PROJECT SAFE

provided by YouthCare in partnership with KCSARC

Project SAFE: A review of a pilot phone-based clinical consultation program for parents and caregivers in King County

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COCOONHOUSE
Because Every Child Needs A Home

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EXECUTIVE SUMMARY

In April 2013, YouthCare, in partnership with King County Sexual Assault Resource Center (KCSARC), officially launched implementation of the Project SAFE pilot in King County. Project SAFE was created by Cocoon House in Snohomish County and, in 2006, was recognized by the National Alliance to End Homelessness 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.

> *We had this growing realization that kids are connected to their families no matter what, and that when kids turn 18 and age out, they often end up going back to their families… even if they don't have great relationships. So…how do we strengthen those relationships?*
>
> *Project SAFE is just an expansion of that idea. [We] have a quick, easily accessed, free resource that parents could involve themselves with in the moment that they need that support.*
>
> —YouthCare staff

In line with Cocoon House's model, the Project SAFE pilot is designed to enable parents and caregivers of at-risk youth to seek support and services in advance of their youth running away or becoming homeless. The program's two major goals are: 1) prevent youth homelessness; and 2) promote healthier family functioning.

Project SAFE's core components include an intake call; Phone A, a 90-minute clinical consultation with a counselor; and Phone B, a brief follow-up call one week later. During Phone A, the counselor and parent/caregiver create an action plan, with specific action 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 communication skills. The counselor also provides referrals to YouthCare and KCSARC programs, as well as external services. During Phone B, the counselor assesses the parent/caregiver and youth's progress on the action plan, including follow-through with referrals. The counselor works with the parent/caregiver to provide support in reflecting on successes and challenges and make adjustments in the action plan, as needed and appropriate. In addition to these core components, Project SAFE offers psycho-educational parenting classes to help parents and caregivers build a better understanding of adolescent development, recognize different communication styles, and learn effective parenting strategies (e.g., positive discipline) for dealing with their youth.

In July 2013, YouthCare engaged Cardea to conduct an independent evaluation of the development and implementation of the Project SAFE pilot.

This evaluation had three objectives:

1. Provide an overview of the development and implementation of the Project SAFE pilot from April 1, 2013 – September 30, 2014
2. Increase understanding of the extent to which the Project SAFE pilot is meeting outputs and short-term outcomes, as outlined in the project logic model
3. Describe efforts to build YouthCare and KCSARC's capacity to use data to inform mid-course corrections and to document program impacts

The review examined data collected by Project SAFE staff during 41 intake calls, 25 unique phone consultations, and eight (8) follow-up calls.

DISCUSSION

There has been significant investment in development and implementation of this pilot, and YouthCare and KCSARC are positioned for success

With support from funders and Cocoon House, YouthCare and KCSARC successfully launched the Project SAFE pilot. YouthCare and KCSARC have leveraged their respective expertise in working with homeless youth and young adults and in working with families to begin supporting youth and their parents/caregivers through Project SAFE. In addition, KCSARC is now using data collection tools that will facilitate ongoing monitoring and evaluation of Project SAFE.

Continued outreach and marketing will be critical to Project SAFE's success

The Project SAFE pilot has been in place for about a year and a half. Cocoon House has offered Project SAFE for more than a decade and, as a well-known resource in Snohomish County, provides about 300 consultations per year through Project SAFE. After YouthCare hired a part-time Community Awareness Coordinator, outreach dramatically increased, and there was a corresponding increase in Project SAFE's overall call volume, as well as an increase in the number of completed Phone A consultations. Continued investments in outreach and marketing will be critical to the success of Project SAFE in King County.

Supportive services are important to offer alongside Project SAFE

Currently, YouthCare and KCSARC only have resources to offer four psycho-educational parenting classes per quarter. In addition, YouthCare continues to explore ways to serve parents and caregivers of youth at risk of homelessness, as well as the homeless youth and young adults with whom it has traditionally worked. In contrast, Cocoon House has the infrastructure to offer a range of services for parents and caregivers that facilitate linkage to services. Continued investments in supportive services will contribute to the success of Project SAFE in King County.

Project SAFE supports a diversity of families facing serious challenges

Most Project SAFE consultations were with female callers, and nearly half of callers for whom data were available were people of color. Project SAFE primarily served youth age 13-18 years. More than half were youth of color. Nearly three-quarters of youth had run away or left home at least once, and nearly half of youth had experienced sexual assault.

Callers report distress, due to ongoing concerns about their youth

Callers reported extremely high frustration and minimal to low belief that their youth would be able to stay in the home. Most reported several distinct concerns about their youth, including problems at school, behavioral concerns, and mental health issues. More than one-third of callers reported mental health issues, and nearly one-quarter reported substance abuse issues.

Despite ongoing concerns, callers have positive aspirations for their youth

Over half of callers said they wanted their youth to succeed in school. Nearly three-quarters indicated that they wanted their youth to have a happy, healthy, or fulfilling life. Three-quarters of callers said they wanted a better relationship with their youth.

Callers' outlook improved, and there was significant progress on action plans

At the end of Phone A, nearly all callers reported being more hopeful, and all reported being less frustrated than at the beginning of the call. While Phone B data were limited, nearly all callers reported greater hope, and all reported less frustration than they had at the beginning of Phone A. In addition, all callers reported progress toward at least one of the planned action steps for them and their youth, and half had made progress toward all of the planned action steps.

CONCLUSION

YouthCare and KCSARC are positioned for success with Project SAFE in King County. Despite the challenges and short duration of the Project SAFE pilot, YouthCare and KCSARC staff were already able to tell stories about the positive impact of Project SAFE.

> *"What makes Project SAFE different is that it's a brief intervention and that's unique… something the community really needs. [We're] meeting families literally where they're at…. We're free, flexible, and accessible. It's really valuable."*
>
> — YouthCare staff

While Project SAFE is still in a developmental phase, Cocoon House's success in fostering family cohesion and preventing youth homelessness suggests that YouthCare and KCSARC's implementation may yield similar results in King County. In addition, information from a variety of sources suggest that Project SAFE in King County have potential to be cost saving. A cost-benefit analysis conducted by New Avenues for Youth found that $5.04 is saved for every dollar spent on prevention and early intervention for homelessness. Anecdotal data, including stories about family reunification, suggest that the Project SAFE pilot has yielded positive results for youth and their parents/caregivers. In contrast, at YouthCare, the cost of an average shelter stay for a youth under 18 years of age is approximately $3,000, 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.†

Given the results to date, we anticipate that Project SAFE will continue to contribute to parents'/caregivers' desire and effort to reconcile conflict and improve their relationship with their youth and support the overall goals of King County's Homeless Youth and Young Adult Initiative.

† Please see references 10 and 12-15 in the full report.

INTRODUCTION

Background

According to the Committee to End Homelessness in King County (CEHKC), up to 5,000 young people are homeless in King County at some point each year.[1] Since 2011, a steering committee consisting of staff from CEHKC, City of Seattle, United Way of King County, and agencies serving youth and young adults has organized *Count Us In*, an annual effort to count youth and young adults age 12-25 years who are unstably housed or homeless. *Count Us In* complements the *One Night Count* of all homeless people that is mandated by the U.S. Department of Housing and Urban Development (HUD). On the night of January 22, 2014, community partners identified 779 homeless or unstably housed youth and young adults in King County. Of these youth and young adults, 50% were female, 22% identified as LGBTQ, 12% were under age 18, and 51% were youth of color.[2]

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.[3] Without assistance, most homeless youth are at extremely high risk of chronic or episodic homelessness, unemployment, and poverty as adults.[4] Therefore, prevention and early intervention are critical.

To prevent and end youth homelessness, researchers and youth-serving organizations have been interested in identifying upstream contributors to youth homelessness. The evidence indicates that the majority of youth and young adults do not choose to leave home and that family conflict, as well as sexual abuse and lack of appropriate systems coordination, are the main contributors to youth homelessness.[5,6]

Purpose of this Report

In July 2013, YouthCare engaged Cardea to conduct an independent evaluation of the development and implementation of the Project SAFE pilot, a program provided by YouthCare, in partnership with King County Sexual Assault Resource Center (KCSARC), and adapted from a successful program created by Cocoon House in Snohomish County.

The purpose of this evaluation is to:

1. Provide an overview of the development and implementation of the Project SAFE pilot from April 1, 2013 – September 30, 2014
2. Increase understanding of the extent to which the Project SAFE pilot is meeting outputs and short-term outcomes, as outlined in the project logic model
   - Describe parents and caregivers who accessed Project SAFE, including demographic and other background characteristics, as well as reasons for calling and ongoing concerns
   - Highlight services provided during the phone consultations, including action plans developed and referrals to both YouthCare and KCSARC programs and other external services
3. Describe efforts to build YouthCare and KCSARC's capacity to use data to inform mid-course corrections and to document program impacts

PROJECT SAFE PILOT

In 2012, YouthCare formally launched its Prevention program to help young people at risk of homelessness and their families. The Prevention program includes Project SAFE, Safe Place, and Preventing Homelessness Among High Risk Youth.

As highlighted in data from the Runaway and Homeless Youth Act programs, the solution for most homeless youth of all ages, particularly those under the age of 18 who are temporarily disconnected and unstably connected with their families, is reunification when it is safe to do so. YouthCare's commitment to supporting both young people at risk of homelessness and their families through Project SAFE is clearly in line with the evidence base.[7]

> *We had this growing realization that kids are connected to their families no matter what, and that when kids turn 18 and age out, they often end up going back to their families… even if they don't have great relationships. So…how do we strengthen those relationships?*
>
> *Project SAFE is just an expansion of that idea. [We] have a quick, easily accessed, free resource that parents could involve themselves with in the moment that they need that support.*
>
> —YouthCare staff

Development and Implementation—Project SAFE Model

Cocoon House is the only organization in Snohomish County specifically focused on serving at-risk and homeless youth. 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.

