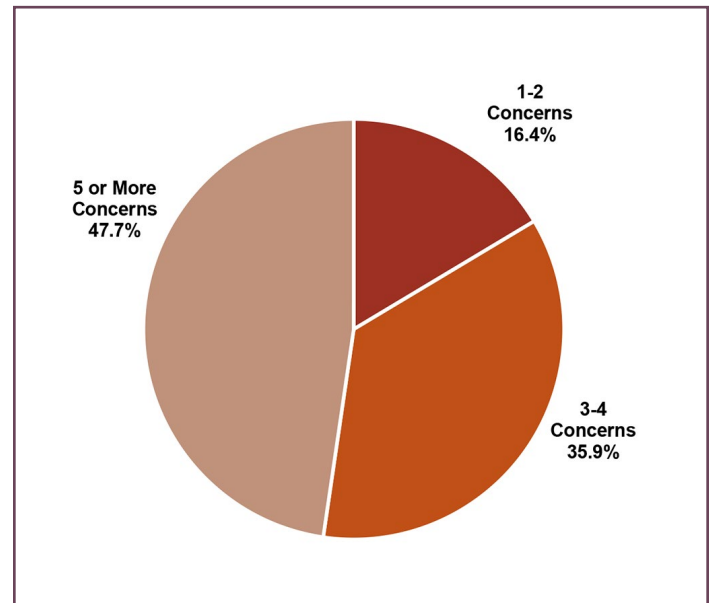
Among records selected for more extensive qualitative analysis, callers' two most common ongoing concerns were problems in school (67.1%) and disrespectful or defiant behavior such as lying, breaking rules, and general rudeness (59.1%). Mental health challenges were also common (44.9%), including depression, bipolar disorder or other mental health diagnoses, cutting, and suicide threats or attempts. Forty-one percent (41.2%) of callers were concerned about their youth's drug or alcohol use. Callers most commonly mentioned marijuana, but heroin, methamphetamines, ecstasy, and other drugs were also of concern. Over a quarter of the youth (28.3%) had run away from home (Table 6).

Table 6: Callers' ongoing concerns about youth (N=325)

| Concern | Number | % |
|--|--------|------|
| Problems at school | 218 | 67.1 |
| Performance | 175 | 53.8 |
| Attendance | 92 | 28.3 |
| Behavioral issues | | |
| Disrespectful or defiant | 192 | 59.1 |
| Running away | 92 | 28.3 |
| Abusive or threatening | 86 | 26.5 |
| Criminal or illegal activity | 73 | 22.5 |
| Anger issues | 58 | 17.8 |
| Not adhering to ARY terms [‡] | 25 | 7.7 |
| Behavioral health | | |
| Mental health issues | 146 | 44.9 |
| Drug/alcohol use | 134 | 41.2 |
| Social | | |
| Friends – bad influence | 63 | 19.4 |
| Isolated | 34 | 10.5 |
| Bullying victim | 11 | 3.4 |
| Sex/pregnancy | 48 | 14.8 |
| Other | 103 | 31.7 |

Nearly all callers expressed multiple concerns about their youth, with 47.7% of callers reporting five or more concerns (Figure 2).

Figure 2. Number of concerns about youth (N=323)



When asked about immediate concerns that prompted their call, callers' responses varied. However, the most common responses were "feeling overwhelmed" or "giving up" (20.3%), youth problems at school (13.5%), disrespectful or defiant behavior (13.5%), and running away (12.0%).



*I'm burned out.
 I don't even try to work things out
 with him because he upsets me.*

[‡] At-Risk Youth (ARY)—Under Washington State law, parents/guardians can file an ARY petition to receive assistance and support from the juvenile court in maintaining the care, custody and control of a child under age 18 and to assist in the resolution of family conflict, after alternatives to court intervention have been attempted, <http://www.kingcounty.gov/courts/JuvenileCourt/chins.aspx>.

Nearly 10.0% of callers had heard about Cocoon House parenting classes or support groups and were interested in accessing these services (**Table 7**).

Callers were significantly more concerned about problems at school for male vs. female youth (72.2% vs. 60.7%). They more commonly expressed concerns about social engagement (36.6% vs. 24.4%) and sex/pregnancy (22.1% vs. 8.9%) for female vs. male youth. The frequency of behavioral concerns varied significantly by year, ranging from 90.8% in 2011-2012 to 69.2% in 2012-2013. The frequency of social concerns declined significantly over time, ranging from 43.1% in 2008-2009 to 21.5% in 2012-2013.

Table 7. Callers' immediate reasons for calling (N=325)

| Reason | Number | % |
|---|--------|------|
| Parent overwhelmed/giving up | 66 | 20.3 |
| Problems at school | 44 | 13.5 |
| Performance | 31 | 9.5 |
| Attendance | 13 | 4.0 |
| Behavioral issues | | |
| Disrespectful or defiant | 44 | 13.5 |
| Running away | 39 | 12.0 |
| Criminal or illegal activity | 26 | 8.0 |
| Abusive or threatening | 21 | 6.5 |
| Not adhering to ARY terms | 12 | 3.7 |
| Anger issues | 8 | 2.5 |
| Behavioral health | | |
| Drug/alcohol use | 28 | 8.6 |
| Mental health issues | 26 | 8.0 |
| Social | | |
| Friends – bad influence | 5 | 1.5 |
| Isolated | 1 | 0.3 |
| Other reasons | | |
| Interested in Cocoon House services | 32 | 9.8 |
| Youth living out of home | 14 | 4.3 |
| Sex/pregnancy | 7 | 2.2 |
| Youth domestic violence/sexual assault victim | 6 | 1.8 |
| Other | 55 | 16.9 |
| Median number of concerns = 4 | | |

On average, callers reported significantly fewer concerns about Hispanic/Latino youth (mean=3.3) than youth of other races/ethnicities (mean=4.5 for non-Hispanic white youth; mean=4.3 for youth of other race/ethnicity). Specifically, callers reported fewer school and behavioral health concerns for Hispanic/Latino youth.

