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Project Summary
A report published by the Congressional Research Service (Fernandes-Alcantara, 2013) notes that youth who emancipate from foster care are particularly vulnerable to homelessness because they lack the proper supports to successfully transition to adulthood. Several Colorado studies offer further and compelling support for this national report. They have found high proportions of youth and young adults with foster care histories and/or juvenile justice involvement in homeless populations across urban, suburban, and rural parts of the state.

In response to this issue, the Colorado Department of Human Services, Division of Child Welfare, in collaboration with a host of state and local partners, is implementing and testing the Colorado Pathways to Success: Youth-Shared Practices Model (Pathways). The overall goal of this project is to improve core outcomes—housing, education, employment, social-emotional well-being, and permanent supportive connections—among Colorado youth and young adults with current or previous foster care involvement, by planning, testing, and implementing a comprehensive statewide intervention model targeted at transition-age young people who are most at risk for homelessness. During Phase I of this project, Colorado developed a comprehensive plan and the statewide Pathways intervention model. During Phase II of the project, Colorado prepared for statewide implementation of the model by refining, implementing, and evaluating it in selected urban, suburban, and rural Colorado communities. Funding for this effort was provided by the Children’s Bureau under a Youth at Risk of Homelessness (YARH) grant.

The Pathways model is built around Navigators engaging youth in a coach-like way to develop and achieve goals and provide services related to the five outcome areas of housing, education, employment, permanent connections, and health and well-being. Youth direct the intervention, while Navigators deploy strategies and an individualized services array that may include mentoring, transitional living/housing, sexual and relationship health training, and other supports tailored to each youth’s needs and strengths. The primary focus of the intervention is on preventing homelessness among youth ages 14 to 21 who are currently in or transitioning out of foster care placement, with an additional emphasis on serving youth up to the age of 23 who have foster care histories, but who are no longer in care and are homeless.

Currently, Colorado is currently conducting a formative evaluation in Phase II of the Pathways project. The formative evaluation uses mixed methodologies, including pre- and post-test measures, focus groups and interviews, and extracts from state and local data systems. The evaluation is expected to yield important process and outcome information. It will also identify successes, issues, and lessons learned that will inform replication efforts.
Section I:

Purpose of the Manual

Everyone starts somewhere—though no one chooses where they start, every person chooses where they go.

Fears open the possibility for courage—hardships make way for triumphs!

— Pathways Youth
I.A. Purpose of the Manual

The Children’s Bureau, within the Administration for Children and Families (U. S. Department of Health and Human Services), is funding a multi-phase grant program to build the evidence base on what works to prevent homelessness among youth and young adults who have been involved in the child welfare system. Currently, there is very little evidence on how to meet the needs of this population. This program is referred to as Youth At-Risk of Homelessness (YARH). Eighteen organizations received funding for the first phase, a two-year planning grant (2013–2015). Six of those organizations received funding for the second phase, a three-year initial implementation grant (2015–2018).

YARH focuses on three populations:

(1) adolescents who enter foster care between ages 14 and 17,
(2) young adults aging/transitioning out of foster care, and
(3) homeless youth/young adults with foster care histories up to age 21.

During the planning phase, grantees conducted data analyses to help them understand their local population and develop a comprehensive service model to improve outcomes in housing, education and training, social well-being, and permanent connections. During the implementation phase, grantees refined and tested their comprehensive service model via usability testing to determine the feasibility of specific elements of the model. They also conducted a formative evaluation to understand what supports and structures were needed to implement the model with fidelity. Finally, each grantee developed a manual in preparation for future work supporting the implementation of the comprehensive service model as part of phase III or other replications or expansions without federal support. Mathematica assisted the grantees under a federal contract to provide evaluation technical assistance. Mathematica also documented grantees’ efforts through process studies of each grant phase.

This manual serves two distinct purposes. First, in Section II, the grantee documents their work and lessons learned in the planning and initial implementation phases. Second, in Section III, the grantee describes the comprehensive service model in full detail to support future implementation.

I.B. Program Overview

Pathways to Success (Pathways) is a voluntary, intensive, youth-driven, strengths-based case management approach with the long-term goal of preventing homelessness among youth with foster care experience. The intervention works specifically to improve youth outcomes in the areas of housing, education, employment, health and well-being, and permanent connections.¹ The model is currently being implemented and evaluated in three collaborative sites across Colorado representing urban (Denver Collaborative), suburban/second city (Boulder Collaborative), and several rural counties (Rural Collaborative), each of which consists of a county Department of Human Services (DHS) and its child welfare division, and a Runaway and Homeless Youth (RHY) service provider.

¹ Permanent connections is sometimes referred to as “permanency” throughout this manual and its materials. Permanent connections (or permanency) refer to lasting relational supports in a young person’s life.
The Pathways intervention is designed to serve youth ages 14 to 21² who are currently in or transitioning out of foster care, and homeless youth formerly in foster care. Youth served through Pathways are recruited from two distinct target populations. The Pathways’ **Prevention Population** consists of youth ages 14 to 21 who are still in foster care. The **Intervention Population** consists of youth ages 18 to 21 who are no longer in care and are either at significant risk of becoming homeless or are already homeless.

The Pathways model is designed to be short-term, intensive, and to continue until youth are ready to graduate to a less intensive care management model, or feel the intervention is complete. The primary intervention of Pathways is the assignment of a **Navigator** for each youth enrolled in the project. The Navigator utilizes a **coach-like model of engagement** to help youth identify and work toward achieving at least two goals related to the above five outcome areas of (1) **housing**, (2) **education**, (3) **employment**, (4) **health and well-being**, and (5) **permanent connections**. These outcome areas were chosen to focus on maximizing youth potential and self-sufficiency, while the specific intervention of coach-like engagement empowers youth to set and achieve their own goals in such a way that youth build skills and confidence that will last in the long term.

Providing services from the standpoint of coach-like engagement means promoting the youth’s strengths and self-advocacy. As coaches, Navigators meet regularly with youth and provide crisis stabilization support and help youth connect to resources related to achieving their goals. In addition to coach-like engagement, Navigators use a variety of tools and resources to support youth in these domains, such as flex funds and referrals to relevant resources. The Pathways intervention is youth-driven, with Navigators working together with youth toward a plan of action that meets the needs identified by the youth. As such, each combination of youth, Navigator, and the availability of resources within each community may look slightly different. The following sections detail how staff are selected and trained, how youth are recruited into the program, and what specific intervention criteria must be met to ensure proper application of the Pathways model intervention.

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² In 2018, Colorado received approval from the Children’s Bureau to use federal grant funds to expand Chafee services to youth up to age 23. Because of this expansion, the Pathways Project was approved to extend services to youth who were recruited prior to this approval up to the age of 23; however, the intervention and formative evaluation (Phase II) does not include youth over the age of 21.
Section II: Development of the Intervention

Pathways is “let me show you” so later on down the line when the Navigator isn’t there, you still know.

All our lives we’re looking for someone to walk us through it.

— Pathways Youth
II.A. General Description of the YARH Grant Program

In September 2013, the Children’s Bureau (CB), within the Administration for Children and Families (U.S. Department of Health and Human Services), funded 18 grantees for two years to develop plans to reduce homelessness among three specific populations of older youth with child welfare involvement. Over those two years, these projects conducted detailed data analyses to determine which youth with child welfare involvement were the most at-risk of homelessness. Based on the risk and protective factors of the populations, the grantees also reviewed the service array in their areas to identify gaps in services and supports and structured approaches to best meet the needs of each population. Grantees identified or developed comprehensive service models to address the gaps in services and supports to better meet the needs of each population. This work, known as YARH-1, served as the foundation for the next four years of work.

In September 2015, CB invited the 18 grantees to compete for a second phase of funding to refine and implement the models they developed during the planning process. CB selected six grantees for the second phase, or the Youth at Risk of Homelessness Phase II grantees (or YARH-2 for short). YARH-2 grantees refined their comprehensive service model and conducted usability tests and a formative evaluation to determine whether they could implement their model as intended and whether youth made changes that will lead to the desired outcomes.

This manual is intended to support the implementation of the comprehensive service model as part of YARH-3 or other replications or expansions without federal support.

II.B. Identifying the Problem, Populations, and Interventions

Prior to YARH, the Colorado Department of Human Services/Division of Child Welfare (CDHS/DCW) had been working on the issue of homelessness among youth with current and prior foster care involvement. Efforts included collecting and analyzing administrative data to identify risk factors and those most at-risk of becoming homeless, implementing policy changes to support youths’ successful transition to adulthood, and strengthening partnerships with other state and local agencies to address the foster care to homelessness pipeline. These efforts ultimately culminated in CDHS/DCW applying for and being awarded a YARH Phase I Planning Grant.