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 the risk of maltreatment.[8] Project SAFE was developed to address parental risk factors connected to challenging youth behaviors.

The core of Project SAFE's model is a series of free phone-based clinical consultations with a counselor for parents and caregivers of youth ages 12-17, who are either at risk of running away or who have already run away. 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.[9]

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. The evaluation indicated that Project SAFE promotes family cohesiveness by providing support and resources for parents and caregivers. By supporting parents and 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.[10]

Partnership between YouthCare and KCSARC

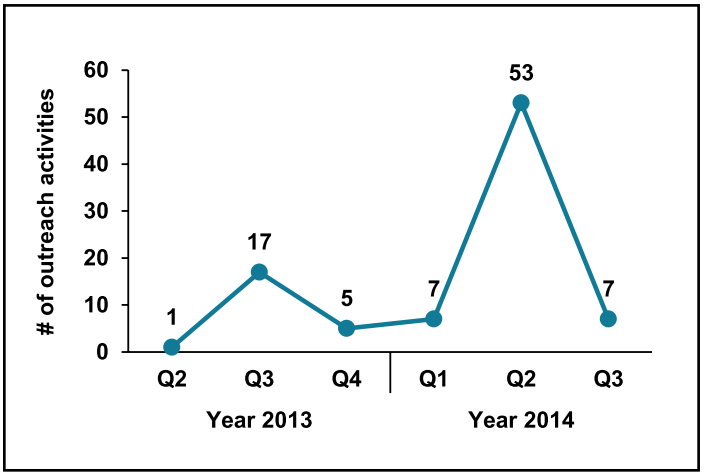
In line with its commitment to supporting parents and caregivers of youth at risk for homelessness and given Cocoon House's success with Project SAFE in Snohomish County, YouthCare approached KCSARC about partnering on the development and implementation of a Project SAFE pilot in King County. YouthCare and KCSARC had been partnering for the last two years on The Phoenix Project pilot (now called Project*360*), designed to better serve young survivors of sexual assault who were homeless or at risk of homelessness. Through this pilot, YouthCare and KCSARC were able to reduce post-traumatic stress among these young survivors of sexual assault.[11] The success of The Phoenix Project pilot laid the foundation for YouthCare and KCSARC to leverage their respective expertise in working with homeless youth and young adults and in supporting parents, family members, and caregivers of youth at risk of homelessness through a Project SAFE pilot in King County.

Development and Implementation — Project SAFE Pilot in King County

While the Project SAFE pilot began in July 2012, YouthCare and KCSARC officially launched implementation in April 2013. In line with Cocoon House's model, the Project SAFE pilot is designed to enable 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.

Since Project SAFE is a new program for YouthCare and KCSARC, outreach and marketing were critical during the early phase of implementation and continue to be important to program success. Outreach locations include community centers, family resource centers, human service agencies, medical and dental providers, libraries, Child Protective Services, YMCAs, youth shelters, parenting support groups, learning centers, and student intervention team meetings. YouthCare uses a variety of strategies to spread the word about Project SAFE, including calling and meeting with potential partners, presenting at partner agency meetings, and posting fliers and brochures in high-traffic areas for youth and families, and on neighborhood parenting blogs.

Figure 1. Number of outreach activities by quarter*



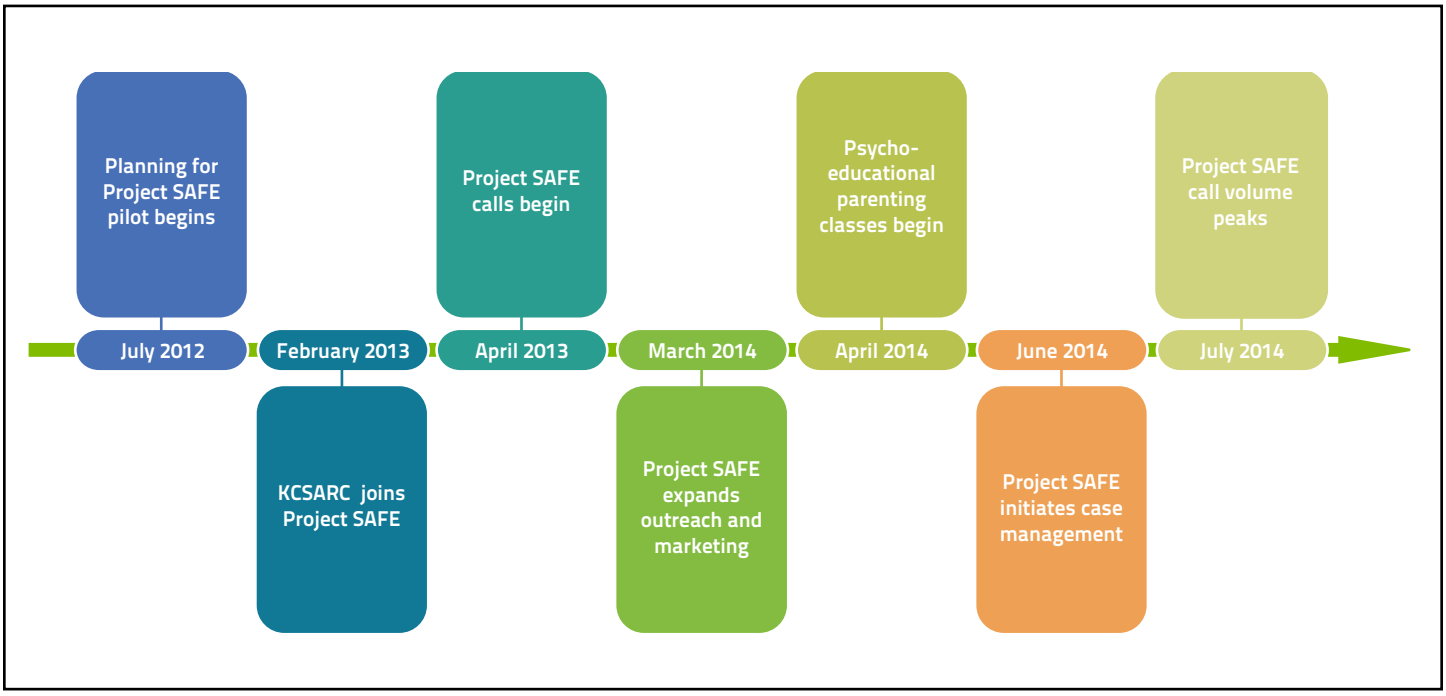
*E-mail, phone, and social media marketing are not included

YouthCare's initial outreach and marketing were limited because of staffing. YouthCare developed a Project SAFE brochure for parents and caregivers who may be interested in accessing services, and the Homelessness Prevention Program Manager leveraged the agency's existing relationships with community partners to spread the word about Project SAFE through one-on-one communications and presentations at monthly staff meetings.

In 2014, with extra funding from King County, YouthCare hired a part-time Community Awareness Coordinator to market Project SAFE. The Community Awareness Coordinator began reaching out to organizations that were new potential partners for YouthCare, including learning centers, parent groups, and facilities used by both parents/caregivers and their youth. The Community Awareness Coordinator also reached out to other potential referral sources. In addition, YouthCare's Orion Center staff are involved with Project SAFE promotion.

> *Basically, once we're notified that someone is missing and we have contact information for their guardian, that is when we give them a call, and, in those cases, we refer them to Project SAFE. We offer it up as an important resource.*
>
> —YouthCare staff

Figure 2. Timeline of key events in implementation of the Project SAFE pilot



Program Description

Services for parents and caregivers include:

- One 90-minute, in-depth phone consultation with a counselor, followed by a 30-minute follow-up call one week later
- Psycho-educational parenting classes that are designed to promote better understanding of adolescent development and teach effective parenting strategies
- Family engagement and case management services that support family reunification and housing stabilization for at-risk youth

To access services, parents and caregivers call KCSARC and ask for Project SAFE. The Intake Coordinator collects demographic information specific to the caller and youth and schedules Phone A, the 90-minute consultation between the parent/caregiver and the counselor.

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
- Support parents and caregivers in discovering aspirations for themselves and for their youth
- Validate parents'/caregivers' experiences and emotions
- Provide support and facilitate connections to services and resources

Together, the counselor and parent/caregiver create an action plan, with specific action steps for both the parent/caregiver and the 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 KCSARC and YouthCare programs, as well as other external services (e.g., counseling, drug and alcohol assessment and treatment, mental health assessment).

One week after Phone A, the counselor reconnects with callers who agree to participate in Phone B, a 30-minute follow-up call designed to assess the parent/caregiver and youth's progress on 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 and make adjustments in the action plan, as needed and appropriate.