Circumstances Affecting Relationship

Although not explicitly prompted, some callers provided additional context about family circumstances affecting their relationship with their youth. In 40.3% of initial consultations, callers mentioned that they were single parents. Nearly a third reported that youth had lived with different sets of parents/guardians throughout their lives. In many cases, youth experienced multiple disruptive experiences. Many callers reported that youth had “bounced around” between parents, grandparents, or other relatives. In some cases, these living arrangements were made without legal custody arrangements. In other cases, legal custody changes had occurred. A number of callers described Child Protective Services (CPS) intervention or foster care experiences. For example, one caller reported that the youth had lived with her mother until age seven. When the mother moved the family into a homeless shelter, the youth went to live with her father. CPS later forcibly removed the youth from the father, due to physical abuse, and returned her to the mother’s custody (**Table 8, next page**).

In more than one-third of consultations (36.0%), at least one of the youth’s parents/caregivers suffered from substance abuse or mental health issues. In more than one-quarter (27.7%), the youth had either experienced or witnessed domestic violence or sexual assault (DV/SA). In 10.8% of cases, callers stated that, despite their concerns, the youth had a close relationship with one or both parents. In three cases, callers described the youth as a “good kid” and indicated that they were calling to prevent potential problems.

Table 8. Additional context and family issues (N=325)

| Context/Issue | Number | % |
|---|--------|------|
| Family composition | | |
| Parent – single, absent, or divorced | 131 | 40.3 |
| Youth's parent/guardian changed | 95 | 29.2 |
| Housing instability/basic needs | 54 | 16.6 |
| Domestic violence/sexual assault | | |
| Youth – victim of DV/SA | 60 | 18.5 |
| Youth – witnessed DV/SA | 42 | 12.9 |
| Parents – behavioral health issues | | |
| Substance abuse | 73 | 22.5 |
| Mental health | 58 | 17.8 |
| Positive/affirming circumstances | | |
| Youth has close relationship with parent(s) | 35 | 10.8 |
| Youth is a "good kid" | 3 | 0.9 |
| Other family issues | 189 | 58.2 |

In 25.5% of consultations, callers explicitly mentioned that their concerns persisted despite their youth having previously accessed services, such as counseling, therapy, support groups, drug or alcohol treatment. In 8.0% of consultations, youth had accessed services at Cocoon House.

Impact of Situation with Youth

When asked how the situation with their youth was impacting the caller, nearly three-quarters of callers (72.9%) described emotional distress. Fourteen percent (14.2%) of callers also reported physical symptoms such as not eating or sleeping. Callers also mentioned negative impact on other children in the family, social isolation, and alcohol or drug use (Table 9).

Table 9. Impact of situation on callers (N=325)

| Impact | Number | % |
|--|--------|------|
| Emotional distress | 237 | 72.9 |
| Physical symptoms | 46 | 14.2 |
| Affecting employment/finances | 18 | 5.5 |
| Social isolation | 19 | 5.8 |
| Affecting other children in the family | 16 | 4.9 |
| Alcohol or drug use | 3 | 0.9 |



*It's hard.
It's frustrating [and] disappointing.
It feels like you're failing as a parent.
You want to be able to help him yourself,
[but] constantly struggling with him is
hard. You feel defeated all the time.*

Caller Aspirations and Natural Supports

After characterizing the situation with the youth, counselors encouraged callers to consider the positive outcomes they would like to achieve. Over half of callers (51.7%) reported that they wanted their youth to succeed in school. Thirty-eight percent (37.5%) hoped their youth would return to/stay in school, and 17.5% hoped their youth's grades would improve (Table 10).

Table 10. Callers' aspirations for youth (N=325)

| Aspiration | Number | % |
|---|--------|------|
| School success | 168 | 51.7 |
| Better attendance/graduation | 122 | 37.5 |
| Better grades | 57 | 17.5 |
| Outlook and relationships | | |
| Happy and healthy | 126 | 38.8 |
| Engage with family | 48 | 14.8 |
| Behavior changes | | |
| Stop disrespectful/defiant behaviors | 119 | 36.6 |
| Mental health evaluation/treatment | 59 | 18.2 |
| Drug/alcohol free | 43 | 13.2 |
| Return/stay at home | 30 | 9.2 |
| Median number of aspirations = 2 | | |

Many callers also expressed positive hopes for their youth's future outlook and relationship with the family. Nearly 40% indicated that they wanted their youth to have a happy, healthy, or fulfilling life. Fifteen percent (14.8%) hoped their youth would communicate more or spend more time with the family.



*I want to see a smile on her face...
true joy. I want to see her participate
and look forward to something,
I want her to know she is
welcome in this home.*

Callers also hoped that youth would change their behavior—stop disrespectful or defiant behaviors (36.6%), get mental health evaluation or treatment (18.2%), stop using drugs or alcohol (13.2%), and return or stay at home (9.2%).

When asked about aspirations for themselves, most callers said they wanted a better relationship with their youth (50.2%) or just wanted to “feel better” (31.7%). A small number of callers expressed desires for self-care or self-improvement, such as education or career development (14.8%) and more time for recreation or relaxation activities such as exercise, gardening, or travel (8.0%). Other aspirations included dating and forming/maintaining friendships (Table 11).

Table 11. Callers' aspirations for self (N=325)

| Aspiration | Number | % |
|---|--------|------|
| Outlook and relationships | | |
| Better relationship with youth | 163 | 50.2 |
| Feel better | 103 | 31.7 |
| Peaceful home | 25 | 7.7 |
| Feel safe | 14 | 4.3 |
| Self-care/improvement | | |
| Education/career development | 48 | 14.8 |
| Recreation/relaxation activities | 26 | 8.0 |
| Learn English | 4 | 1.2 |
| Other | 55 | 16.9 |
| Median number of aspirations = 1 | | |