During Phase I, CDHS/DCW convened a steering committee that included youth leaders, cross-systems providers, state and local public agencies, advocates, and community members representing the different outcome areas or pathways (i.e., permanent connections, well-being, housing, education and employment). This committee met to identify the needs of transition-age youth and brainstorm strategies for meeting those needs. Youth leaders then helped to prioritize the different strategies that ultimately led to development of the model intervention. The Pathways intervention was refined throughout Phase II of the formative evaluation through usability testing and a continuous quality improvement process (CQI) using data to inform the development of the final Pathways model.

Pathways also established a Project Management Team to focus on implementation and operations. In Phase I, the team consisted of youth representatives, the Pathways project director within the Division of Child Welfare, the project manager from a non-profit organization, and the Pathways external evaluator. During Phase II, Pathways added a county department representative and a representative from a runaway and
The role of these additional representatives is to provide perspective from within the program’s actual intervention and to serve as a liaison between project management and the demonstration sites. Additionally, CDHS contracted with an independent research and evaluation organization, the Center for Policy Research, in order to research evidence-based approaches for the model. Together, CDHS, the committee, and the evaluator worked to identify the scope of the problem for youth of this population and to plan an intervention.

During the research and planning phase, the project management team and evaluator, the Center for Policy Research (CPR) conducted research into the scope of the problem. As many as 3.5 million young people between the ages of 18 and 25, and 700,000 youth ages 13 to 17, experience homelessness in the United States each year. According to the 2017 Point in Time (PIT) youth supplemental survey, there were almost 800 homeless and runaway youth on one date in January 2017 among the 21 Colorado counties that participated. Youth become homeless for a variety of reasons, including abuse and neglect, and substance use and abuse. They also may not be welcome in their homes due to pregnancy, sexual orientation, or other family conflict.

Within this population, youth transitioning out of foster care have been found to be at an increased risk for a wide array of negative health outcomes, including homelessness. Approximately 70,000 young people leave the foster care system each year. Several studies have linked foster care to a number of risk factors and negative health outcomes: youth who have been involved with foster care are more likely to have physical and mental health issues, to have been incarcerated by age 19, to be high school dropouts, and to be unemployed and unable to meet basic needs. In particular, one study estimated that young people with foster care histories could be up to 34 times more likely than their peers who have not been in foster care to experience homelessness. Additionally, a recent study of homeless youth in three U.S. cities further found that young people who have experienced foster care tend to be homeless for longer periods of time than other youth.

Although the increased risk of homelessness and trauma among youth with current and prior foster care involvement is well documented, there is little evidence pointing to successful interventions that address risk factors and ultimately prevent homelessness over the long term for this population. The limited research that is available suggests that interventions that are flexible, individualized, and centered on engaging youth as decision-makers in their own lives have the greatest potential for change. Successful transitions to adulthood are further promoted through helping youth develop connections with at least one supportive adult. Minimizing homelessness also requires developing preventative approaches that engage youth while they are still in foster care. Models that address housing, education, and employment barriers and provide some form of intensive case management have been found to be particularly promising. Additionally, intensive case-management approaches that utilize flex funds, group activities, housing, education, and therapy to help youth achieve goals have shown significant gains in housing stability, mental health, and economic well-being. Interviews with youth identified two critical components in achieving these gains: the strong relationship between youth and their advocates, and individualized supports.

The Pathways to Success model incorporates several of the above promising program components and principles in its current model. Specifically, it engages youth as decision-makers in their own lives; provides intensive and individualized support, including the use of flex funds; invests in relationship-building; and addresses multiple domains including housing, education, employment, health and well-being, and permanent supportive connections. The Pathways model has been developed as both a preventative approach for youth
Pathways to Success Intervention Manual

who have not yet transitioned out of foster care, and as an intervention for those who are no longer in care and are at imminent risk of or are already experiencing homelessness.

While the Pathways to Success the model shares characteristics of several existing interventions, the specific mechanism it utilizes—coach-like engagement—is an innovation. This method of engagement is adapted from the Co-Active Life Coaching model, which has been effective in achieving positive behavioral health outcomes for adult and university student populations. Specifically, the evidence indicates that coach-like models can increase self-efficacy, self-esteem, confidence, self-acceptance, and overall health in adults.

Coach-like engagement shares many similarities with intensive case-management models. What sets it apart, however, is the youth-driven approach that coaching requires: youth set the agenda and pace of their work. While regular case management may focus on achieving similar housing, employment, and education outcomes by providing services, coach-like engagement focuses on helping youth achieve those outcomes by building long-lasting skills towards self-sufficiency. This model is solutions-focused, strengths-based, and requires that Navigators regard youth as being “creative, resourceful, and whole” individuals who are capable of identifying and advocating for their needs (Colorado Child Welfare Training System, p. 1). By treating youth as being capable of advocating for themselves, it empowers youth to set their own goals, so the coach can focus on helping the youth build the skills to attain them.

In applying coach-like engagement strategies, Navigators are primarily responsible for listening, asking powerful questions, providing encouragement, approaching youth with curiosity rather than judgement, setting achievable challenges, and gently holding youth accountable. Navigators have small caseloads and maintain multiple weekly contacts with youth to help them identify and achieve two or more personalized goals related to the five outcome areas. The Navigator then provides the support, tools, and resources of the Pathways program through a “designed alliance” in which Navigators and youth discuss boundaries and strategies for maintaining an effective relationship. In addition to clarifying a youth’s agenda, the designed alliance becomes a tool for staying on track and maintaining focus.

Pathways was implemented across three demonstration sites consisting of urban (Denver County), suburban/second city (Boulder County), and rural (Weld and Logan Counties, and smaller counties in the Northeast Region) collaboratives. In large part, Pathways selected these counties because they are representative of the types of communities in Colorado. CDHS/DCW’s intent early on was to develop a model intervention that could be replicated statewide to improve child welfare and in particular Chafee programming. Therefore, the model needed to be tested in these different types of settings. Each site represents a collaborative that is made up of county departments, human services, and runaway and homeless youth service (RHY) providers.

Lastly, the intervention needed a way to identify risk of homelessness. Systematically, state systems do not have a way of identifying risk for homelessness, and oftentimes the youth transitioning out of care (or out of juvenile care and into adult systems) do not receive sufficient practical preparation or support for their transition. To make matters worse, public systems such as the education system, division of youth services, and child welfare are often siloed, hard to access, and do not work with private supports and organizations such as local nonprofits, diversion programs, and mental health supports. To attempt to identify the target population for this intervention, the evaluator created a Screening Assessment for youth with foster care
histories. The Screening Assessment identifies youth most at risk of chronic homelessness by identifying a number of risk factors associated with youth homelessness, such as parental incarceration and foster care history; number of foster care placements; use of marijuana; factors contributing to running away, such as conflict or abuse in the home; pregnancy; and human trafficking. Youth then enter the program in one of two target populations: Prevention Youth, who are still in foster care and at risk of transitioning into homelessness; and Intervention Youth, who have left care and are either homeless or at imminent risk of homelessness.

II.C. Theory of Change
Pathways’ Theory of Change is summarized below and available in Appendix A. As illustrated in Figure 1, the theory of change for Pathways can be thought of as long- and short term outcomes that are built upon a solid foundation that consists of underlying assumptions working with the intervention components. The Pathways Theory of Change relies on the assumption that several external, environmental, and systemic factors contribute to increased risk of homelessness amongst foster-care youth. Namely, that there are a lack of supports for these youth, and that they have difficulty acquiring stable housing and educational opportunities.

The specific intervention components are guided by the framework for ending youth homelessness developed by the United States Interagency Council on Homelessness (USICH) and the current body of research on youth homelessness prevention work, which suggests that interventions have the greatest potential for change when they are flexible, individualized, and centered on engaging youth as decision-makers in their own lives. Pathways engages youth as decision-makers by assigning a Navigator to engage youth in a coach-like way and provide intensive case management to ensure youth are on a path towards stable housing, education or employment, medical coverage, a positive outlook on life, and secure social supports.

For the intervention to be effective, it must meet a set of preconditions about how the target population and the intervention community will behave together. To achieve the desired outcomes of Pathways, youth must be willing and able to engage with services, and Navigators must be committed to working with their teams to work with youth in achieving their desired outcomes.