Progress toward Goals, Objectives, and Benchmarks

1. **Provide effective prevention and brief intervention strategies for those most at-risk and most in need to reduce or prevent more acute illness, high-risk behaviors, incarceration, and other emergency medical or crisis responses**

   Objective: Increase parents'/caregivers' capacity for dealing with challenging behaviors with their youth in order to reduce out-of-home placement and/or prevent homelessness through phone consultation and referral to additional supports

   Benchmark 1: Provide 90-minute phone consultations with a minimum of 50 eligible, unduplicated parents/caregivers by April 30, 2015

   Progress toward benchmark: 25/50 = 50%

   Benchmark 2: Provide 30-minute follow-up phone consultations to all participants who agree and complete them for a minimum of 30 (60%) eligible, unduplicated parents/caregivers by April 30, 2015

   Progress toward benchmark: 8/30 = 27%

Snapshot of progress to date
April 19, 2013 – September 30, 2014
Total callers (intakes): 41
Phone A completed: 25
Phone B completed: 8

2. **Provide supportive services to parents/caregivers of youth who are in crisis**

   Objective: Provide family engagement and reunification support through outreach and case management services

   Benchmark: Provide case management services to support family reunification and housing stabilization for 25 unduplicated youth/families by April 30, 2015

   Progress toward benchmark: 12/25 = 48%

   Note: Case management services initiated in June 2014

3. **Provide appropriate referrals for youth/families in need of additional individual or family counseling or other resources**

   Objective: Provide quarterly psycho-educational classes for parents/caregivers to promote better understanding of adolescent development and teach effective parenting strategies

   Benchmark 1: Offer at least four parenting classes each quarter

   Progress toward benchmark:
   Second and third quarters of 2014: 4/4 = 100%

   Benchmark 2: Have cumulative attendance of a minimum of 15 per quarter across all four classes.

   Progress toward benchmark:
   First set of classes: 22/15 = 147%
   Second set of classes: 25/15 = 167%

4. **Increase awareness of Project SAFE in the community**

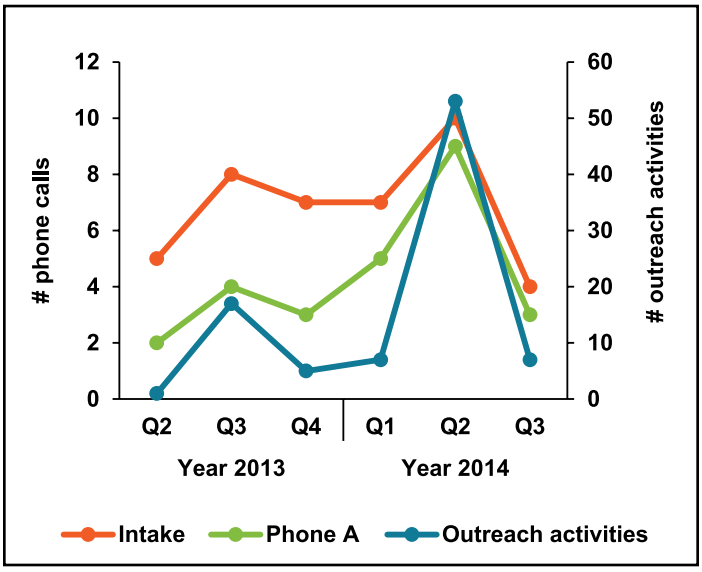
   Objective: Outreach to local community organizations (e.g., schools, libraries, social service agencies) to increase awareness of Project SAFE services as a resource for parents and caregivers in crisis

   Benchmark: Outreach to at least 25 community organizations across King County by April 30, 2015

   Progress toward benchmark: 90/25 = 360%

   After hiring a part-time Community Awareness Coordinator, outreach dramatically increased from April – June 2014. In addition, there was a corresponding increase in Project SAFE call volume overall, as well as an increased number of completed Phone A consultations. In the summer of 2014, there was a drop in outreach due to temporary changes in the Community Assessment Coordinator's responsibilities, but YouthCare anticipates that outreach will resume in October 2014 **(Figure 3)**.

Figure 3. Number of outreach, intakes, and completed Phone A consultations by quarter



METHODS

Project SAFE began outreach and marketing in the spring of 2013. Initially, YouthCare developed data collection instruments modeled after Cocoon House's Project SAFE instruments, and KCSARC began using these instruments when it received the first Project SAFE call in April 2013.

In July 2013, YouthCare engaged Cardea to conduct an independent evaluation of the development and implementation of the Project SAFE pilot. As part of this work, Cardea planned to develop revised data collection instruments, train KCSARC staff to implement the new instruments, monitor data collection, and analyze initial results.

Revisions to Project SAFE Data Collection Tools

Given the low call volume during the early phase of implementation, YouthCare, KCSARC, and Cardea agreed to delay the development and implementation of revised data collection instruments until early 2014, to leverage lessons learned from Cardea's parallel work with Cocoon House on an independent evaluation of five years (July 2008 – June 2013) of Project SAFE implementation.

From February – April 2014, Cardea worked with YouthCare and KCSARC staff to revise data collection instruments, based on KCSARC's experience to date and findings from its evaluation of Cocoon House's implementation of Project SAFE. Cardea made substantial revisions to the original instruments to replace many narrative fields with closed-ended/quantitative measures and to restructure the instruments to follow the flow of the conversation between the counselor and caller. KCSARC piloted the revised instruments at the end of April 2014. Based on the pilot, Cardea made additional revisions, and the final versions were implemented in early May 2014. The final and original instruments are included as Appendices A and B, respectively.

Measures

At intake, KCSARC staff document caller and youth demographic and background characteristics, including sex, age, and race/ethnicity. Staff collect additional information about the caller only, including household income level, (dis)ability, veteran status, refugee/immigrant status, and employment status. Callers are also asked about their relationship to the youth and living arrangements, as well as the youth's school, education level, and history of running away or leaving home.

During Phone A, the counselor documents additional information about the youth and family including the caller's reason(s) for contacting Project SAFE and additional concerns about the youth; household, family, or other circumstances that may be affecting the youth; impact of concerns about youth on the caller; stressors the caller is currently experiencing; caller aspirations for the youth; caller aspirations for self; sources of natural support; and specific action steps planned for the youth and the caller. At the beginning and end of Phone A and at the end of Phone B, the counselor documents the caller's level of hopefulness and frustration with the current situation, belief that the youth will be able to stay in the home, and level of motivation to work on changing the situation. During Phone B, the counselor also documents progress on each of the planned action steps and barriers affecting progress toward action steps.

Data Collection, Storage, and Extraction

During the initial intake call, KCSARC staff collect and enter demographic data into KCSARC's electronic case management database. Each case, caller, and youth are assigned a unique identifier.

Prior to Cardea's revision of the instruments, the counselor also documented all Phone A and Phone B data in KCSARC's electronic case management database. Given the relatively short timeline for the project and the extent

of revisions to the instruments, KCSARC decided to collect data on hard copies of the revised instruments, rather than integrating them into their electronic data base. However, KCSARC staff continued entering intake data into the electronic database.

Before Phone A, the counselor reviews intake data to prepare for the call. As of May 2014, the counselor transcribes this data onto the revised intake form. Intake forms for callers who did not participate in Phone A are not transcribed. During Phone A, the counselor solicits any missing intake data and completes the Phone A instrument. During Phone B, the counselor completes the Phone B instrument.

KCSARC exported PDF files for all Project SAFE quantitative and qualitative data stored in its case management database. In addition, it scanned all data collected on hard copy instruments. All files were periodically transferred to Cardea via secure, encrypted email and/or hand-delivered hard copies.

Data Management and Cleaning

Cardea developed a data entry template in Excel 2010 and entered all project data. Data collected in narrative text fields on the original instruments were coded according to quantitative fields on the revised instruments. Any coding inconsistencies or other questions were clarified with KCSARC staff.

Cardea created three composite variables to use in analyses:

1. *Race/ethnicity*—creation of a single race/ethnicity measure for Hispanic/Latino callers, due to homogeneity in caller-reported race among Hispanic/Latino clients
2. *Callers' ongoing concerns about youth*—creation of a single measure which combined "particular incident or concerns that prompted you to call today" with "additional concerns about youth," as these were not differentiated in the same way on the original version of the data collection instruments
3. *Total number of action steps*—creation of a single summary measure that tallied the number of action steps for the caller and the youth

Analysis

All data were imported into SPSS version 19 for analysis. Data from three sets of callers were analyzed separately: 1) the full dataset of 41 callers who completed an intake call, 2) a reduced dataset of 25 callers who also completed Phone A, and 3) a further reduced dataset of eight callers who also completed Phone B.

Frequencies were run on all measures, and those with more than 40% missing data were not reported. Some fields were not consistently documented, prior to revision of the instruments, and this is indicated in tables as "data not available." Given the small number of records, no comparisons were made between sets of callers, and no crosstabs or tests for statistical significance were performed. Means and medians were computed for continuous measures.

For readability, both numbers and percentages are reported for callers who completed intake and Phone A. However, caution should be used in interpreting findings, since the small sample size may compromise accuracy. In addition, percentages are not presented for the eight callers who completed Phone B because of the small sample size.

Interviews and Additional Context

In October 2014, Cardea conducted brief, semi-structured qualitative interviews with four YouthCare staff and two KCSARC staff to gather information on program implementation, as well as barriers/facilitators to implementation and initial thoughts about Project SAFE. To provide additional context for this report, YouthCare provided logs of outreach activities, copies of parenting class evaluations, and progress toward other benchmarks, as needed.

RESULTS

During the period April 19, 2013 through September 30, 2014, 41 callers contacted Project SAFE. Of these callers, 25 (61%) scheduled and completed Phone A, and eight of the Phone A callers (32%) completed Phone B.

REFERRAL SOURCES

Consistent with outreach and marketing efforts, callers learned about Project SAFE through a variety of sources. The most common referral sources were agencies serving homeless and at-risk youth and their families. Seven callers (17%) listed YouthCare as their referral source. While YouthCare's primary service population is homeless youth and young adults, some parents and caregivers contact YouthCare with concerns about their youth, and YouthCare staff are encouraged to direct these parents and caregivers to Project SAFE. KCSARC staff referred 14 callers (34%) who sought help through their agency intake, resource line, or legal advocacy. Friends of Youth also referred five callers (12%). Other referral sources are described in **Table 1**.