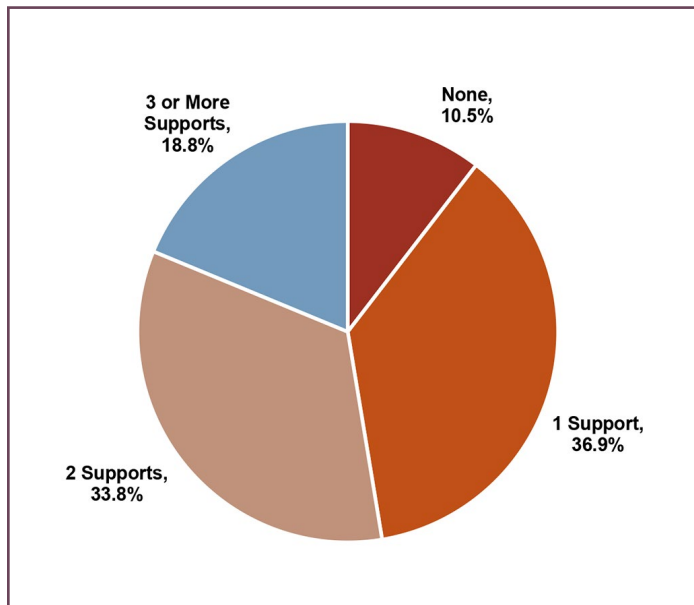
Counselors also asked callers about who they turn to for support. While about 10% of callers reported they had no natural supports, most indicated that they rely on family, friends, or a spouse or partner for support. Some callers relied on more formal support systems, such as religious institutions and support groups (Table 12).

Table 12. Callers' natural supports (N=325)

| Support | Number | % |
|-----------------------------|--------|------|
| Family | 149 | 45.8 |
| Friends | 140 | 43.1 |
| Partner | 126 | 38.8 |
| Religious institution | 62 | 19.1 |
| Support group or counseling | 44 | 13.5 |
| No natural support | 34 | 10.5 |
| Solo relaxation activities | 18 | 5.5 |

More than half of callers (52.6%) reported multiple sources of support (**Figure 3**).

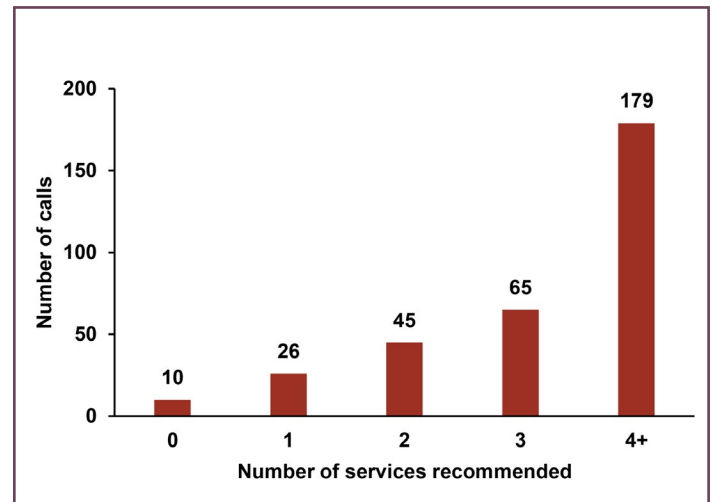
Figure 3. Number of natural supports (N=325)



Action Planning

At the end of Phone A, counselors assisted callers in developing an action plan with specific action steps for both the caller and youth. Counselors recommended an average of four services per caller, and all but two callers had at least one action step documented (**Figure 4**). The number of services recommended increased over the years of the project.

Figure 4. Number of services recommended per call (N=325)



Counselors recommended counseling or mental health evaluation or treatment for over 60% of youth. In some cases, they documented referrals to specific agencies that could provide these services. More than half of youth (56.9%) were referred to Cocoon House services, the majority of which were referrals to WayOUT. Other Cocoon House services included U-Turn (resource and drop-in center), Teen Parent Advocate services, and Cocoon House shelters. Counselors recommended drug or alcohol evaluation/treatment for 20.6% of youth, although referrals to specific agencies were not often documented. Counselors recommended more or continued extracurricular activities for 20.0% of youth. Other recommended services included anger management classes, support groups, and basic needs, such as Housing Hope, WIC, and DSHS where teen parents can get free infant formula and supplies (**Table 13, next page**).

Table 13. Specific action steps for youth (N=325)

| Action Step | Number | % |
|--|--------|------|
| Services for youth | | |
| Counseling/mental health services | 200 | 61.5 |
| Cocoon House services | 185 | 56.9 |
| Drug/alcohol evaluation/treatment | 67 | 20.6 |
| Extracurricular activities | 65 | 20.0 |
| Other services | 60 | 18.5 |
| Behavior changes | | |
| School – improve attendance | 65 | 20.0 |
| School – improve grades | 27 | 8.3 |
| Spend time with family | 27 | 8.3 |
| Respect/follow rules | 82 | 25.2 |
| No steps documented | 22 | 6.8 |
| Median number of action steps = 2 | | |

Counselors also helped callers identify action steps to improve their parenting skills and address personal challenges. They referred a third of callers (33.5%) to Cocoon House’s parenting classes, and over half (56.6%) to its parenting support groups. In 68.3% of consultations, counselors recommended that the caller access external services not provided at Cocoon House, such as counseling, individual or family therapy, or mental health evaluation. In some cases, they documented referrals to specific agencies that could provide these services. Nearly a third of callers were encouraged to work on specific parenting skills, such as establishing rules and consequences, active listening, or reducing their desire to micro-manage. Counselors frequently recommended the book *Positive Discipline for Teenagers*. In 13.2% of cases, counselors encouraged callers to engage in self-care activities, such as exercise, stress reduction and relaxation techniques, and to use the support systems they had previously identified (Table 14).