Lastly, models that address housing, education, and employment barriers and provide some form of intensive case management have been found to be particularly promising. Successful transitions to adulthood are further promoted through helping youth develop connections with at least one supportive adult. With this knowledge, Pathways Navigators will help youth develop their own goals within five outcome areas: (1) housing, (2) employment, (3) education, (4) health and well-being, and (5) permanent connections (sometimes shortened to permanency). Both short- and long-term outcomes are organized. The short-term outcomes of the Pathways model explain the most immediate and measurable goals, while the long-term impacts describe what the program ultimately hopes to achieve for its participants. For evaluation purposes, both short- and long-term outcomes should be measurable; sites looking to implement the Pathways model should think about how they will measure outcomes and what metrics are achievable and appropriate for their site.
### II.D. Logic Model

The core components of the Pathways logic model are grouped around the five outcome areas of housing, education, employment, health and well-being, and permanent connections. The current Pathways Logic Model (below and in Appendix B) specifies:

- **Inputs:** The intervention utilizes existing resources within the state by relying on existing roles within state agencies and other service providers who can identify and screen youth who may be at increased risk of homelessness. In this case, Colorado utilized its existing caseworkers, foster care workers, and runaway and homeless youth service providers; the specialized Navigators who would deliver the intervention; and the specific intervention method of utilizing coach-like engagement. Another significant input was the Pathways Management Information System (PMIS), which was developed by the grantee’s contracted evaluator for the purposes of tracking and evaluating the intervention through an online data collection and case management system.

- **Activities and Outputs:** Pathways program components, tools, and activities are key to the intervention for engaging youth and facilitating growth. Some of the activities and outputs include:
  - Administering proper screenings, tools, and data measures and tracking these points within the information management system;
  - Contacting youth regularly to build and maintain relationships;
  - Providing youth with help and services, such as flex funds, transportation, and support;
- Facilitating meetings with community members to help them plan for their future and connect them to meaningful resources and connections;
- Referring youth to service organizations; and
- Helping youth develop goals around permanency, well-being, housing, education, and employment, and figuring out actionable ways to move towards achieving those goals.

✓ **Short- and Medium-Term Goals:** Program goals are organized within each of the program’s five outcome areas of housing, education, employment, social-emotional well-being, and permanent supportive connections (permanency). The anticipated goals in each of the five outcome areas are listed within their corresponding boxes. As with the Theory of Change, outcomes should be measurable for sites designing an evaluation; Figure 2 contains non-specific outcomes, but sites wishing to implement the Pathways model should determine how they will measure outcomes and what metrics are achievable and appropriate for their site.

✓ **Long-Term Impacts:** The long-term impacts of the Pathways project are the overall outcomes that are desired for youth over the course of their future lives, such as having greater connection to community, higher educational attainment, employment and safe and stable housing.

Over the course of the formative evaluation, the logic model was changed to reflect changes in the intervention, namely, the addition of the Pathways Management Information System (PMIS), and the tools that Navigators and evaluators found most useful and reliable within the intervention.

**Figure 2: Pathways Logic Model**
II.E. **Formative Evaluation Summary**

The formative evaluation of the Pathways program utilized a continuous quality improvement (CQI) process that allowed the evaluation team to report back key findings and make necessary adjustments to the model and implementation. During the formative evaluation, Colorado’s evaluator (CPR) created an evaluation plan that details which data is to be collected and how it is to be analyzed to answer each research question. The full formative evaluation plan can be found in Appendix C and some simplified key research questions can be found in Figure 3 on page 12. Analysis was mostly conducted on an as-needed basis for reporting to project management and preparing preliminary results by comparing pre- and post-test data from the various program tools (detailed on page 25).

Additionally, the Center for Policy Research conducted interviews and focus groups with youth and program staff to describe impacts and to assess what youth most valued about the program. Interviews with staff helped assess fidelity by asking about the process of intake, enrollment, and program activities and engagement. Both sources provided rich quotes and context related to lived impacts, which enhanced the evaluation reports and were used to create informational materials for staff and stakeholders.

The formative evaluation analysis will include youth enrolled in Pathways during YARH-2 between July 1, 2016, and September 30, 2019. The analysis will provide an overview of the youth who enrolled and received services in the Pathways intervention. The outcomes will focus on youth who completed the intervention and specifically detail outcomes at enrollment versus 12 months post enrollment.

Data will be analyzed and reported based on the five key outcomes targeted by the intervention and will combine all available data sources (PMIS, case management data, administrative data, baseline and follow-up surveys). Once a single file is generated, CPR will conduct a descriptive analysis and report results based on Target population, site and intervention completion status in an effort to answer the research questions outlined in the formative evaluation plan. A more detailed plan for the formative evaluation analysis, including intervention fidelity measures and outcome measures based on our full analysis plan can be found in Appendix C.

The full analysis will also compare pre-post responses on other assessment tools used in the evaluation, such as the Readiness for Independence, EES, and several measures related to the five outcome areas, noting changes over the course of the program. This analysis will help determine program effectiveness by reporting on rates of program/goal completion and differences in the five outcome areas between graduated youth and other youth. Where possible, given sample size and data source, we will cross-tabulate results by site, collaborative, and Prevention versus Intervention populations.

<table>
<thead>
<tr>
<th>Table 1: Evaluation Sample Size</th>
<th>Denver</th>
<th>Boulder</th>
<th>Rural</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
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<td>32</td>
<td>40</td>
<td>127</td>
</tr>
<tr>
<td>Prevention</td>
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<td>9</td>
<td>16</td>
<td>44</td>
</tr>
<tr>
<td>Intervention</td>
<td>36</td>
<td>23</td>
<td>24</td>
<td>83</td>
</tr>
</tbody>
</table>
### Figure 3: Pathways Research Questions

1. **Does the Pathways recruitment and enrollment process successfully identify members of the target populations and provide an appropriate mechanism for referral and enrollment into the intervention?**
   - a. Does the number of youth screened generate the necessary volume to conduct the intervention and report on outcomes for each target population?
   - b. How long are youth retained following enrollment?

2. **Was the model intervention implemented as intended across sites?**
   - a. Did Navigators engage youth in a coach-like way?
   - b. Did Navigators work with youth to develop two Goals?
   - c. Was the approach youth-driven?

3. **Were there differences in implementation between sites and/or between populations?**
   - a. How did the implementation between the Prevention Population and Intervention differ?
   - b. Were there differences in implementation across sites? Why?
   - c. How were flex funds used?

4. **What services and activities did Navigators provide and how did they connect to Goals?**
   - a. What Goals were identified by youth?
   - b. What services were most commonly utilized achieve Goals?

5. **To what extent did youth complete the intervention, and to what extent were Goals achieved?**
   - a. What percentage of youth “completed” the intervention?
   - b. What percentage of youth reported achieving their Goals?

6. **To what extent are expected short-term outcomes related to permanency, housing, health and well-being, education, and employment being achieved?**
   - a. **Housing:** What were participants’ living arrangements at follow-up compared to program entry?
   - b. **Education:** Was there an increase in school enrollment of high-school aged youth? What were youth’s educational attainment levels, compared to program entry?
   - c. **Employment:** Do youth report increased preparedness for managing finances, planning for and attaining employment at follow-up compared to program entry?
   - d. **Health and well-being:** Do youth report increased ability to take care of their own health and well-being?
   - e. **Permanency:** Do youth experience a decrease in placement changes or moves within a year of enrolling in the Pathways program?

7. **How successful was Coach-Like Engagement in increasing youths’ self-efficacy and ability to manage independence?**
   - a. Do youth report having increased self-efficacy in navigating services, and setting and achieving Goals at follow-up compared to entry?
   - b. How do youth describe the impact Pathways has had on preparing them for the future?

8. **What information do we need to conduct a cost analysis and how do we effectively track cost data?**
   - a. What cost information is currently collected by sites and the project management team?
   - b. Are there gaps that would need to be filled in for a summative evaluation?
   - c. What economic feasibility questions are important for partners and stakeholders?
   - d. What costs are able to be determined?
   - e. Can a cost-per-site be calculated to implement the intervention with fidelity?
II.E.1. Lessons Learned from the Formative Evaluation

By incorporating feedback from program staff and evaluating performance measures, we made several adaptations to the model during the formative evaluation:

✓ **Target Populations:** Though the YARH distinguishes between three Target Populations for youth, we found it beneficial to split Target 2 (youth transitioning out of foster care) into two classifications and to conceptualize two different classifications of target youth, called Intervention and Prevention (consult Table 4 on page 20 for more detail). Prevention youth were younger youth currently in foster care who had less immediate needs around housing, whereas Intervention youth were at greatest risk for homelessness due to their imminent risk of aging out or current homeless status. This reclassification allowed us to draw more meaningful comparisons and tailor our intervention.