Table 1. Project SAFE referral sources (N=41)

Referral Source*	Number	%
KCSARC	14	34
YouthCare	7	17
Friends of Youth	5	12
Friend/family	3	7
Juvenile court/law enforcement	2	5
School	2	5
Support group	1	2
Child Protective Services	1	2
Advertising (posters)	1	2
Other service provider	7	17
Not specified	2	5

*3 callers mentioned multiple referral sources

CHARACTERISTICS OF CALLERS

Nearly all callers were female (88%). The median age of callers was 47 years, with an age range of 30 to 61 years. Of those with documented race/ethnicity, more than one-third (37%) were non-Hispanic white, 17% were black/African American, and less than 10% were of other races or Hispanic/Latino. Over one-third (37%) of callers identified as (dis)abled, and only 15% were employed full-time. Age was missing for about one-quarter (24%) of callers, and race/ethnicity was missing for nearly one-third (32%) of callers. However, data completion improved after the new instruments were implemented **(Table 2)**.

Table 2. Demographics of Project SAFE callers (N=41)

Caller Demographics	Number	%
Sex		
Female	36	88
Male	4	10
Data not available	1	2
Age range		
30-39 years	8	20
40-49 years	12	29
50 years and older	11	27
Data not available	10	24
Race/Ethnicity		
Non-Hispanic white	15	37
Black/African American	7	17
Native Hawaiian/ Other Pacific Islander	3	7
Hispanic/Latino	2	5
Asian	1	2
Data not available	13	32
(Dis)abled	15	37
Veteran	3	7
Refugee	2	5
Employment status		
Full-time	6	15
Part-time	1	2
Unemployed, seeking work	2	6
Unemployed, not seeking work	4	10
Data not available	1	2

Callers sought consultation for female (54%) and male youth (46%) at relatively equal rates. The median age of youth was 15 years, with an age range of 10 to 18 years. Nearly 40% of youth were non-Hispanic white, and over one-quarter (27%) were black/African American. Race/ethnicity was missing in 12% of cases **(Table 3)**.

Table 3. Demographics of Project SAFE youth (N=41)

Youth Demographics	Number	%
Sex		
Female	22	54
Male	19	46
Age range		
10-12 years	1	2
13-15 years	24	59
16-18 years	16	39
Race/Ethnicity		
Non-Hispanic white	16	39
Black/African American	11	27
Hispanic/Latino	3	7
Asian	2	5
Native Hawaiian/ Other Pacific Islander	2	5
American Indian/Alaska Native	0	0
Two or more races	2	5
Data not available	5	12

In 82% of cases, the caller was the youth's parent, and, in about three-quarters of cases (76%), the caller was the youth's mother. Of the remaining seven callers, most were adult relatives of the youth. In all cases where data were available, the youth lived with the caller; over half (56%) lived with their mothers only, and one in five (22%) lived with two parents in one house. Nearly half (49%) of youth were living with a single adult **(Table 4)**.

Table 4. Contextual factors of youth's environment (N=41)

Contextual Factor	Number	%
Caller's relationship to youth		
Mother	31	76
Father	3	7
Other	7	17
Youth lives with caller		
Full-time	36	88
Part-time	2	5
Data not available	3	7
Adults with whom youth lives		
Two parents in one house	9	22
Splits time between two parents' houses	1	2
Mother only	23	56
Father only	1	2
Grandparents	1	2
Other	3	7
Data not available	3	7
Household size (including youth)		
2 members	20	49
3 or more members	18	44
Data not available	3	7

Nearly three-quarters of youth (71%) had run away or left home at least once. Half of the youth (52%) were still living out of the home at the time of Phone A. Of the 20 calls in which the youth's reason for leaving home was documented, 19 callers (95%) indicated that the youth had run away. Of the 26 calls in which the youth's living situation was specified, one-quarter of callers (27%) said the youth stayed with friends, and nearly 15% reported that the youth stayed with other family members **(Table 5, next page)**.

Table 5. Youth's history of running away/leaving home (N=41)

Youth's History	Number	%
Youth ever ran away or left home	29	71
Ran away (N=21)	18	86
Currently living out of home (N=29)	15	52
Where did youth stay? (N=26)		
Friends	11	27
Other family	6	15
Shelter	2	5
Other	3	7
Don't know	4	10
Data not available	15	37

PHONE A – 90 MINUTE PHONE CONSULTATION

Concerns about Youth and Circumstances Affecting Relationship

Callers' most common ongoing concerns about their youth were problems in school (64%); disrespectful or defiant behaviors such as lying, breaking rules, and general rudeness (68%); anger issues (60%); running away (52%); and mental health issues (68%). Nearly half of callers reported that their youth (48%) had experienced sexual assault. No callers reported youth experiencing issues related to sexual orientation or gender identity. Other concerns included considering alternative housing options, (e.g., group home) for youth (12%) and indicating that the youth had committed sexual assault (12%). Eighty-four percent (84%) of callers reported five or more concerns about their youth **(Table 6)**.

Table 6. Callers' ongoing concerns about youth (N=25)

Concern	Number	%
Problems at school	16	64
Performance	12	48
Attendance	8	32
Behavioral concerns		
Disrespectful or defiant	17	68
Anger issues	15	60
Running away	13	52
Abusive or threatening	8	32
Criminal or illegal activity	7	28
Health		
Mental health issues	17	68
Drug/alcohol use	8	32
Sex/pregnancy/teen parent	9	36
Youth disability	1	4
Sexual assault/abuse victim		
Sexual assault	12	48
Physical abuse	4	16
Sexual exploitation	1	4
Social life		
Friends – bad influence	6	24
Socially isolated	7	28
Bullying victim	2	8
Other	7	28

Callers were also asked to describe any additional context or family issues that may be affecting the youth. In more than two-thirds of cases (68%), the youth lived in a single parent household, and in one-quarter of cases (28%) the youth had experienced changes in parent or guardianship. Concerns about parent/caregiver health were very common. More than one-third of youth (36%) had a parent/caregiver who struggles with mental health issues, and one-quarter (24%) had a parent/caregiver who abuses substances. In 40% of cases, the youth had witnessed domestic violence (24%) and/or sexual assault (24%). About three quarters of callers (76%) reported other family issues such as parent/caregiver disagreements and death/illness of a close family member or friend **(Table 7, next page)**.

Table 7. Additional context and family issues (N=25)

Context/Issue	Number	%
Parent/Caregiver health		
Mental health	9	36
Substance abuse	6	24
Physical health or disability	2	8
Family composition		
Parent – single, absent, or divorced	17	68
Youth's parent/guardian changed	7	28
Domestic violence/sexual assault		
Youth witnessed domestic violence	6	24
Youth witnessed sexual assault	6	24
Basic needs		
Family homelessness	2	8
Family poverty	4	16
Other	19	76

Impact of Situation on Caller

When asked how the situation with their youth was impacting them, nearly all callers (84%) cited emotional distress, such as fear, stress, exhaustion, sadness, guilt, feeling overwhelmed, and helplessness. Other impacts included physical symptoms, such as not sleeping, illness, or health problems (16%); effects on other children in the family (16%); fear of their youth (12%); and effects on the family's employment/finances (18%). No callers reported that alcohol or drug use was induced or exacerbated by challenges with their youth **(Table 8)**.

Table 8. Impact of situation on caller (N=25)

Impact	Number	%
Emotional distress	21	84
Physical symptoms	4	16
Affecting other children	4	16
Afraid of the youth	3	12
Affecting employment/finances	2	8
Other	1	4

Callers were also asked about additional stressors beyond the issues with their youth. Forty percent (40%) of callers reported no additional stressors; however, the remaining 60% reported significant sources of stress. Two-fifths of callers (40%) reported experiencing mental health issues. One in four (24%) reported domestic violence, and one in five (20%) reported substance use. Callers also reported stressors such as sexual abuse (16%) and death of a loved one (16%). No callers reported stressors associated with being a foster parent or any criminal or legal issues **(Table 9)**.

Table 9. Additional stressors caller is currently experiencing (N=25)

Stressor	Number	%
Mental health	10	40
Domestic violence	6	24
Substance use	5	20
Sexual abuse	4	16
Death of a loved one	4	16
Physical disability	1	4
Family separation or divorce	1	4
Other	3	12
None	10	40

Caller Aspirations and Natural Supports

After characterizing the situation with the youth, the counselor encouraged callers to consider the positive outcomes they would like to achieve. Half of callers (52%) reported that they wanted their youth to succeed in school. Nearly three-quarters (72%) indicated that they wanted their youth to have a happy and healthy life, which included feeling confident, being proud, engaging in extracurricular activities, having good friends, and achieving goals. Nearly half of callers (48%) hoped their youth would stop disrespectful or defiant behaviors. Forty-four percent (44%) wanted their youth to receive mental health evaluation or treatment, and nearly one-third (32%) hoped their youth would return or stay home and not run away **(Table 10, next page).**

Table 10. Callers' aspirations for the youth (N=25)

Aspiration	Number	%
School success	13	52
Outlook and relationships		
Happy and healthy	18	72
Engage with family	9	36
Behavior changes		
Stop disrespectful/defiant behaviors	12	48
Mental health evaluation/treatment	11	44
Return/stay home	8	32
Other	6	24

When asked about aspirations for themselves, three-quarters of callers (76%) said they wanted a better relationship with their youth, and half (52%) just wanted to "feel better." A small number expressed desires for self-care or self-improvement, such as recreation or relaxation activities or education or career development **(Table 11)**.