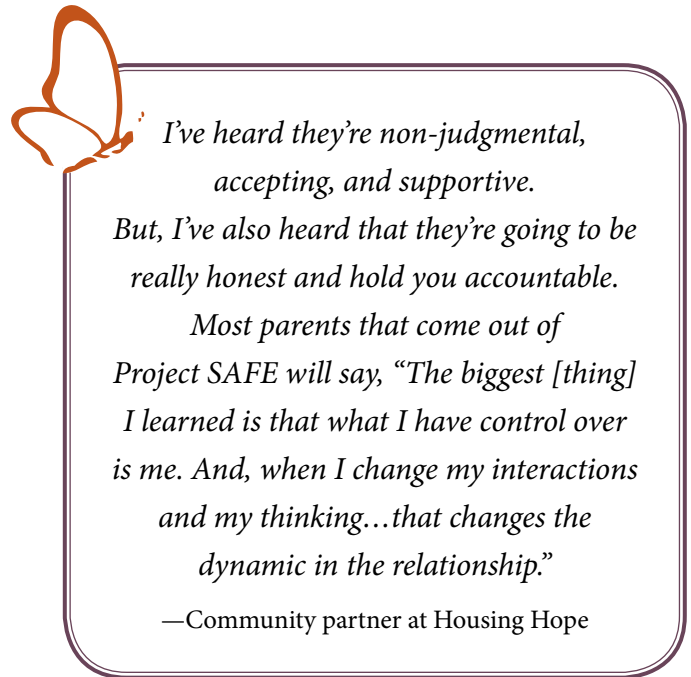


Table 14. Specific action steps for callers (N=325)

| Action Step | Number | % |
|--|--------|------|
| Services for caller | | |
| External services | 222 | 68.3 |
| Cocoon House support group/ services | 184 | 56.6 |
| Cocoon House parenting classes | 109 | 33.5 |
| ARY or CHINS [‡] | 49 | 15.1 |
| Basic needs | 18 | 5.5 |
| Skills and relationships | | |
| Specific parenting skills | 100 | 30.8 |
| Relationship building | 87 | 26.8 |
| Self-care | 43 | 13.2 |
| Other | 29 | 8.9 |
| No action steps documented | 6 | 1.8 |
| Median number of action steps = 3 | | |

[‡] A Child in Need of Services (CHINS)—Under Washington State law, court order mandates temporary placement (for up to six months) of the child in a residence other than the home of his/her parent, due to a serious conflict between parent and child or inability to provide the child with basic needs (food, healthcare, shelter, clothing, education, etc.) after reasonable efforts have been made to prevent the need for removal of the child from the parental home, <http://www.kingcounty.gov/courts/JuvenileCourt/chins.aspx>.

Immediate Outcomes — Phone A

To measure the immediate impact of Phone A, callers are asked to respond to a number of Likert-scaled questions at the beginning and end of the consultation:

On a scale of 1-5, 1 being “I am not at all hopeful” to 5 being “I am very hopeful that with help the situation can get better,” where are you?

On a scale of 1-5, how frustrated are you feeling about the situation with your teen: 1 being “I am not frustrated” to 5 being “I am very frustrated,” where are you?

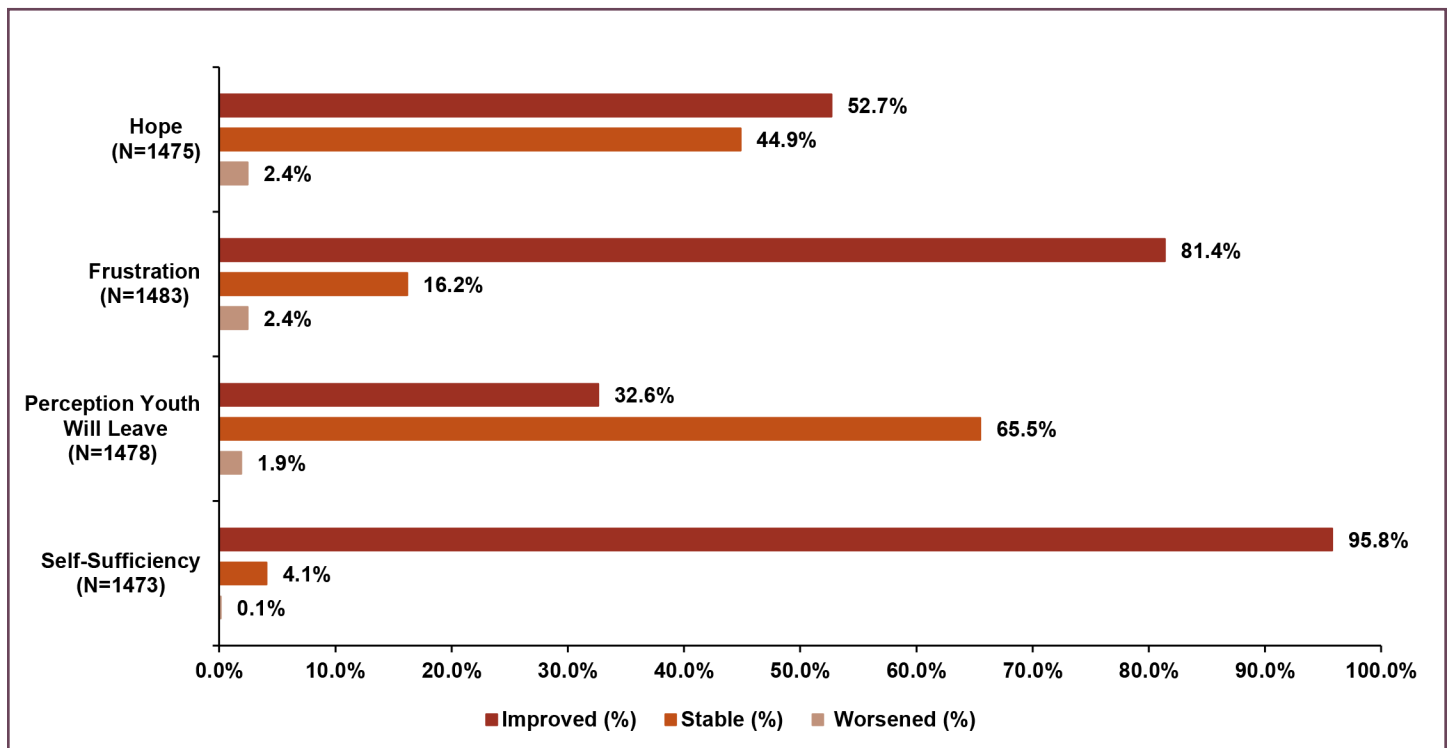
What do you believe at this moment is the likelihood that [the youth] will end up leaving your home? 1: Definitely not (minimal), 2: Unlikely (somewhat), 3: A strong possibility (moderate), 4: Highly likely (severe), 5: Absolutely sure (extreme)

In addition, at the beginning and end of Phone A, the counselor rates the caller on three self-sufficiency measures: 1) human relations, 2) support systems, and 3) access to services. They rate callers on a 10-point scale that consists of indicators of specific behavior and conditions that illustrate achievement of self-sufficiency.