✓ **Enrollment:** The Pathways Screening Assessment was designed to allow the intervention to identify the most vulnerable among the target population; as such, the initial eligibility threshold was set at four risk factors (which was the average score). To serve a greater number of youth needed for the formative evaluation, we lowered the eligibility threshold to youth who had foster care experience and at least one other risk factor. The Screening Assessment can be used as a tool for programs to manage caseload size and to select for greater vulnerability for homelessness.

✓ **Uniformity and Fidelity:** Pathways was designed with intentional flexibility in order to accommodate each site’s specific requirements and practices. However, Navigators and supervisors alike expressed a desire for more uniformity and clarification around certain program aspects. Leadership from the Colorado Department of Human Services, Division of Child Welfare worked in collaboration with the evaluator and program staff at each of the demonstration sites to create uniform tools and measures such as graduation criteria for youth and instructions for enrolling and engaging a youth; ensure consistent data entry procedures; and standardize onboarding and training schedules.

✓ **Cut Unnecessary Tools:** For the most part, sites already had various tools and procedures for serving youth, even before adding the extra Pathways criteria. As the model intervention was refined, the technical assistance and project management meetings revealed that several initial Pathways assessment tools and meetings were not necessary or relevant to include.

II.F. Partnerships

To implement the Pathways program, program sites convened with state and local agencies, the evaluator, and target youth in designing, testing, and adjusting the program model. During Phase I, Pathways to Success convened a statewide, cross-system Steering Committee to assist in the development of the model intervention. The committee consisted of youth who had experience with homelessness and foster care involvement, representatives from state and county agencies, private foundations, and nonprofit organizations. The role of the committee was to provide counsel on the development of the intervention within certain topics or focus areas (i.e., training, youth voice, housing, employment, diversity, legal). The Steering Committee organizations and their primary role(s) are listed in Appendix D.

During Phase II implementation, the role of the Steering Committee shifted as the project moved from the Planning to the Formative Evaluation phase. As a result, the former Steering Committee became a system-level Learning Collaborative where learning from the formative evaluation and CQI process is shared, and feedback is solicited to guide the project’s implementation. The Learning Collaborative meets three times a year instead
of monthly to allow for enough time in between meetings to be able to report on key findings and lessons learned. These partners consisted of state and community agencies, as well as former foster youth who had experience with homelessness. In addition, at the community level partnerships were formed and/or strengthened within each site to ensure broad support for youth with a variety of service needs. One of the first tasks Navigators took on was to conduct an inventory of community’s resources and the agencies that provide them in order to establish or strengthen relationships with them. Examples of several key local or site-level partnerships appear in Table 2.

Interagency partnerships and referral relationships are critical to the successful implementation of a service model that targets this population. For Navigators to serve youth, they require having strong relationships with state agencies, nonprofit partners, and local landlords to name a few to dramatically cut down barriers when securing supports for youth—especially when conventional means were time-consuming, costly, or required navigating a complex organizational structure to get answers. Partnerships were sometimes formal and created Memorandums of Understanding (MOU) that explicitly spelled out how the organizations would interact with each other; however, in rural or more resource-scarce areas, many partnerships were informal “handshake agreements.” Appendix E contains a list of over 100 referral partners that Navigators utilized to secure supports and services for youth related to housing, physical and mental health, workforce development, and education assistance; while many of these partnerships are specific to the Colorado Pathways program, sites wishing to adapt the Pathways model might find the variety of organizations to be helpful when considering the types of partnerships that may benefit them within their own regions.

Table 2: Local Collaborative Site Implementation and Service Delivery Partners

<table>
<thead>
<tr>
<th>Agency/Affiliation</th>
<th>Description and Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Interagency team within each county</td>
<td>Comprised of key partner agencies (example, employment, housing, education) to troubleshoot problems and solutions for individual youth</td>
</tr>
<tr>
<td>COACT—Colorado System of Care</td>
<td>COACT is an initiative of the Office of Behavioral Health within the Colorado Department of Human services that helps children and youth with behavioral health challenges through wraparound services</td>
</tr>
<tr>
<td>Collaborative Management Program</td>
<td>A statewide steering committee comprised of key agency partners to reduce the fragmentation of services through interagency collaboration</td>
</tr>
<tr>
<td>Colorado Balance of State Continuum of Care</td>
<td>A community health partnership established to assist rural communities apply for Continuum of Care funding through HUD and helps with emergency, transitional, and permanent housing services to homeless persons</td>
</tr>
<tr>
<td>Public benefit case worker</td>
<td>Allows direct access between Navigator, youth and application for public benefits</td>
</tr>
<tr>
<td>Child Care Assistance Worker</td>
<td>Direct access to county childcare assistance application, troubleshooting</td>
</tr>
<tr>
<td>Mental Health Partners</td>
<td>Provides clinical care, programs, and education for persons with mental illnesses</td>
</tr>
<tr>
<td>Local landlords</td>
<td>Direct access to community members or property managers</td>
</tr>
<tr>
<td>Housing Authorities</td>
<td>HUD-funded county housing authorities that work to provide affordable housing</td>
</tr>
<tr>
<td>McKinney-Vento liaison</td>
<td>Colorado’s liaison for the Department of Education’s Homeless Education Assistance Improvements Act; provides direct access to resources for the education of homeless youth</td>
</tr>
<tr>
<td>Metro Caring</td>
<td>A Denver-based anti-hunger organization that provides groceries, nutritional education, and community activism</td>
</tr>
</tbody>
</table>
II.G. Resources

A critical component to providing comprehensive coach-like engagement is Navigators connecting youth to appropriate resources in the community, county, and state. These resources and referrals are youth-specific, may be related to any of the five outcomes areas, and include:

- **Flex Funds**: The Pathways model recognizes access to supports when most needed by the youth is key to staying on track in achieving goals. Each collaborative site is provided with flex funds, which Navigators can access to provide immediate assistance to youth when all other resources have been tapped and the youth has an unmet need. Flex funds should be used creatively with the intention of serving youth and securing buy-in—Navigators are encouraged to use funds to buy meals for youth during meetings to build trust and comfort between youth and Navigators. Each site administers its own funds and has specific procedures around how the Navigator is able to access and use funds.

- **Housing Supports**: Navigators work with youth to secure safe and stable housing by helping them navigate the process of identifying, accessing, and maintaining appropriate supports. The Colorado Pathways program made use of resources such as Family Unification Program (FUP) Vouchers, independent living arrangements, transitional living programs, State Housing Vouchers, and other community-specific projects. Many of these resources were made available to Pathways in partnership with state agencies and local organizations, however, these resources are not distributed evenly across the state. In rural counties, housing resources are very limited. Pathways sites need to investigate all state and local resources and to think creatively about what partnerships and assistance is available that can provide long-term housing for youth with conditions that prevent them from living independently. In addition to utilizing these resources and leveraging their partnerships, Pathways Navigators also actively support youth through the process of securing leases for their own apartments and often locate suitable housing for the youth to consider. During YARH-2, Pathways secured 20 State Housing Vouchers from the Division of Housing for youth requiring a longer-term housing voucher. Other housing resources for youth may be accessed through ‘coordinated entry’. According to the Department of Housing and Urban Development (HUD), coordinated entry is a process developed to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed for, referred, and connected to housing and assistance based on their strengths and needs. In Colorado, coordinated entry is administered by each of the three Continuums of Care (CoC), the Metro Denver Region, Pikes Peak Region, and the Balance of State. Shortly, Colorado will have a fourth CoC consisting of Larimer and Weld Counties called the Northern Colorado Region. CoCs are regional or local planning bodies that coordinate housing and services funding for homeless families and individuals. Replication sites therefore would be well advised to develop a close partnership with their CoC, and state and any local housing authorities in their community for housing resources and support.
✓ **Permanency Planning:** Navigators support youth through the planning of and participation in a variety of permanency-focused meetings. During YARH-2, Pathways included the use of the county-led **Permanency Roundtable** (PRT) and other family engagement meetings. The PRT model was developed as a means of increasing legal permanency rates for older youth in foster care. It includes setting up a team of internal and external experts, developing permanency goals, brainstorming barriers to permanency, and developing an action plan. Additionally, the **Community Roundtable** (CRT) model was created by the Pathways team and follows the model of the PRT with slight modifications for serving older youth who are no longer in the foster care system by focusing on relational—rather than legal—permanency. Typically, the CRT meetings are facilitated and held in conjunction with the county or site’s Continuum of Care or Collaborative Management meetings. While not all replicating sites will have PRTs or CRTs already available, they may wish to use current team based care coordination meetings that are youth-driven or develop them as a way to provide extra planning support for youth.