Table 11. Callers' aspirations for self (N=25)

Aspiration	Number	%
Outlook and relationships		
Better relationship with youth	19	76
Feel better	13	52
Self-care/improvement		
Recreation/relaxation activities	3	12
Education or career development	2	8
Other	3	12

The counselor also asked callers who they naturally turn to for support. The most common response was friends (60%). About a third of callers turned to family (36%) or support groups/counseling (32%). Only one in five (20%) relied on a spouse or partner for support. Callers most commonly reported two distinct sources of support **(Table 12)**.

Table 12. Callers' natural supports (N=25)

Support	Number	%
Friends	15	60
Family	9	36
Support group or counseling	8	32
Spouse/partner	5	20
Religious institution	3	12
Solo relaxation activities	3	12
Other	1	4
No natural support	2	8
Median number of supports = 2		

At the end of Phone A, the counselor assisted callers in developing an action plan, with specific action steps for both the caller and youth. The counselor most commonly recommended three action steps per youth, and all calls documented at least one action step for youth. About a third of youth (32%) were referred to KCSARC services, including trauma-focused counseling services (7 youth) and legal services (1 youth). Two of these eight youth had already accessed the recommended service at the time of Phone A. Only one youth was referred to YouthCare case management, and that youth had already accessed case management at the time of Phone A.

The counselor recommended extracurricular activities for nearly half of youth (44%), and external counseling or mental health services for about a third of youth (32%). One in five were referred for drug or alcohol assessment/treatment **(Table 13, next page)**.

Table 13. Specific action steps for youth (N=25)

Action Step	Number	%
Internal services for youth		
KCSARC services	8	32
YouthCare services	1	4
External services for youth		
Extracurricular activities	11	44
Counseling or mental health	8	32
Drug or alcohol assessment/treatment	5	20
Other services	3	12
Behavior changes		
Respect parents/follow rules/ARY†	9	36
Spend time with family	8	32
School – improve attendance and/or performance	7	28
Other	7	28
Median number of action steps = 3		

Table 14. Specific action steps for caller (N=25)

Action Step	Number	%
KCSARC services for caller	12	48
Parenting classes	10	40
Other KCSARC services	4	16
External services for caller		
Parenting support group	6	24
Counseling or mental health	6	24
ARY† or CHINS‡	6	24
Basic needs (e.g. SSI, shelter)	1	4
Other services	6	24
Skills and relationships		
Relationship building	23	92
Specific parenting skills	10	40
Recreation/relaxation time	2	8
Median number of action steps = 3		

The counselor most commonly recommended three action steps per caller, and at least one action step was documented for all callers. Nearly half of callers (48%) were referred to KCSARC services, most commonly Project SAFE parenting classes. Four callers (16%) were referred to individualized parent eduction services related to sexual assault and/or physical abuse. About one-quarter of callers were referred to support groups, counseling or mental health services, At-Risk Youth (ARY)† petitions or Child in Need of Services (CHINS)‡ orders, and other support services. The counselor nearly always recommended specific activities to improve the caller's relationship with their youth (92%) and coached 40% of callers on specific parenting skills **(Table 14)**.

Immediate Outcomes — Phone A

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

On a scale of 1-5, 1 being minimal and 5 being extremely high, how hopeful are you that, with help, the situation can get better?

On a scale of 1-5, 1 being minimal and 5 being extremely high, how frustrated do you feel?

On a scale of 1-5, 1 being minimal and 5 being extremely high, what is your belief that your child will be able to stay in the home? (i.e., not run away, or be asked to leave the home)

On a scale of 1-5, 1 being minimal and 5 being extremely high, what is your motivation level to work on changing this situation?

† 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.

‡ 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.

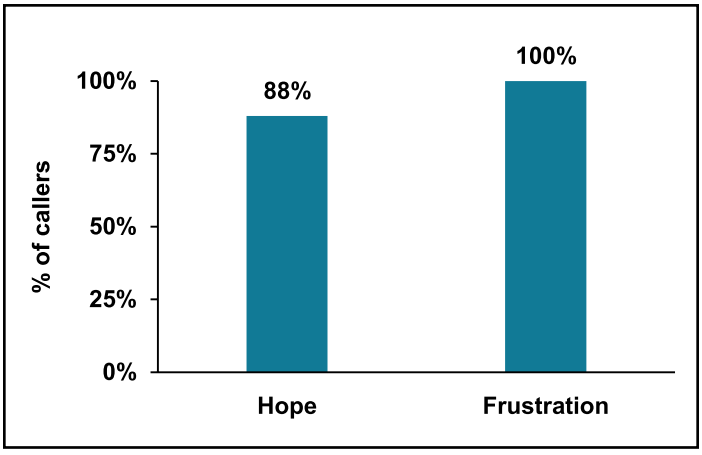
Overall, callers reported minimal to low hope and extremely high frustration at the beginning of Phone A. In addition, callers had minimal to low expectations that their youth would be able to stay in the home, but reported high to extremely high motivation to change the situation at the beginning of Phone A (**Table 15**).

Table 15. Callers' outlook at beginning of Phone A (N=25)

Measure	Average Rating	
	Start of Call	End of Call
Hope	2.4	4.5
Frustration	4.5	1.9
Belief youth will stay in the home	2.6	N/A
Motivation	4.3	N/A

At the end of Phone A, nearly all callers reported being more hopeful (88%), and all reported being less frustrated than at the beginning of the call. Callers' belief that the youth would be able to stay in the home and motivation to change situation were not captured at the end of Phone A, until KCSARC began using the new instruments in early May 2014 (**Figure 4**).

Figure 4. Percent of callers reporting improvement from beginning to end of Phone A (N=23)



SHORT-TERM OUTCOMES — PHONE B

Follow-up data were only available for eight callers. While the number of callers is small, these preliminary data suggest positive outcomes of Project SAFE.

At the beginning of Phone B, callers were asked to respond to the same set of Likert-scaled questions that were asked at the beginning and end of Phone A. Callers reported more hope and less frustration than they had before participating in Phone A. Seven of eight callers reported greater hope, and all reported less frustration than they had at the beginning of Phone A. In addition, half of callers reported a stronger belief that the youth would be able to stay in the home.

Among the eight callers, the total number of action steps planned during Phone A ranged from four to eight, with an average of five action steps per call (2.8 per caller and 2.6 per youth). By Phone B, all eight callers reported progress toward at least one of the planned action steps, and half had made progress toward all of the planned action steps.

Furthermore, callers reported that both they and their youth were following through on their planned action steps. Seven of eight callers and seven of eight youth had made progress on at least one of their planned action steps, while five of eight callers and five of eight youth had made progress toward all of their planned action steps.

Callers were also asked about barriers that had prevented them from following through on any action steps. Callers reported barriers, including lack of resources (2 callers), lack of time/scheduling conflicts (2 callers), lack of available services (2 callers), youth had not returned home (1 caller), and insufficient insurance coverage.

PSYCHO-EDUCATIONAL PARENTING CLASSES

The psycho-educational parenting classes are designed to help parents/caregivers build a better understanding of adolescent development, recognize different communication styles, and learn effective parenting strategies (e.g., positive discipline) for dealing with their youth.

Participant feedback from the April and September 2014 classes was overwhelmingly positive. When surveyed, 100% of participants agreed or strongly agreed with the following statements for all classes:

- This training increased my knowledge and understanding of the subject matter.
- This training increased my skills to apply the information in real life situations.
- This training motivated me to practice these skills in my daily life.
- I plan to use the information I learned in this training with my child.

> *The parent education has been a big positive thing. People have ah-ha moments in every session…. Within any group session, they find support… "I'm not alone in this." It bolsters them up. You know, "I can do this." We're giving them a framework to work through problems with.*
>
> —KCSARC staff

DISCUSSION

The purpose of this report was to:

1. Provide an overview of the development and implementation of the Project SAFE pilot from April 1, 2013 – September 30, 2014
2. Increase understanding of the extent to which the Project SAFE pilot is meeting outputs and short-term outcomes, as outlined in the project logic model
   - Describe parents and caregivers who accessed Project SAFE, including demographic and other background characteristics, as well as reasons for calling and ongoing concerns
   - Highlight services provided during the phone consultations, including action plans developed and referrals to both YouthCare and KCSARC programs and other external services
3. Describe efforts to build YouthCare and KCSARC's capacity to use data to inform mid-course corrections and to document program impacts

There has been significant investment in development and implementation of this pilot, and YouthCare and KCSARC are positioned for success

With support from funders and Cocoon House, YouthCare and KCSARC successfully launched the Project SAFE pilot. YouthCare and KCSARC have leveraged their respective expertise in working with homeless youth and young adults and in working with families to begin supporting youth and their parents/caregivers through Project SAFE. In addition, KCSARC is now using data collection tools that will facilitate ongoing monitoring and evaluation of Project SAFE.

Continued outreach and marketing will be critical to Project SAFE's success

The Project SAFE pilot has been in place for about a year and a half. Cocoon House has offered Project SAFE for more than a decade and, as a well-known resource in Snohomish County, provides about 300 consultations per year through Project SAFE. After YouthCare hired a part-time Community Awareness Coordinator, outreach dramatically increased, and there was a corresponding increase in Project SAFE's overall call volume, as well as an increase in the number of completed Phone A consultations. Continued investments in outreach and marketing will be critical to the success of Project SAFE in King County.

> *Getting into the schools is hard… would be great if we could get in touch with counselors or administration. It's a big piece. I think this will be a key part in outreach. The school is in touch with the parent.*
>
> —YouthCare staff

Supportive services are important to offer alongside Project SAFE

Currently, YouthCare and KCSARC only have resources to offer four psycho-educational parenting classes per quarter. In addition, YouthCare continues to explore ways to serve parents and caregivers of youth at risk of homelessness, as well as the homeless youth and young adults with whom it has traditionally worked. In contrast, Cocoon House has the infrastructure to offer a range of services for parents and caregivers that facilitate linkage to services. Continued investments in supportive services will contribute to the success of Project SAFE in King County.