At the end of Phone A, 52.7% of callers reported being more hopeful, and 81.4% reported being less frustrated than at the beginning of the call. One-third of callers (32.6%) reported improvements in perception that the youth would leave home (**Figure 5**).

Very few callers reported that their outlooks worsened by the end of the call; the majority of those whose outlooks did not improve experienced no change in outlook. In addition, by the end of the call, almost all of the counselors (95.8%) reported that callers had improved self-sufficiency.

Figure 5. Callers' change in outlook between the beginning and end of Phone A



More than half of callers (56.9%) reported improved outlook. The percentage of callers reporting improved outlooks did not differ substantially, based on the youth's sex. However, callers with younger youth reported improved outlooks less frequently than those with older youth. While 58.6% of callers with youth age 16-17 years reported improved outlooks, only 43.1% of callers with youth age 10-12 years, and 55.1% of those with youth age 13-15 years reported improved outlooks.

There were no notable differences in improved outlook according to the youth's racial/ethnic background. However, 61.3% of callers who identified as immigrants or refugees reported improved outlooks, a higher rate than callers overall.

Over the five-year period, the percentage of callers with improved outlooks increased from 52.2% to 63.6%. There was an increase of almost 7% between June 2011 and June 2012.

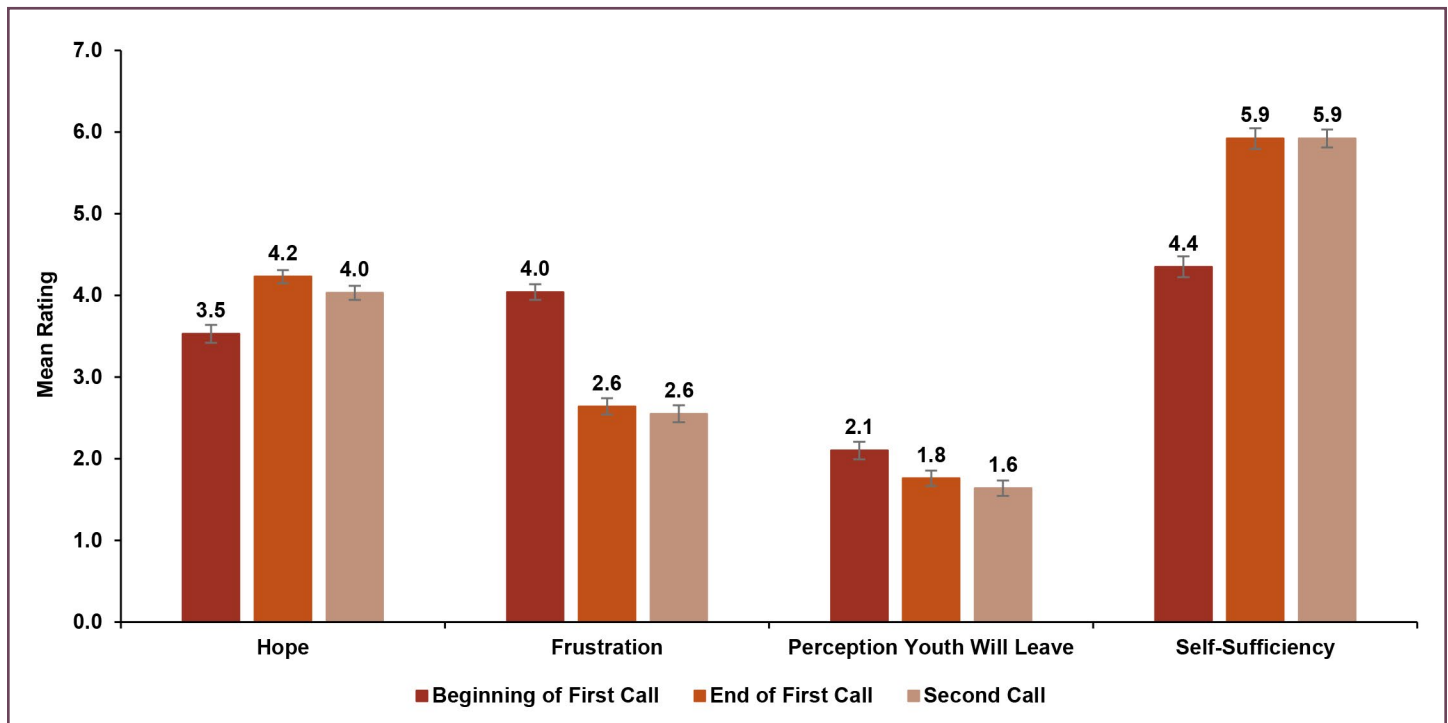
SHORT-TERM OUTCOMES — PHONE B

Outlook

Follow up data were available for the 697 callers who participated in Phone B. At the beginning of Phone B, callers are asked to respond to the same set of Likert-scaled questions that were asked at the beginning and end of Phone A. In addition, at the beginning of Phone B, callers are asked the extent to which the situation with their teen improved (“improved dramatically,” “improved somewhat,” “stayed the same,” or “gotten worse”), and how fully they were able to follow up on their action plans (“fully/took all actions,” “mostly/51%-75% of actions,” “partially/26-50% of actions,” “a little bit/1-25% of actions,” or “no follow up”).

Callers’ mean levels of hope and self-sufficiency increased, and mean levels of frustration and perception that youth would leave the home decreased (**Figure 6**). Changes in hope, frustration, and self-sufficiency were significant. In addition, there were no reversions in outlook at follow-up, suggesting that these changes were sustained over time. However, the rate of follow-up between Phone A and Phone B (53.5%) may limit the generalizability of these measures to callers who did not participate in Phone B.