✓ **Community-Based Service Providers:** One of the greatest resources a Navigator can provide is referrals to a wide network of service providers. Appendix E contains a list of over 100 referral partners that were essential resource providers for our youth and includes services related to housing, physical and mental health, disability assistance, skills development and job training, education assistance, counseling, and many more. Replicating sites may find this list inspirational for considering which community partners are within their own service area. For cases in which systems barriers or case-specific complications do not allow for straight-forward service referrals to be made, the Pathways Navigator should turn to a wider referral and service network (such as a Learning Collaborative, Local Interagency Team, or Steering Committee) to receive technical assistance and address case-specific issues youth face.

**II.H. Statement: Formative Intervention versus Actual Intervention**

Initially, the Pathways model intervention represented an adaptation of existing practices consisting of four components: Navigators, Permanency Roundtables (PRT), the Enhanced Road Map to Independence (RMTI), and the Individual Youth Services Array. However, the Phase II formative evaluation revealed that the model was difficult to explain and rigorously evaluate. Pathways demonstration sites also raised concerns about their capacity to hold monthly PRTs as required by the model, and federal partners pointed out that there was no need to include PRTs, as they were already being evaluated in another project. Further, stakeholders pointed out that the RMTI process was duplicative of both the PRT and CRT and thus did not add value for youth.
Throughout the initial implementation and testing, it became clear that Navigator led coach-like engagement was the cornerstone of the intervention. Thus, the model was adjusted to have only one central component, the Navigator, who engages youth in a coach-like way. The other three components (i.e., PRT, CRT, RMTI, individualized service array) are represented as tools that the Navigator can use in working with specific youth—these tools may still be used to support youth in the Pathways program, but they are no longer central to the model. Further, Pathways transitioned from a strengths-based case management approach contemplated by the original model to coach like engagement instead. The current model intervention appears in Appendix F.
Section III:
The Intervention

The way she lays things out and helps us get them done, not only is it just getting done, but I’m seeing what she’s doing and how to do it, so I can do this on my own, and in turn that gives me self-confidence.

— Pathways Youth
III. The Intervention

The primary intervention of Pathways is the assignment of a Navigator for each youth enrolled in the project, who engages youth in a coach-like way in order to provide youth-driven support, services, and case management. Providing services from the standpoint of coach-like engagement means promoting the youth’s strengths and self-advocacy. The Navigator is focused on helping youth achieve goals, address challenges, and progress in five outcome areas: (1) housing, (2) education, (3) employment, (4) health and well-being, and (5) permanent connections. These outcome areas were chosen for their focus on maximizing youth potential and self-sufficiency. In addition to coach-like engagement, Navigators use a variety of tools and resources, such as flex funds, crisis stabilization, and referrals, to support youth in these domains.

The Pathways intervention is youth-driven, with Navigators working together with youth towards a plan of action that meets the needs identified by the youth. As such, each combination of youth, Navigator, and the availability of resources within each community may look slightly different. The following sections detail how staff are selected and trained, how youth are recruited into the program, and what specific intervention criteria must be met to ensure proper application of the Pathways model intervention.

III.A. Practitioner Recruitment, Selection, and Training

There are many positions and roles that are essential for Pathways to function. The project employs a variety of high-level project management and oversight, such as the Project Director, Project Manager/Coordinator, Project Evaluator, State Chafee Coordinator, as well as trainers and coaches. While each of these support and leadership positions are important for any project or program, the defining practitioners who are administering the intervention with youth are the Navigators. Therefore, this section of the manual will focus primarily on the qualifications, recruitment, and training of Navigators.

The Navigator’s role is to walk alongside, rather than lead, the youth on their journey through the Pathways to Success intervention and to stability in the five key outcome areas. The range of work involved, and the unique youth-led style of Pathways requires that Navigators come pre-equipped with certain qualifying attitudes and experiences, described in the next section, that can be strengthened through trainings and ongoing supports.

The Colorado Pathways to Success program utilized several existing locations and agencies to carry out the work for this project. Within each of the collaboratives for this project was a county agency and a runaway and homeless youth provider. Most of the sites created brand new positions for the role of Navigator, though some shifted the responsibilities of existing workers to cover engaging youth using the coach-like model of engagement. As such, each demonstration site had a lot of leeway over how they would staff the Navigator position and who would supervise it. The decision to let sites decide how best to staff positions within the intervention was made early on through the counsel of the Steering Committee and Learning Collaborative. Sites wishing to replicate the model should consult internally or with funders to decide what level of control or discretion is required for them, considering the scale of the implementation.

III.A.1&2. Roles and Required Qualifications of Intervention Staff

The Navigator job description was developed based on input from youth, Steering Committee members, demonstration sites, and project management. Youth articulated the skills, attributes, and experience to include in the job description. Overall, youth expressed that candidates need to demonstrate that they like
working with transition-age youth. The job description may be modified to meet individual agency hiring requirements and to include any agency-specific materials or qualifications. Attached in the Appendix G is the Pathways Navigator job description and an example Navigator job description from the Denver Department of Human Services that shows the modifications made for their agency’s requirements.

Youth and Navigators alike felt very strongly that Navigators must be **passionate about working with older youth** and should “appreciate working with transition-age youth and young adults” who are at-risk of homelessness or who are homeless. **Experience with foster care, homelessness, and affiliated service agencies** are extremely relevant qualifications for a Navigator’s experience and should be considered at least as important as educational criteria. Further, because the program is youth-driven, an ideal Navigator will also have a **flexible, solutions-oriented attitude** and be comfortable trying new approaches. **Flexibility of work style** is also an important quality for intervention staff to possess, as the job requires working across a variety of settings both independently and collaboratively.

Navigators and program staff identified several other attributes that should be considered ideal for Navigators. Youth in Pathways often come from difficult backgrounds, and Navigators considered having a **knowledge of trauma-informed care** to be extremely helpful in building connections with youth. Similarly, Navigators repeatedly stressed the importance of knowing about and being **well-connected with community resource providers** to establish referral relationships with.

Sites have flexibility in determining how to fill the position. Some sites may choose to advertise on their official job boards or external sites to draw in outside applicants, while others may wish to shift existing staff into the Navigator position. When using existing staff to fill the Navigator role, it’s important to consider staff who have previous experience with older youth, such as foster care workers, case managers, or behavioral health coaches. Demonstration sites are encouraged to have youth participate in a meaningful way during the interview process and to have youth participate in interviews with outside candidates and new hires.

### III.A.3&4. Training Curriculum and Onboarding

The Pathways onboarding process dedicates the first week of training to familiarizing Navigators with staff and agency procedures, the goal of Pathways, coach-like engagement, and the Pathways manual. Just as our demonstration sites were given discretion over the hiring criteria that was appropriate for their agency, the sites each had their own slightly different onboarding process for getting their staff familiar with their agency. Sites within the Pathways model are responsible for training their Navigators on their own site-specific policies, procedures, and culture. This may look quite a bit different between agencies. For example, a RHY provider that has one of their regular case managers trained as a Navigator may have to familiarize the Navigator with shelter and other housing protocols, and facilities before training them in Pathways-specific curriculum, whereas a collaborative that provides services for homeless youth in rural or frontier counties may not operate out of a physical location and will instead focus much more heavily on how Navigators will connect with various other agencies to identify and engage homeless youth.
A sample onboarding framework that was used during the formative evaluation is attached in Appendix H. As shown, the implementation in Colorado during the formative evaluation dedicated the early weeks to staff receiving hands-on training from the evaluation team to learn about the role of collecting data and how to use the PMIS case management and data collection system. Replicating sites that are not conducting an evaluation or do not have a robust data management system in place may require less intensive training in this area, and should instead cover what methods of data collection and entry are appropriate for their site.

After Navigators have reviewed their site-specific material, data collection, and an overview of Pathways, they will spend several weeks in partnership with a practitioner at another site, if available. The goal of this pairing is to give hands-on demonstrations of the duties involved as a Navigator and with how the program works for youth who are already enrolled and working with a Navigator.