> *It's a 90-minute phone conversation.*
> *We talk about their history.*
> *We talk about the past.*
> *It opens the door, and it's like leaving them hanging and…we've unleashed a lot of things they haven't talked about,*
> *so what do we do with those parents afterward?*
>
> *Cocoon House...[has]this array of services…*
> *so it's trying to find something for the parents because you want them to have buy-in and want to reach their goals,*
> *but where is their support system around that?*
> *There is some difficulty around that.*
>
> —KCSARC staff

Project SAFE supports a diversity of families facing serious challenges

Most Project SAFE consultations were with female callers, and nearly half of callers for whom data were available were people of color. Project SAFE primarily served youth age 13-18 years. More than half were youth of color. Nearly three-quarters of youth had run away or left home at least once, and nearly half of youth had experienced sexual assault.

Callers report distress, due to ongoing concerns about their youth

Callers reported extremely high frustration and minimal to low belief that their youth would be able to stay in the home. Most reported several distinct concerns about their youth, including problems at school, behavioral concerns, and mental health issues. More than one-third of callers reported mental health issues, and nearly one-quarter reported substance abuse issues.

Despite ongoing concerns, callers have positive aspirations for their youth

Over half of callers said they wanted their youth to succeed in school. Nearly three-quarters indicated that they wanted their youth to have a happy, healthy, or fulfilling life. Three-quarters of callers said they wanted a better relationship with their youth.

Callers' outlook improved, and there was significant progress on action plans

At the end of Phone A, nearly all callers reported being more hopeful, and all reported being less frustrated than at the beginning of the call. While Phone B data were limited, nearly all callers reported greater hope, and all reported less frustration than they had at the beginning of Phone A. In addition, all callers reported progress toward at least one of the planned action steps for them and their youth, and half had made progress toward all of the planned action steps.

CONCLUSION

YouthCare and KCSARC are positioned for success with Project SAFE in King County. Despite the challenges and short duration of the Project SAFE pilot, YouthCare and KCSARC staff were already able to tell stories about the positive impact of Project SAFE. The majority of staff identified the parenting classes as one of Project SAFE's greatest accomplishments to date.

When asked to provide specific examples of success stories, YouthCare staff shared the degree of family reunification they witnessed as a result of Project SAFE. One staff member described working with two families with high-needs youth who had run away, but returned home after their parents connected with Project SAFE. The staff member received feedback from other parents and caregivers who used Project SAFE and said it helped them build empathy for their youth and understand different communication styles.

Similarly, KCSARC staff shared the story of a family in which both parents participated in Project SAFE, including the parenting classes. The parents connected with Project SAFE because their youth had become obsessed with video games, subsequently withdrawing from them and dropping out of school. Project SAFE provided the parents with tools for improving their relationship with their youth and helped the parents develop an action plan for getting their youth back on track. A few months later, the mother called KCSARC to report on her youth's progress. The youth re-enrolled in school, applied for jobs, and started communicating again. The mother shared that her family could not have done it without the support of Project SAFE.

> *"What makes Project SAFE different is that it's a brief intervention and that's unique… something the community really needs. [We're] meeting families literally where they're at…. We're free, flexible, and accessible. It's really valuable."*
>
> — YouthCare staff

While Project SAFE is still in a developmental phase, Cocoon House's success in fostering family cohesion and preventing youth homelessness suggests that YouthCare and KCSARC's implementation may yield similar results in King County. In addition, information from a variety of sources suggest that Project SAFE in King County have potential to be cost saving. A cost-benefit analysis conducted by New Avenues for Youth found that $5.04 is saved for every dollar spent on prevention and early intervention for homelessness.[12] Anecdotal data, including stories about family reunification, suggest that the Project SAFE pilot has yielded positive results for youth and their parents/caregivers. In contrast, at YouthCare, the cost of an average shelter stay for a youth under 18 years of age is approximately $3,000,† 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.[10,12-15]

Given the results to date, we anticipate that Project SAFE will continue to contribute to parents'/caregivers' desire and effort to reconcile conflict and improve their relationship with their youth and support the overall goals of King County's Homeless Youth and Young Adult Initiative.

† Based on a cost of $150 per youth per night at YouthCare's emergency youth shelter, and an average shelter stay of 21 days for youth under age 18 (based on data from Safe Harbors, King County's Homeless Management Information System)

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APPENDIX A: REVISED PROJECT SAFE TOOLS

REVISED PROJECT SAFE TOOLS

Intake

Phone A

Phone B

Appendix A: Revised Project SAFE Tools — Intake

King County Sexual Assault Resource Center

end the silence

Project Safe Intake Form

Draft 04.30.2014

INITIAL CALL INFORMATION – to be completed during initial phone call

Caller contact information:

Client Case #:

First Name: Last Name:

Caller's DOB / / *month / day / year*

Street Address:

City: Zip:

Phone (Day): Phone (Evening): Phone (Cell): Email:

Referred By (please be specific):

Initial Call Date: / / *month / day / year*

Phone A Date scheduled: / / *month / day / year*

CALLER DEMOGRAPHICS

1. Average Annual Income for household: $_____

2. What is your employment status?

- ☐ Employed full-time
- ☐ Employed part-time
- ☐ unemployed – seeking work
- ☐ unemployed – not seeking work

3. Check all that apply

- ☐ Parent disability
- ☐ Refugee/immigrant
- ☐ Veteran

4. Caller's Race/Ethnicity (check all that apply)

- ☐ American Indian, Alaska Native, Aleut, or Eskimo
- ☐ Asian
- ☐ African/African-American
- ☐ Hawaiian Native, Pacific Islander
- ☐ Spanish/Hispanic/Latino
- ☐ White

5. Caller's gender

- ☐ Male
- ☐ Female
- ☐ Transgender Male to Female
- ☐ Transgender Female to Male

YOUTH DEMOGRAPHICS

6. Name of youth: First: Last:

7. Youth's DOB: / / *month / day / year*

8. Youth's Age: ___ years

9. Caller's relationship to youth:

- ☐ mother
- ☐ father
- ☐ grandparent
- ☐ foster parent
- ☐ other, specify: ____

10. Youth's Race/Ethnicity (check all that apply)

- ☐ American Indian, Alaska Native, Aleut, or Eskimo
- ☐ Asian
- ☐ African/African-American
- ☐ Hawaiian Native, Pacific Islander
- ☐ Spanish/Hispanic/Latino
- ☐ White

11. Youth's gender

- ☐ Male
- ☐ Female
- ☐ Transgender Male to Female
- ☐ Transgender Female to Male

12. Name of youth's school: _____

- ☐ Not currently attending school

13. Current year in school (mark highest grade completed if youth is not currently attending school)

- ☐ 5th grade
- ☐ 6th grade
- ☐ 7th grade
- ☐ 8th grade
- ☐ 9th grade
- ☐ 10th grade
- ☐ 11th grade
- ☐ 12th grade
- ☐ Other, specify: _____

Appendix A: Revised Project SAFE Tools — Intake

King County Sexual Assault Resource Center

end the silence

Project Safe Intake Form

Draft 04.28.2014

HISTORY OF RUNNING AWAY

14. Has the youth ever run-away or left home:

- ☐ Yes, ran away or left caller's home
- ☐ Yes, ran away or left a different parent/guardian's home
- ☐ No -- *If no, skip to ADDITIONAL YOUTH INFORMATION*

15. How many total times has the youth run-away or left home (including this time)?

- ☐ This is the first time
- ☐ 1-3 times
- ☐ 4 or more times

16. What's the longest amount of time that youth has been out of the home?

- ☐ Less than 1 week, specify # of days =_____
- ☐ 8 days -1 month
- ☐ 1-6 months
- ☐ 7-12 months
- ☐ More than 12 months
- ☐ Don't know

17. Is Youth currently living out of the home?

- ☐ Yes
- ☐ No

16a. If yes, why?

- ☐ Ran away
- ☐ Told to leave, specify why: _____
- ☐ Other, specify: _____

18. When youth ran away, where did they stay/ are they staying?

- ☐ Shelter
- ☐ streets/outside/place not meant for habitation
- ☐ With other family (not Parent/Guardian)
- ☐ With friends
- ☐ Other:
- ☐ Don't Know

ADDITIONAL YOUTH INFORMATION

If parent reports youth has run/left home in the past, please use the references to "home"

19. *[When youth is "at home"]* does the youth live with the caller?

- ☐ full-time
- ☐ part-time
- ☐ no

14a. If no, does caller have any contact with the youth?

- ☐ yes
- ☐ no -- court ordered
- ☐ no -- other reason. Please describe: _____

_____

20. *[When youth is "at home"]* with whom does the youth live?

- ☐ both parents together in one house
- ☐ both parents, separate homes
- ☐ just mother
  Partner/Spouse living in home: ☐ Yes ☐ No
- ☐ just father
  Partner/Spouse living in home: ☐ Yes ☐ No
- ☐ grandparent(s)
- ☐ foster parent(s)
- ☐ other, specify: ____

19a. Has this ever changed? (ie. has the youth ever lived with a different parent/guardian?)