Figure 6. Mean hope, frustration, perception youth will leave home, and self-sufficiency for callers with data at all three points (N=570)



Satisfaction and Adherence to Action Plan

Nearly all callers (97.8%) reported that the consultation was either “totally helpful” or “pretty helpful.” There were no notable differences by youth’s sex, age, race/ethnicity, or caller’s identity as immigrant/refugee (**Table 15**).

Table 15. Level of satisfaction with phone consultation (N=686)

| Level of Satisfaction | Number | % |
|---------------------------|------------|-------------|
| Satisfied | 671 | 97.8 |
| Totally helpful | 532 | 77.6 |
| Pretty helpful | 139 | 20.3 |
| Neutral | 15 | 2.2 |
| Moderately helpful | 15 | 2.2 |
| Helped a bit | 0 | 0.0 |
| Didn’t help at all | 0 | 0.0 |

About two-thirds of callers (64.0%) reported that they “fully” or “mostly” followed up with the action plans they developed with counselors (**Table 16**). Adherence did not differ significantly, based on the youth’s sex, age, or race/ethnicity. Callers who identified as immigrants/refugees reported lower rates of adherence; only 48.4% reported that they fully or mostly implemented their plans.[‡]

Table 16. Level of adherence with action plan (N=697)

| Level of Adherence | Number | % |
|-----------------------|------------|-------------|
| High adherence | 446 | 64.0 |
| Fully | 114 | 16.4 |
| Mostly | 332 | 47.6 |
| Low adherence | 246 | 35.3 |
| Partially | 132 | 18.9 |
| A little bit | 83 | 11.9 |
| No follow up | 31 | 4.4 |
| Unknown | 5 | 0.7 |

Those who perceived a high risk of their youth leaving home during Phone A reported lower levels of adherence. Only 25% of callers who thought their youth was “highly likely” to leave home reported high levels of adherence. However, those who were “absolutely sure” their youth would leave reported high levels of adherence more frequently (32.4%) than those who thought their youth was “highly likely” to leave.

Of the 325 Phone A consultations included in the qualitative analysis, 174 completed Phone B. Cocoon House counselors did not document extensively during Phone B, but limited case notes were available for 133 calls. Most notes documented positive outcomes, such as the youth or parent/caregiver had entered into counseling, the youth had returned to school or improved school performance, communication between the youth and parent/caregiver had improved, or the youth’s behavior had improved. In some cases, continuing challenges were documented, such as the youth ran away, the youth hurt someone, the parent/caregiver continued to feel fearful, CPS took the youth, or the family was experiencing poverty or homelessness. Due to potential selection biases in which callers participated in Phone B, as well as potential variation and bias in what counselors chose to document in case notes, these data were not quantified.



*Our call gave me
the encouragement to see
I could do this. I feel incredible.*

[‡] Data on barriers to adherence were not available.

Changes in Situation and Housing

About three-fourths of callers (76.0%) reported that the situation with their youth “dramatically” or “somewhat” improved after the phone consultation. Only 6.3% of callers reported that the situation “got worse” (Table 17).

Table 17. Change in situation with the youth (N=697)

| Change | Number | % |
|------------------------|--------|------|
| Improved | 530 | 76.0 |
| Dramatically improved | 113 | 16.2 |
| Improved somewhat | 417 | 59.8 |
| Stayed the same | 118 | 16.9 |
| Got worse | 44 | 6.3 |
| Unknown | 5 | 0.7 |

There were no substantive differences in reports that the situation had improved, based on youth’s sex or age. Callers with Hispanic/Latino youth were most likely to report that their situations had improved (82.4%).

Callers who identified as immigrants/refugees and those who identified as both Hispanic/Latino and immigrants/refugees reported improved situations 83.9% and 94.4% of the time, respectively.

Nearly all callers (89.8%) reported that their youth were living in the home. Older youth were out of home at higher rates (12.5% of youth age 16-17 years) than younger youth (9.9% of youth age 13-15 years).[‡] Only one caller with a youth under the age of 13 reported that the youth was out of home. There were no notable sex differences in the rate at which youth left home.

Callers with Black/African American youth reported that their youth were out of home 21.4% of the time, compared with 10.1% of those with non-Hispanic white and 12.2% of those with Hispanic/Latino youth. Those who identified as immigrants/refugees reported that their youth were out of home 16.1% of the time. There were not enough records to test these differences for significance.

Predictors of Situation and Housing

Adjusting for demographic characteristics and situational histories that might influence this relationship, the greatest predictors of whether the situation improved and whether youth were living at home at Phone B were: 1) if the youth had no history of living out of home at Phone A, and 2) if the callers “fully” or “mostly” adhered to their action plans.

Eighty-four percent (84.0%) of callers with youth who had no history of living out of home reported that their situations improved, compared with just 70.0% of those with youth who had a history of living out of home. The odds that the situation improved were nearly doubled if the youth had no history of living out of home, compared to cases in which the youth had a history of living out of home (OR=1.9, 95% CI=1.3-3.0) (Figure 7, next page).[†]

Ninety-eight percent (97.7%) of callers with youth who had no history of living out of home reported that their youth were living at home at Phone B, compared with 83.7% of those with youth who had a history of living out of home. The odds were nine times greater that the youth were living at home at Phone B if the youth had no history of living out of home, compared to cases in which the youth had a history of living out of home (OR=9.0, 95% CI=3.7-21.8).

[‡] There were not enough youth over the age of 17 years with follow-up information to report meaningful differences.

[†] An odds ratio (OR) represents the chances that an outcome will occur, given a particular characteristic or condition, compared to the chances of that outcome occurring in the absence of the particular characteristic or condition. A 95% confidence interval (CI) represents the reliability of an estimated statistic.