Navigators and supervisors must annually undergo training on **Engaging Youth in a Coach-like Way**. Trainings on coach-like engagement contain several activities and breakout groups designed to familiarize participants with applied coaching techniques and are conducted by the Child Welfare Training System. It is equally important to train supervisors in coach-like engagement and other aspects of the Pathways model, as supervisors will be responsible for managing Pathways at the agency level, troubleshooting challenges arising for youth, and generally providing support to the Navigator.

<table>
<thead>
<tr>
<th>Required Trainings</th>
<th>Recommended/Supplemental Trainings</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Agency-specific requirements and onboarding</td>
<td><strong>Methodologies and frameworks:</strong></td>
</tr>
<tr>
<td>✓ Pathways model and fidelity</td>
<td>✓ Positive Youth Development</td>
</tr>
<tr>
<td>✓ PMIS User Training (or review of other data collection)</td>
<td>✓ Trauma-informed care</td>
</tr>
<tr>
<td>✓ Engaging Youth in a Coach-like Way</td>
<td>✓ Social Case Work</td>
</tr>
<tr>
<td>✓ Ethical Human Subjects Research (situational: if the site wishes to conduct an evaluation or study or to report on findings)</td>
<td>✓ Solutions-focused care</td>
</tr>
</tbody>
</table>

**Techniques and practices:**
- ✓ Motivational Interviewing
- ✓ Setting boundaries and facilitating closure
- ✓ Harm-reduction
- ✓ First Aid

**Specific/relevant topics:**
- ✓ Youth mental health, trafficking, substance use, Domestic Violence and Interpersonal Violence.

In addition to mandatory trainings and on-boarding procedures agencies may have for staff, intervention staff are also encouraged to participate in supplemental trainings on topics such as trauma-informed care, Positive Youth Development, and special topics like human trafficking, substance use, immigration, and renter’s rights. These trainings are often provided by the state, city, and local nonprofits.

Sites may choose to have readiness assessments for Navigators and staff, if desired. At minimum, staff are considered able to begin working with youth once they have received their agency-specific training, reviewed the Pathways Manual, been trained on data collection methods (if applicable), and have a plan in place to acquire the necessary coach-like engagement training. Lastly, it should be noted that if any case data will be used and evaluated for research purposes, then all project staff who will be responsible for collecting and accessing youth data are required to become certified by the Collaborative Institutional Training Initiative Program for ethical Human Subjects Research.
III.A.5. Continued Technical Assistance

Navigators sometimes require additional assistance in program implementation or to provide feedback for adjustments. Table 3 summarizes the schedule of meetings held during the formative evaluation that were dedicated to ongoing support, technical assistance, and program feedback at all program levels. Many of these levels of support were held to support the YARH evaluation, as ongoing communication between teams is the primary method of gathering feedback on the intervention and for adding or modifying tools, timelines, and strategies for implementation. However, sites replicating the Pathways model may wish to consider a meeting schedule that better suits their needs at different stages of implementation. For example, meetings between project management might be more essential or frequent during the planning stages but may choose to meet less frequently once the program is up and running. The number of meetings a replicating site wants to hold might also depend very heavily on how their implementation is structured; if, for example, there is only one Navigator who only operates out of one location, it may be less important to formal meetings via Group Supervision, Navigator Calls, and State Housing Calls since they may have closer relationships to their supervisors and area supports.

Table 3: Ongoing Technical Assistance Schedule

<table>
<thead>
<tr>
<th>Meeting</th>
<th>Topic</th>
<th>Freq.</th>
<th>Attendees</th>
</tr>
</thead>
<tbody>
<tr>
<td>YARH Evaluation</td>
<td>Discuss YARH, project updates/progress &amp; get guidance from the federal evaluation team</td>
<td>Monthly</td>
<td>YARH, Evaluation Team, Project Management, Colorado Department of Human Services</td>
</tr>
<tr>
<td>Project Management Meeting</td>
<td>Review and discuss ongoing project management issues and concerns, contracting, budget and spending, discuss and plan upcoming meetings, trainings &amp; activities</td>
<td>Monthly</td>
<td>Project Director, Project Manager, Lead Evaluator, representatives from one county site and one RHY site</td>
</tr>
<tr>
<td>All-Sites Meeting</td>
<td>In person meeting to discuss project updates and issues regarding implementation</td>
<td>Monthly</td>
<td>Supervisors, Navigators, coaches, evaluation team</td>
</tr>
<tr>
<td>Supervisor Coaching Call*</td>
<td>Supervisors meet to build skills to support Navigators and supervise fidelity</td>
<td>Monthly</td>
<td>Supervisors</td>
</tr>
<tr>
<td>Navigator Coaching Call*</td>
<td>Navigators meet to build skills to support Navigators and fidelity to the model</td>
<td>Monthly</td>
<td>Navigators</td>
</tr>
<tr>
<td>Navigator Workshops*</td>
<td>An all-day workshop focused on building Navigator skills</td>
<td>Quarterly</td>
<td>Navigators</td>
</tr>
<tr>
<td>Evaluation Navigator Calls</td>
<td>Calls with Navigators and Evaluation team to discuss issues/challenges and supervise fidelity</td>
<td>Monthly</td>
<td>Navigators, Evaluation Team</td>
</tr>
<tr>
<td>State Housing Calls</td>
<td>Discuss housing voucher needs and issues with Navigators and the state housing lead at the Department of Local Affairs</td>
<td>Monthly, or as needed</td>
<td>Navigators, project manager, evaluator, Department of Local Affairs, Division of Housing</td>
</tr>
<tr>
<td>Group Supervision*</td>
<td>Navigators get together to discuss challenges with individual youth and generate “next steps” and get supervision as needed</td>
<td>Monthly</td>
<td>Navigators (supervisors, leadership as needed or on a rotating basis)</td>
</tr>
<tr>
<td>Learning Collaborative</td>
<td>Share information, brainstorm strategies, provide training and technical assistance,</td>
<td>Every 4 months</td>
<td>Steering Committee members</td>
</tr>
<tr>
<td>Local Inter-Agency Team (LIAT)</td>
<td>Members meet to provide technical assistance, resolve barriers, and review specific youth cases. It consists of representatives from the five pathways</td>
<td>Upon referral</td>
<td>Navigators, reps from child welfare, juvenile justice, community service providers</td>
</tr>
</tbody>
</table>

* Indicates that these meetings are high priority and attendees have commended their effectiveness in keeping fidelity and receiving support.

Pathways model strongly encourages participation in technical assistance between all project levels. Navigators and program staff should also request support as needed for immediate issues, such as database management or technical questions about data collection, supervision, and training.
III.B. Identification/Enrollment of Youth

The primary focus of Pathways is preventing homelessness among youth ages 14 to 21 who are currently in or transitioning out of foster care, with an additional emphasis on serving youth up to age 23 who were enrolled in Pathways prior to turning 21 and who are either homeless or are at risk of becoming homeless. An overview of the process for identifying and enrolling youth is illustrated below and detailed in the following sections.

Figure 5: Identification and Enrollment Map

### III.B.1&2. Target Population, Referral and Recruitment

The Pathways intervention broadly classifies eligible youth into two primary categories: **Intervention** and **Prevention**. The target populations within these categorizations are influenced by the age at which the youth entered foster care; how long they have been in foster care; whether they are currently receiving services; and risk of or current homelessness based on responses to the screening tool. Potentially eligible youth may be identified in a variety of different ways; depending on their Target Populations (reference Table 4 below), youth may be identified either by a county child welfare caseworker, RHY case manager, referrals from other service providers that work with the target population, or a review of administrative records.

- **Prevention** youth are youth who are still in foster care who are primarily identified through child welfare workers who are educated about the criteria for Pathways enrollment.
- **Intervention** youth are transitioning out of or have already left foster care, and are identified either from a list generated from the child welfare management system (if they are still in foster care) or are identified by caseworkers at Runaway and Homeless Youth Service Providers.