- ☐ yes
- ☐ no

21. How many people live in the youth's home? _____

22. ☐ **Phone A not completed.**
Please specify number of attempted calls: _____

23. ☐ **Phone B not completed.**
Please specify number of attempted calls: _____

Additional notes about youth's family composition	
Mother	If partner/Spouse living in home:
Father	Name
Siblings/Age:	Age/DOB
	Relationship to Youth (bio/step/none)
Other Significant Adults: Name:	
Age: Living in home: ☐ Yes ☐ No	
Relationship to Youth:	

Appendix A: Revised Project SAFE Tools — Phone A

King County Sexual Assault Resource Center

end the silence

Project Safe Phone A **Revised 5.05.2014**

CALLER INFORMATION

Client Case #:

Caller Name: First: Last:

Caller's DOB / / *month / day / year*

Name of youth: First: Last:

Youth's DOB: / / *month / day / year*

Phone A Date completed: / / *month / day / year*

Please ask the parent the following questions at the BEGINNING of the call:
On a scale of 1-5, 1 being minimal and 5 being extremely high please answer the following questions

(1) How hopeful are you that, with help, the situation can get better?

Minimal Extremely high
1 ---------- 2 ---------- 3 ---------- 4 ---------- 5

(2) How frustrated do you feel?

Minimal Extremely high
1 ---------- 2 ---------- 3 ---------- 4 ---------- 5

(3) What is your belief that your child will be able to stay in the home? (ie. not run away, or be asked to leave the home)

Minimal Extremely high
1 ---------- 2 ---------- 3 ---------- 4 ---------- 5

(4) What is your motivation level to work on changing this situation?

Minimal Extremely high
1 ---------- 2 ---------- 3 ---------- 4 ---------- 5

Appendix A: Revised Project SAFE Tools — Phone A

King County Sexual Assault Resource Center

end the silence

Project Safe Phone A **Revised 5.05.2014**

Use the table below to mark responses to questions (5) and (6).

(5) Was there a particular incident or concerns that prompted you to call today?
(6) Do you have additional concerns about [youth's name]? What are they?
(may probe for the items below)

Concerns about youth	(5) Reason(s) for calling today *check up to 3*		(6) Additional concerns *Check all that apply*
Behavioral concerns			
Anger issues	❒		❒
Behavioral issues (disrespectful, defiant, lying, manipulating, rule breaking)	❒		❒
Drugs or alcohol	❒		❒
Abusive, violent or threatening to others	❒		❒
Running away	❒		❒
Criminal or illegal activity	❒		❒
School			
School - falling behind (include learning challenges and disabilities where referenced)	❒		❒
School - dropping out or stop attending	❒		❒
Bullying victim	❒		❒
Health			
Mental health issues (including suicidal, cutting, etc…)	❒		❒
Sex/pregnancy/teen parent	❒		❒
Youth disability	❒		❒
Sexual Assault and Abuse			
Youth has experienced sexual assault If yes, is perpetrator a family/household member? ❒ yes	❒		❒
Youth has experienced physical abuse	❒		❒
Youth has experienced sexual exploitation	❒		❒
Social life			
Friend(s) are a bad influence	❒		❒
Socially isolated	❒		❒
Other			
Issues related to sexual orientation or gender identity	❒		❒
Other, please describe: _____ _____	❒		❒
None indicated	❒		❒

Appendix A: Revised Project SAFE Tools — Phone A

King County Sexual Assault Resource Center

end the silence

Project Safe Phone A **Revised 5.05.2014**

(7) Are there any household, family, or other circumstances that may be affecting the youth?

Circumstances	Yes
Parent/Guardian health	
Parent/guardian mental health	❒
Parent/guardian substance abuse	❒
Parent/guardian physical health or disability	❒
Custody	
Parent - single, absent, or divorced	❒
Youth has experienced custody changes or changed living situation	❒
Violence	
Youth witness to domestic violence	❒
Youth witness to sexual assault	❒
Basic needs	
Family homelessness	❒
Family poverty	❒
Other	
Other family issues (e.g. parents fighting, parent(s) involved in crime or jail, death or illness of close family or friend, parent had dysfunctional childhood)	❒
Other, please describe	❒
No household/family circumstances indicated	❒

(8) Impact of concerns (about youth) on caller:

	Yes
Alcohol or drug use (induced or exacerbated by challenges with youth)	❒
Emotional distress (fear, stress, exhaustion, sadness, guilt, overwhelmed, helpless)	❒
Physical symptoms (not sleeping, illness, health problems)	❒
Employment or finances (fear of losing job, lost job)	❒
Negatively impacting other children in the family	❒
Caller is afraid of the youth	❒
Other (please describe):	❒

(9) Stressors caller is currently experiencing:

Stressors	Yes
Mental health	❒
Substance use	❒
Physical disability	❒
Sexual abuse	❒
Domestic violence	❒
Stress of being a foster parent	❒
Family separation or divorce	❒
Death of a loved one	❒
Criminal or legal issues (self, partner, or other family member – not the youth)	❒
Other (please describe):	❒

Appendix A: Revised Project SAFE Tools — Phone A

King County Sexual Assault Resource Center

end the silence

Project Safe Phone A **Revised 5.05.2014**

(10) Aspirations for the youth (what would you like to see happen for your teen? What would it look like if your teen were doing better?):

Aspirations	Yes
Happy and healthy (confident, proud, extracurricular activities, have good friends, achieve goals)	❒
Address behavioral issues (responsible, respectful, better communication, honesty)	❒
Engage more with family	❒
School - go back, attend, graduate and/or improve performance in school	❒
Return home/doesn't run away	❒
Mental health evaluation or treatment	❒
Other: please describe	❒

(11) Caller aspirations for self: (what would you like to see shift for you? What would it look like if you were doing better? Objectives)

Aspirations	Yes
Better relationship with youth (trust, let go, time with family, improve communication skills, be a good parent)	❒
Feel better - happy, energetic, relaxed, worry less, peaceful/safe at home	❒
Education or career development	❒
Recreation/relaxation activities	❒
Other: please describe	❒

(12) Natural supports: (where do you go to get some support? What have you done in the past?)

Natural Supports	Yes
Family member(s)	❒
Friends	❒
Spouse, partner, or significant other	❒
Religious institution	❒
Support group, counseling, etc.	❒
Solo relaxation activities	❒
Lacking natural supports	❒
Other (please describe):	❒

Appendix A: Revised Project SAFE Tools — Phone A

King County Sexual Assault Resource Center

end the silence

Project Safe Phone A Revised 5.05.2014

(13) Specific action steps for youth:

Action Steps	Yes	Check this additional box if client has already begun this services at time of call:
Referrals for internal services		
YouthCare Case Management services	❒	❒
YouthCare other services (specify which: _____)	❒	❒
KCSARC trauma-focused counseling	❒	❒
KCSARC other services (specify which: _____)	❒	❒
Referrals to other external services:		
Counseling – For Youth OR Youth & Families	❒	
Mental Health Assessments	❒	
Drug and Alcohol Assessments	❒	
Drug or alcohol treatment	❒	
Other services (anger management classes, support groups, basic needs)	❒	
Extracurricular activities (sports, YMCA, art classes, Big Brothers, etc.)	❒	
Behavior changes		
Respect parents, follow rules, follow ARY	❒	
School – improve attendance and/or performance	❒	
Spend time with family	❒	
Other (please describe):	❒	

(14) Specific action steps for parent:

Action Steps	Yes	Check this additional box if client has already begun this services at time of call:
Referrals for internal services		
KCSARC Project Safe parenting workshops	❒	❒
KCSARC – Adult survivor group	❒	❒
KCSARC – Adult trauma therapy	❒	❒
KCSARC other services (specify which: _____)	❒	❒
Referred to other external services		
Parenting Support Group	❒	
Counseling for parents with insurance	❒	
Counseling for parents WITHOUT insurance	❒	
Mental Health Assessment	❒	
Drug and Alcohol Assessment	❒	
Drug or alcohol treatment	❒	
Basic needs (e.g. SSI, shelter)	❒	
Other, specify: _____	❒	
Behavior changes		
Implement specific parenting skills (establish rules discipline boundaries consequences, not micromanaging, Positive Discipline book)	❒	
Relationship building with youth (time together, communication skills, cooking for child)	❒	
ARY or CHINS	❒	
Recreation/relaxation time	❒	
Other: please describe	❒	

Appendix A: Revised Project SAFE Tools — Phone A

King County Sexual Assault Resource Center

end the silence

Project Safe Phone A **Revised 5.05.2014**

Please ask the parent the following questions at the END of the call:

On a scale of 1-5, 1 being minimal and 5 being extremely high please answer the following questions

(15) How hopeful are you that, with help, the situation can get better?

Minimal Extremely high
1 ---------- 2 ---------- 3 ---------- 4 ---------- 5

(16) How frustrated do you feel?

Minimal Extremely high
1 ---------- 2 ---------- 3 ---------- 4 ---------- 5

(17) What is your belief that your child will be able to stay in the home? (ie. not run away, or be asked to leave the home)

Minimal Extremely high
1 ---------- 2 ---------- 3 ---------- 4 ---------- 5

(18) What is your motivation level to work on changing this situation?

Minimal Extremely high
1 ---------- 2 ---------- 3 ---------- 4 ---------- 5

(19) Follow-up: Would you like me to follow-up with you to see how the action plan is going? It usually takes about 30 minutes (Agree upon date and time. Ask when the caller might be able to implement the above action plan.)

☐ Accepted follow up. Date scheduled: ____ / ____ / ____ *month / day / year*
☐ Declined follow up

Narrative:

Notes/Reminders for follow up:

Appendix A: Revised Project SAFE Tools — Phone B

King County Sexual Assault Resource Center

end the silence

Project Safe Phone B **Revised 4.30.2014**

CALLER INFORMATION

Client Case #:

Caller Name: First: Last:
Caller's DOB / / *month / day / year*

Name of youth: First: Last:
Youth's DOB: / / *month / day / year*

Phone B Date completed: / / *month / day / year*

Please ask the parent the following questions at the BEGINNING of the call:
On a scale of 1-5, 1 being minimal and 5 being extremely high please answer the following questions

(1) How hopeful are you that, with help, the situation can get better?