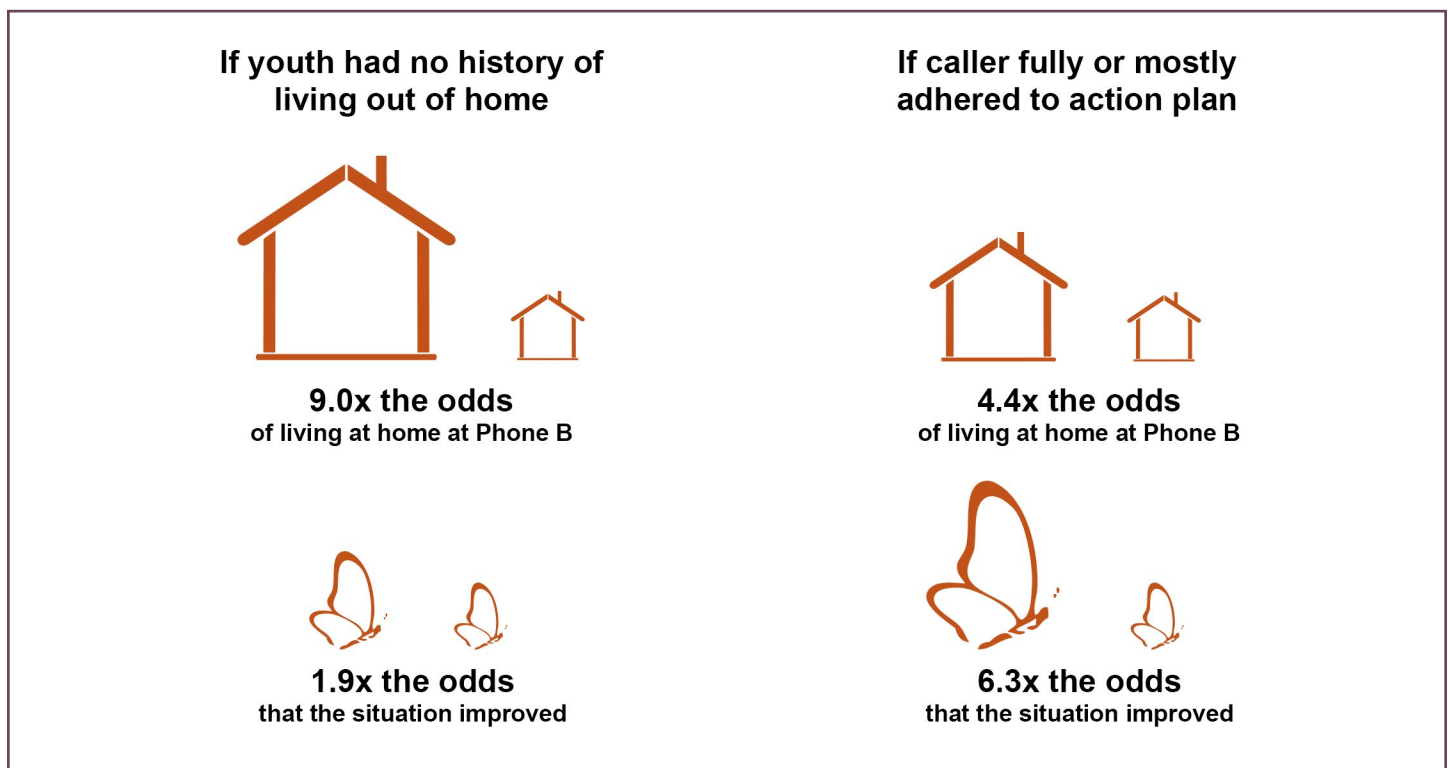
Eighty-eight percent (88.1%) of callers who “fully” or “mostly” implemented their action plans reported that their situations improved, compared with 55.3% of those who reported lower levels of adherence to their action plans. The odds that the situation had improved were six times greater if the caller “fully” or “mostly” adhered to the action plan, compared to those reporting lower levels of adherence (OR=6.3; 95% CI: 4.2-9.4).

Finally, 95.3% of callers who “fully” or “mostly” implemented their action plans reported that their youth were living at home, compared with 80.1% of those who reported lower levels of adherence to their action plans. The odds

that the youth were living at home were more than four times greater if the caller had “fully” or “mostly” adhered to the action plan, compared to those who reported lower levels of adherence (OR=4.4; 95% CI: 2.5-7.7).

Callers’ outlook at the end of Phone A was not associated with levels of satisfaction or adherence to their action plans. In addition, outlook was not a significant predictor of whether callers reported that their situations improved or whether their youth were out of home at Phone B.

Figure 7. Predictors of living at home and improved situation at Phone B



DISCUSSION

This review had three, primary objectives:

1. Describe parents/caregivers who accessed Project SAFE, including demographic and other background characteristics, as well as reasons for calling and ongoing concerns
2. Describe the services provided during the phone consultations, including the joint action plans developed, and referrals to both Cocoon House programs and other external services
3. Determine the extent to which Project SAFE met outputs and short-term outcomes, as outlined in project logic models, including change in hopefulness and frustration with the current situation and perception that the youth will leave home

Project SAFE supported a diversity of families facing serious challenges

Most Project SAFE consultations were with female callers, and about one-quarter of callers were people of color. While Project SAFE served male and female youth age 8-25 years, most youth were age 13-17 years. Nearly one-third were youth of color. Most youth lived in two-adult households in Snohomish County with annual incomes below the county median. Nearly one-third had experienced changes in parent or guardianship. More than one-third of youth had parents who suffered from substance abuse or mental health issues, and over one-quarter had either experienced or witnessed domestic violence or sexual assault. Over half of youth had previously run away, been told to leave, or been legally removed from their homes.

Callers reported distress, due to ongoing concerns about their youth

The majority of callers reported high levels of frustration and believed that their youth would leave home. Most reported several distinct concerns about their youth, including problems at school, disrespectful or defiant behavior, mental health issues, and drug/alcohol use. More than one-third of youth had prior involvement in the legal system. Many families had previously accessed Cocoon House's emergency shelter or other services, as well as external services such as counseling, therapy, or drug and alcohol treatment.



I don't know of any other low-cost or free service like [Project SAFE] for families in crisis, so it's extremely vital, helpful, and important.

—Community partner in a Snohomish County School District

Despite ongoing concerns, callers had positive aspirations for their youth

Over half of callers said they wanted their youth to succeed in school. Many expressed positive hopes for their youth's future outlook and relationships with the family and indicated that they wanted their youth to have a happy, healthy, or fulfilling life. Half of callers specifically indicated that they hoped to have a better relationship with their youth.