Once a youth has been identified as potentially Pathways eligible, they are referred to the appropriate Navigator who will deliver the Screening Assessment. The referral process can vary by site to integrate with existing case intake procedures—for example, a provider may have a point in their intake process that lends itself to a smoother transition or administration of certain tools.
Table 4: Target Population Descriptions

<table>
<thead>
<tr>
<th>Prevention Population</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Eligibility Criteria</strong></td>
</tr>
<tr>
<td><strong>Target 1</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Target 2a</strong></td>
</tr>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Intervention Population</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Eligibility Criteria</strong></td>
</tr>
<tr>
<td><strong>Target 2b</strong></td>
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<tr>
<td></td>
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<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Target 3</strong></td>
</tr>
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</table>

III.B.3. Screening and Consent

Youth who are identified as potentially Pathways eligible must complete the Pathways Screening Assessment. The Screening Assessment is an adaption of the research-based Transition-Age Youth (TAY) triage tool used to identify youth most at risk of chronic homelessness and is informed by Colorado-specific research on homelessness among foster youth. The Screening Assessment also incorporates trafficking questions from the Vera Institute of Human Trafficking. A copy of the Pathways Screening Assessment is attached at Appendix I. The Screening Assessment consists of 12 yes/no questions that asks about risk factors such as parental incarceration and foster care history; the youth’s involvement in the foster care system; use of marijuana; factors contributing to running away, such as conflict or abuse in the home; pregnancy; and human trafficking. The greater number of risk factors identified by the Screening Assessment indicate a greater risk of homelessness. Pathways may enroll youth into the program who have a minimum of one risk factor identified; however, the threshold may be adjusted for program enrollment to moderate the flow of youth into the program and control caseload size.

The screening may be administered by a Navigator, by a service partner, or by the referring child welfare worker. No special training on using the tool is necessary and the screening may be administered in person or by phone. When considering who is best suited to administer the screening, it may be helpful to consider the following factors:

- Does the screener have sufficient knowledge of Pathways to answer questions about the services youth may receive through the program?
- Does the youth have an established, positive relationship with the screener? Some questions, such as the human trafficking question, may be sensitive for youth to answer with an unknown adult.
- What are the procedures for getting completed screenings to Navigators to enroll eligible youth? If the screener is a referring child welfare worker, how will they transmit the referral to the Navigator? If the Navigator is the one who conducts the screening, they will know their capacity to take on new youth and can immediately transition the youth to the next steps (informed consent and enrollment).
Youth with previous foster care involvement who identified one or more risk factors on the Screening Assessment are considered Pathways-eligible. If the screening was completed by someone other than a Pathways Navigator, the eligible youth should be referred to a Navigator and presented with the opportunity to enroll in Pathways. The Navigator will explain the Pathways project and present youth with the opportunity to participate by gaining informed consent/assent. All youth must provide verbal or signed consent/assent to move forward and enroll in Pathways; youth should be made aware of the services they may receive and how their information or information about their participation in the program may be shared between partner organizations or used for program evaluation purposes. Sample informed consent and assent forms are attached in Appendix J.

III.C. Operationalized Intervention:
Pathways to Success is designed to enable and empower youth to achieve goals that will impact their long-term success. These goals are organized along the five outcome areas of housing, education, employment, permanent supportive connections, and health and well-being. To help youth achieve these goals, Pathways employs a Navigator who acts as a coach and mentor to assess strengths and barriers to youth development, and to provide them with crisis stabilization, tools, and resources. Because Pathways is a voluntary, youth-driven and goal-oriented approach, the intervention is designed to remain flexible to the unique needs of each youth. A visual summary of the Pathways intervention can be found on the previous page (as well as in Appendix F) and its components are detailed in the following sections.

III.C.1. Core Components of the Intervention
The cornerstone of the intervention consists of a Navigator utilizing a coach-like model of engagement to help youth identify and work toward achieving at least two goals related to the five outcome areas. Examples of activities in each of the outcome areas is provided in Appendix K and detailed below. Youth set the agenda and pace of their work with the Navigator through developing goals around the five outcome areas of housing, employment, education, permanent supportive connections, and health and well-being. The Pathways to Success Model Intervention is comprised of multiple components (one core):

✓ (Core) Engaging Youth in a Coach-like Way: Each Navigator carries a small caseload (up to 10 youth for a full-time Navigator) that allows Navigators to provide intensive and consistent support to youth in their caseload. Engaging youth in a coach-like way is the core intervention of Pathways because it provides a framework of support through which Navigators administer all other components. The key features that sets coach-like engagement apart from typical intensive case management models is that it is youth-driven. When Navigators act as coaches, they build a supportive relationship with the youth that encourages them to set their own individual goals, plan, and pace. While regular case management may focus on achieving the same outcomes by providing services, coach-like engagement empowers youth to be their own advocates. As one youth summarized, “Pathways had me in this mindset that I’m trying to prove something and that I don’t want to let [my Navigator] down because of that relationship we developed.” In essence, youth are responsible for setting goals, while the Navigator focuses on helping youth develop the skills and capacities to achieve those goals. Coach-like engagement is further detailed in the section about Practitioner Behavior.

— Pathways Youth

[Pathways] is a program that helps me achieve what I want to achieve in my life...[it’s] super focused around what I want and need, instead of what the system wants me to do.
Through the lens of coach-like engagement, the Navigators provide **case management** services. Providing case management is not an approach unique to Pathways; what *is* unique is how the classifications of case management change when Navigators act as coaches. For example, spending multiple hours helping a youth clean their apartment might not be a traditional form of case management, but within Pathways this service might be vital to improving a youth’s health and well-being, or to making them feel secure and safe in their housing. Below are some examples of what providing case management services while engaging youth in a coach-like way might look like in each of the five outcome areas:

<table>
<thead>
<tr>
<th>Outcome Area</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing</td>
<td>● Helping the youth look on an apartment-search website ● Calling potential landlords ● Furniture shopping ● Talking to utilities ● Taking youth to complete the housing application process ● Filing appeals when a youth is denied housing ● Helping a youth move ● Creating a self-sufficiency budget</td>
</tr>
<tr>
<td>Education</td>
<td>● Getting paperwork from human services agency to verify dependent status to apply for financial aid ● Updating and installing software to make youth’s computer compatible for online courses ● Taking youth on a campus tour ● Attending a graduation ceremony ● Helping a youth study for a test</td>
</tr>
<tr>
<td>Employment</td>
<td>● Helping a youth find a car so they could get hired for a job ● Filing taxes with a youth ● Driving youth to a job interview ● Reviewing a resume ● Obtaining vital documents ● Plan around discussing issues with background checks</td>
</tr>
<tr>
<td>Health &amp; Well-being</td>
<td>● Transport to/from a doctor’s appointment ● Shopping for health insurance ● Providing a listening ear for youth to vent frustrations ● Pet shopping ● Discussing healthy relationships and DV/IPV issues ● Connecting to mental health resources</td>
</tr>
<tr>
<td>Permanency</td>
<td>● Helping a youth plan a party ● Facilitating family reunification ● Purchasing a suitcase for a family trip ● Inviting supportive people to meetings with youth ● Providing support and company when meeting with family/friends/mentors</td>
</tr>
</tbody>
</table>

- **Crisis stabilization**: Some youth, especially those who are experiencing homelessness, enroll in Pathways during a period of crisis. When this occurs, the primary focus of the Navigator is on crisis stabilization. This involves utilizing all other components of the intervention to address immediate safety and/or housing needs before the development of goals (below).

- **Establishing Goals**: Every youth works with the Navigator to develop two goals during the intervention. These relate to one or more of the five outcome areas and guide the work the Navigator and youth do together. The process of setting goals might include the use of a worksheet or be structured more as an informal interview with youth about what they would like to achieve to be ready to transition to independent living. Youth may set as many goals as desired and are free to add goals throughout the program. Progress toward these goals is tracked by the Navigator, who maintains regular contact with youth and guides them through next steps. During the formative evaluation, the progress of goals was tracked through the primary data collection tool, Pathways Management Information System [PMIS]; however, Navigators should be able to track progress by referring to the youth’s goals and keeping case management notes. Additional goals may be developed but only two are required.

- **Securing and maintaining safe and stable housing**: This can take many forms depending on the state of housing each youth is experiencing. In some cases, a youth has a plan to live with a friend or family member, in which case the Navigator acts as a facilitator for building and maintaining supportive relationships. More directly, Navigators can provide assistance by helping the youth to acquire housing vouchers and by building
connections with landlords or developments that will rent to youth with challenges such as juvenile records, no rental history, low income, or special needs. Additionally, there are many barriers to getting housing for the first time and Navigators can provide support by helping youth understand and acquire the necessary documentation (letters of reference, acquiring necessary documentation, making calls for youth) to become a renter.

✓ Case planning and assessment tools: To assess a youth’s needs and opportunities for growth, Navigators are equipped with a variety of evidence-based tools. These tools are described in greater detail in the Assessment Tools section and are designed to help Navigators and youth understand what areas of focus a youth most needs to be ready to transition to self-sufficiency after graduation.