Minimal Extremely high
1 ---------- 2 ---------- 3 ---------- 4 ---------- 5

(2) How frustrated do you feel?

Minimal Extremely high
1 ---------- 2 ---------- 3 ---------- 4 ---------- 5

(3) What is your belief that your child will be able to stay in the home? (ie. not run away, or be asked to leave the home)

Minimal Extremely high
1 ---------- 2 ---------- 3 ---------- 4 ---------- 5

(4) What is your motivation level to work on changing this situation?

Minimal Extremely high
1 ---------- 2 ---------- 3 ---------- 4 ---------- 5

Appendix A: Revised Project SAFE Tools — Phone B

King County Sexual Assault Resource Center

end the silence

Project Safe Phone B Revised 4.30.2014

(5) Progress on specific action steps for youth that were agreed upon during Phone A:

Action Steps	Initially recommended	Made Progress	Notes
Referrals for internal services			
YouthCare Case Management services	❒	❒	
YouthCare other services (specify which: _____)	❒	❒	
KCSARC trauma-focused counseling	❒	❒	
KCSARC other services (specify which: _____)	❒	❒	
Referrals to other external services:			
Counseling – For Youth OR Youth & Families	❒	❒	
Mental Health Assessments	❒	❒	
Drug and Alcohol Assessments	❒	❒	
Drug or alcohol treatment	❒	❒	
Other services (anger management classes, support groups, basic needs)	❒	❒	
Extracurricular activities (sports, YMCA, art classes, Big Brothers, etc.)	❒	❒	
Behavior changes			
Respect parents, follow rules, follow ARY	❒	❒	
School – improve attendance and/or performance	❒	❒	
Spend time with family	❒	❒	
Other (please describe):	❒	❒	

(6) Specific action steps for parent:

Action Steps	Initially recommended	Made Progress	Notes
Referrals for internal services			
KCSARC Project Safe parenting workshops	❒	❒	
KCSARC – Adult survivor group	❒	❒	
KCSARC – Adult trauma therapy	❒	❒	
KCSARC other services (specify which: _____)	❒	❒	
Referred to other external services			
Parenting Support Group	❒	❒	
Counseling for parents with insurance	❒	❒	
Counseling for parents WITHOUT insurance	❒	❒	
Mental Health Assessment	❒	❒	
Drug and Alcohol Assessment	❒	❒	
Drug or alcohol treatment	❒	❒	
Basic needs (e.g. SSI, shelter)	❒	❒	
Other, specify: _____	❒	❒	
Behavior changes			
Implement specific parenting skills (establish rules discipline boundaries consequences, not micromanaging, Positive Discipline book)	❒	❒	
Relationship building with youth (time together, communication skills, cooking for child)	❒	❒	
ARY or CHINS	❒	❒	
Recreation/relaxation time	❒	❒	
Other: please describe	❒	❒	

Appendix A: Revised Project SAFE Tools — Phone B

King County Sexual Assault Resource Center

end the silence

Project Safe Phone B **Revised 4.30.2014**

(1) What barriers, if any, are affecting client's progress toward action steps?
Check all that apply

- ☐ Insufficient Insurance
- ☐ Lack of resources
- ☐ No transportation
- ☐ Schedule conflict
- ☐ Service availability/wait list
- ☐ Youth has not returned home

Narrative/Notes:

APPENDIX B: ORIGINAL PROJECT SAFE TOOLS

ORIGINAL PROJECT SAFE TOOLS

Intake

Phone A

Phone B

Appendix B: Original Project SAFE Tools — Intake

King County Sexual Assault Resource Center

end the silence

King County Sexual Assault Resource Center
Project Safe Screening

Name of Client/Youth		Referred By	Date of Call:	
Date of Birth	Child's Ethnicity	Age	Sex ☐Female	☐ Male
Name of School/Grade		Is Teen involved in Legal System ☐Yes ☐No How?		
Caller	Relationship to Child	Caller's DOB	Caller's Ethnicity	☐ Male ☐Female

With whom does the child live?	**Relationship to the child**	**Full Legal Custody ☐Yes ☐No**	**Shared Custody ☐Yes ☐No**	**#of people in home**
Address	City		Zip	
Phone (day)	Phone (evening)	Cell	Email	

Family Composition

Mother	Partner/Spouse living in home: ☐Yes ☐No
Father	Name
Siblings/Age:	Age/DOB
	Relationship to Youth (bio/step/none)
Other Significant Adults: Name:	
Age: Ethnicity Living in home: ☐Yes ☐No	
Relationship to Youth:	

Has the youth ever been out of the home: ☐Yes ☐No
If yes, youth's age: How long?
If yes, ☐ Running away ☐Shelter ☐Foster care Lived with: ☐Friends ☐Relatives
Is Youth currently living out of the home? ☐Yes ☐No

DEMOGRAPHICS

Income Source:	Average Annual Income:	
Parent Disability: ☐Yes ☐No	Youth Disability: ☐Yes ☐No	Refugee/Immigrant: ☐Yes ☐No
Veteran: ☐Yes ☐No		

Comments

Phone consult scheduled for:

Date:
Time:

Intake Worker_____

24-hour Sexual Assault Resource Line
888.99.VOICE
Toll-free in Western WA only

Post Office Box 300
Renton, WA 98057

tel 425.226.5062
fax 425.235.7422
www.kcsarc.org

Appendix B: Original Project SAFE Tools — Phone A

Project SAFE Call Review Form

phone call 1

A. Please ask the parent the following questions at the BEGINNING of the call:

1. How hopeful are you that, with help, the situation can get better?

minimal extremely high
1 ---------- 2 ---------- 3 ---------- 4 ---------- 5

2. How frustrated do you feel?

minimal extremely high
1 ---------- 2 ---------- 3 ---------- 4 ---------- 5

3. What is your belief that your child will be able to stay in the home? (ie. not run away, or be asked to leave the home)

minimal extremely high
1 ---------- 2 ---------- 3 ---------- 4 ---------- 5

4. What is your motivation level to work on changing this situation?

minimal extremely high
1 ---------- 2 ---------- 3 ---------- 4 ---------- 5

B. From the phone counselor's perception, please answer the following at the END of the call:

1. current amount of chaos within the family

minimal extremely high
1 ---------- 2 ---------- 3 ---------- 4 ---------- 5

2. level of caller's overall stress

minimal extremely high
1 ---------- 2 ---------- 3 ---------- 4 ---------- 5

3. caller's coping skills and coping tools

minimal extremely high
1 ---------- 2 ---------- 3 ---------- 4 ---------- 5

Appendix B: Original Project SAFE Tools — Phone A

A. Please mark the stressors mentioned during the call – current or historical issues impacting the <u>caller</u>
(c = current h=historical)

	mental health		domestic violence
	substance use		foster care
	physical disability		death of a loved one
	sexual abuse		

B. Please mark the stressors mentioned during the call – current or historical issues impacting the <u>youth</u>
(c = current h=historical)

	mental health		domestic violence
	substance use		foster care
	physical disability		death of a loved one
	sexual abuse		

Appendix B: Original Project SAFE Tools — Phone A

Project SAFE Intake Form

Reason for calling/presenting concern:

What prompted the call today?(precipitating stress)

History of concerns: (onset, frequency, anytime concerns are absent)

History relevant to concerns:

Aspirations for the youth (what would you like to see hapeen for your teen? What wiould it look like if your teen were doing better?):

Parent/Caller Focus

Impact of concerns on caller

Caller aspirations for self: (what would you like to see shift for you? What would it look like if you were doing better? Objectives)

Natural supports: (where do you go to get some support? What have you done in the past?)

Appendix B: Original Project SAFE Tools — Phone A

Assessment of what to do:

- **action plan (goals)**

Teen Related:

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

Parent/Caretaker related:

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

- **Follow-up:** Would you like me to follow-up withyou to see how the action plan is going? It usually takes about 30 minutes (Agree upon date and time. Ask when the caller might be able to implement the avove action plan.) ☐ declined follow up

Notes/Reminders for follow up:

Appendix B: Original Project SAFE Tools — Phone B

Project SAFE Call Review Form

phone call 2

A. Please ask the parent the following questions at the BEGINNING of the call:

1. How hopeful are you that, with help, the situation can get better?

minimal extremely high
1 ---------- 2 ---------- 3 ---------- 4 ---------- 5

2. How frustrated do you feel?

minimal extremely high
1 ---------- 2 ---------- 3 ---------- 4 ---------- 5

3. What is your belief that your child will be able to stay in the home? (ie. not run away, or be asked to leave the home)

minimal extremely high
1 ---------- 2 ---------- 3 ---------- 4 ---------- 5

4. What is your motivation level to work on changing this situation?

minimal extremely high
1 ---------- 2 ---------- 3 ---------- 4 ---------- 5

A. From the phone counselor's perception, please answer the following at the END of the call:

1. level of caller's overall stress

minimal extremely high
1 ---------- 2 ---------- 3 ---------- 4 ---------- 5

2. caller's utilization of coping skills and coping tools

minimal extremely high
1 ---------- 2 ---------- 3 ---------- 4 ---------- 5

3. caller's follow up with action plan

minimal extremely high
1 ---------- 2 ---------- 3 ---------- 4 ---------- 5

- how many items were on their action plan? ____

Appendix B: Original Project SAFE Tools — Phone B

- how many items have been achieved? ____
- how many are (realistically) in process? ____

what barriers did they face?

_____

_____

_____

_____

4. caller's apparent satisfaction with experience

minimal extremely high
1 ---------- 2 ---------- 3 ---------- 4 ---------- 5