Most callers followed up on the action plans they developed with Project SAFE counselors

At Phone B, nearly two-thirds of callers had “fully” or “mostly” adhered to the action plans they developed with Project SAFE counselors. Plans included referrals to additional Cocoon House services, such as parenting classes and support groups, as well as external services.

Callers’ outlook improved, and these improvements were sustained over time

More than half of callers reported improved outlook at the end of Phone A. After two weeks, callers reported sustained improvements in hope, frustration level, and a decreased perception that their youth would leave home.

At follow-up, most callers reported that the situation with their youth had improved

During Phone B, about three-fourths of callers reported that the situation with their youth “dramatically” or “somewhat” improved. Adherence to the action plan was the strongest predictor of improvement. Parents/caregivers with youth who had no history of living out of home were also more likely to report improvement.

At follow-up, nearly all callers reported that their youth were living at home

During Phone B, nearly all callers reported that their youth were living at home. Youth were most likely to be living at home, if their parents/caregivers had adhered to their action plans and the youth had no history of living out of home.

Considerations

These findings highlight several considerations for potential program and data collection enhancements. Callers who “fully” or “mostly” implemented their action plans experienced positive outcomes. However, over one-third of callers reported lower levels of adherence to their action plans. Collecting data on barriers to adherence may help identify opportunities to provide additional support to these parents and caregivers.

In particular, while Project SAFE appears to successfully engage immigrant/refugee parents and caregivers, Cocoon House may want to explore opportunities to support these parents and caregivers in following through with the action plans they develop with counselors. Similarly, since youth who had a history of living out of home were at highest risk of leaving home, Cocoon House may want to explore opportunities to support parents and caregivers of these youth in mediating challenging situations.

Finally, recent efforts to reach out to Hispanic/Latino families have been very successful. Cocoon House may want to explore opportunities for targeted outreach to recruit an even broader diversity of parents/caregivers, particularly males.

Where possible, greater alignment of program goals and data collection instruments could enable more comprehensive assessment of the extent to which program goals are achieved. For example, a focus on linkage to services would support and strengthen evaluation findings. In addition, any available data on enrollment and participation in Cocoon House services would provide a means to validate and quantify the extent to which callers follow up on the action plans, and any evaluation of these services could provide evidence to support the continuum of services and longer-term outcomes related to preventing youth homelessness.

Moreover, future Project SAFE evaluations would be strengthened by revisions to data collection instruments, with a focus on adding and clarifying some quantitative measures (e.g., caller's marital status, relationship to the youth, country of origin and number of years in the U.S.; and youth's sexual orientation and gender identity) and protocols for collecting these measures. Providing closed-ended response options to characterize callers' concerns, aspirations, and action steps would greatly enhance the efficiency of any future evaluations.

This review provides a robust description of Project SAFE. However, less than half of callers (46.5%) participated in Phone B, which may have influenced the reported outcomes. In addition, because parents/caregivers often contact Project SAFE when they are in crisis, improvements at Phone B could be the result of a natural decline in that crisis. However, Project SAFE intentionally delays Phone A to allow the caller to de-escalate from the precipitating stress. As a result of natural changes in staffing over time, there may have been differences in the ways in which information was asked or recorded over the five-year period of this review.

CONCLUSIONS

As recognized by the National Alliance to End Homelessness, Project SAFE is a best practice and an exemplary model for youth homelessness prevention programming because of its family systems approach.

This review found that Project SAFE promotes family cohesiveness by providing support and resources for parents/caregivers. This family systems approach is grounded in the literature around causes of youth homelessness. Many youth leave home as a result of problems in the home, such as conflict with parents or caregivers, physical and sexual abuse, a family member's mental health or substance abuse issues, neglect or a parents'/caregivers' inability to address the youth's mental health or (dis)ability, or because parents or caregivers cannot afford to care for them.⁸ All of these causes were commonly reported among parents and caregivers who accessed Project SAFE.

In addition, according to the National Runaway Switchboard, 47% of homeless youth indicate that conflict with their parent or guardian is a major problem, and over 50% of youth in shelters and on the streets report that their parents either told them to leave or knew they were leaving but did not care.⁹ By supporting parents and caregivers in expressing their frustrations, articulating positive aspirations for their youth, and guiding them in developing action plans to address the multiple, complex challenges that they and their youth are facing, Project SAFE addresses the root causes that are often precursors to youth homelessness.

Moreover, interventions to prevent youth homelessness are known to be cost saving. A cost-benefit analysis conducted by New Avenues for Youth found that \$5.04 is saved for every \$1 spent on prevention and early intervention for homelessness.¹⁰ At Cocoon House, a Project SAFE phone consultation costs just \$317, and the cost of full prevention services is estimated to be under \$2,000. This is less than the cost of an average shelter stay at Cocoon House (\$2,389

per youth), substantially less than the cost of long-term housing at Cocoon House (\$13,882 per youth, per year), and far less than the cumulative costs of the many adverse outcomes of chronic homelessness, estimated to range from \$7,500 to \$40,000 per person, per year.^{11,12,13}

Furthermore, recent evaluations of other Cocoon House prevention services provide evidence that involving the parents and caregivers is an effective way to prevent shelter stays. A 2010-2011 analysis found that, in 87% of cases when shelter staff contacted the youth's parent/guardian prior to admission, a stay in Cocoon House's emergency shelter was avoided.



*It's a lot more complex than it seems,
but the strength of the program
is in the simplicity of it....
intense therapeutic interaction
at the right moment.*

—Cocoon House staff

Through Project SAFE, Cocoon House supports over 250 families each year. This review sheds new light on the challenges that Project SAFE callers face, as well as parents'/caregivers' desire and effort to reconcile conflict and improve their relationship with their youth. Follow-up data on client satisfaction, outlook, and improvements suggest that Project SAFE is successfully meeting this need, providing further evidence to support the efficacy of Project SAFE in fostering family cohesion and preventing youth homelessness.

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