✓ Providing small-scale financial assistance: Access to supports is key to staying on track in achieving goals. Therefore, Navigators must be able to provide immediate resources for youth in need. To provide these immediate resources, each collaborative site is provided with flex funds, which are described in greater detail in the Resources section, and can be used to provide immediate assistance to youth when all other resources have been tapped and the youth has an unmet need.

✓ Referrals: No agency or organization is a one-stop shop for helping foster care youth overcome the myriad of challenges necessary to be equipped for independence. Because of this, Navigators must be tapped into a wide referral network of partners in the human services field. When a youth has a particular problem or goal, a primary responsibility of the Navigator is to help the youth find solutions and refer them to the appropriate service agencies.

✓ Permanency/Community Roundtables: Navigators may support youth during planning of and participation in the county-led Permanency Roundtable (PRT). The PRT model was developed as a means of increasing legal permanency rates for older youth in foster care. It includes setting up a team of internal and external experts, developing permanency goals, brainstorming barriers to permanency, and developing an action plan. PRTs occur as standard practice in the county sites. The CRT for Intervention youth is convened by the Navigator as needed based on the determination of the youth or Navigator, or by the recommendation of a supervisor. While PRTs and CRTs are not requirements of the Pathways model intervention, they work as a natural support for youth within some service agencies.

✓ Advancing permanency: A key indicator of long-term stability is relational permanency—ensuring the youth has at least one supportive adult they can turn to for help when needed. The Pathways model defines supportive adult as any adult that the youth identifies as a supportive connection who is not providing professional support for them. The permanent connection could be a family member, mentor, coach, or support at a community agency. Navigators can foster connections by encouraging the youth to spend time building this connection or by providing a space or hosting an event that facilitates relationship-building.

✓ Identifying community connections and transitioning youth to other supports: The Pathways model is designed to be short term and intensive, allowing the youth to graduate and transition to a less intensive care management model for the long term. To facilitate this, Navigators must help the youth identify what areas of support exist within the community that youth will be able to rely upon following graduation. This could take the form of helping youth build supportive connections or other community assets (referral agencies) that will assist them after they are no longer Pathways-eligible.

III.C.2. Practitioner Behavior: Engaging Youth in a Coach-Like Way

The model intervention centers on Navigators engaging youth in a coach-like way. Coach-like engagement is defined as “an ongoing relationship which focuses on coaches taking action toward the realization of their
[youths’] visions, goals, or desires” (Colorado Child Welfare Training System, 2016, p. 1). Throughout the intervention, coach-like engagement can be broadly thought of as the core intervention because it provides a framework of support through which Navigators administer all other components. Like some of the more effective case-management models, coach-like engagement is solutions-focused, and strengths-based. The key difference, however, is that Navigators regard youth as being “creative, resourceful, and whole individuals who are capable of identifying and advocating for their needs” (Colorado Child Welfare Training System, p. 1). Whereas the “management” in case management can imply that youth need to be supervised and directed towards the appropriate intervention, coach-like engagement honors youth as capable of identifying their needs and advocating for themselves, while the Navigator enables them with the tools to reach their goals.

<table>
<thead>
<tr>
<th>Traditional Case Management</th>
<th>Coach-Like Engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focused on processing a caseload</td>
<td>Focused on individual youth treatment</td>
</tr>
<tr>
<td>One youth said case management “treats you like a file”</td>
<td>Youth say their Navigator “really cares” about them</td>
</tr>
<tr>
<td>Limited to a defined set of actions for what a youth’s progress and outcomes should look like.</td>
<td>Youth-driven, focused on building relationships</td>
</tr>
<tr>
<td>Provide referrals and direct assistance</td>
<td>Hands-on learning and skills development</td>
</tr>
<tr>
<td>One youth described it as “they give you pamphlets”</td>
<td>“Let me show you.”</td>
</tr>
<tr>
<td>Inflexible interventions</td>
<td>Navigators meet youth where they are at (literally and figuratively) and provide support for youth in a variety of non-traditional ways</td>
</tr>
<tr>
<td>Provide youth with resources to get them housing or housing assistance</td>
<td>Ask youth what stable housing looks like for them. Renting? Cohabitating? Living with parents or friends?</td>
</tr>
</tbody>
</table>

One of the most important differences that youth described between traditional case management and their Navigators was the personal connection they’d developed with their Navigator. Youth recounted stories of times that their Navigator had “showed up” emotionally (i.e., attending their graduation, helping them move, going with them to food banks or grocery shopping, showing them how to look for and apply for an apartment). Youth stressed that they did not feel judged by their Navigator and that having the support of someone who showed them how to do things and build skills improved their self-confidence and made them feel less stressed and alone. As one youth described, “It’s the support and there’s someone there reaching out to me instead and has belief in me and sees something in me. That’s what helped me to move things along.”

In applying coach-like engagement strategies, Navigators are primarily responsible for listening, asking powerful questions, providing encouragement, approaching youth with curiosity rather than judgement, setting achievable challenges, and gently holding youth accountable. Most importantly, when Navigators act as coaches, it puts youth in the driving seat of their own intervention. Youth set the goals they want to work on and determine the pace of their work. Once a youth has chosen what they want to work on, the Navigator provides the support, tools, and resources of the Pathways program through a “designed alliance” in which Navigators and youth discuss boundaries as well as strategies for maintaining an effective relationship. In addition to clarifying a youth’s agenda, the designed alliance becomes a tool for staying on track and maintaining focus.

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I’m a visual learner, you have to really show me for me to catch on. Pathways is not just like “here’s your resources” it’s “let me show you how to do this,” so later on down the line when [the Navigator] isn’t there, you still know.

— Pathways Youth
For youth who are currently enrolled and active in the intervention, Navigators are expected to follow up with youth in person or by phone, text, email, or video conference at least once a week, based on the needs and ability of the youth. Flexibility and accountability are key, however, as some youth have full-time jobs and are not able to meet in person every week. Other youth need more intensive support for specific periods of time—for example, when going through the process of securing and setting up a new apartment.

Gaining the trust of youth is critical to successful coach-like engagement. Asking powerful questions and offering challenges is most effective when a strong and trusting relationship is in place. Multiple programmatic and individual factors contribute to the development of this foundation. Programmatically, the Pathways model ensures that Navigators have a relatively small case load (10 youth for a full-time Navigator) so they can be available, responsive, and able to provide intensive support to their youth. The youth-driven nature of the program also allows Navigators to genuinely support the youth in doing what they want to do, and they should emphasize this to youth by saying things like, “My goal is to help you get to your goals.”

When a youth is in crisis, the primary focus of the Navigator is on crisis stabilization. Designing an alliance, articulating goals, and employing coach-like engagement techniques are generally delayed until the youth is no longer in crisis and has some level of stability. During these situations, Navigators tend to take on tasks more directly than the standard coaching model of Pathways. Despite this more active role during this phase, youth should be included in the process and steps of crisis stabilization, as this inclusion can be critical for modeling, teaching, and empowering youth as advocates for their own lives.

### III.C.3. Assessment Tools

To help youth achieve goals, Navigators utilize a variety of tools as youth move through the program. These assessments are useful in getting to know the youth and to guide and track the intervention, as well as document progress towards key outcomes. All assessment tools used by Navigators are stored in the youth’s electronic case file and can be used by Navigators to track and monitor youth progress and engagement. The Screening Assessment, Baseline Assessment, Youth Connections Scale (YCS), Empowerment and Engagement Survey (EES), and Graduation Criteria Assessment can be found in the appendix.

<table>
<thead>
<tr>
<th>Data Measure</th>
<th>Frequency</th>
<th>When collected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening</td>
<td>One-time</td>
<td>Prior to enrollment</td>
</tr>
<tr>
<td>Baseline</td>
<td>One-time</td>
<td>At enrollment</td>
</tr>
<tr>
<td>Goals</td>
<td>At youth direction</td>
<td>Within first 90 days</td>
</tr>
<tr>
<td>Youth Connections Scale</td>
<td>Enrollment and exit</td>
<td>Within first 60 days and at program completion</td>
</tr>
<tr>
<td>Empowerment and Engagement Survey</td>
<td>One-time</td>
<td>Within two weeks following goal development or within first six months</td>
</tr>
<tr>
<td>Case Management Records</td>
<td>Ongoing</td>
<td>At each contact, weekly for active youth</td>
</tr>
<tr>
<td>Graduation Criteria Assessment</td>
<td>One-time</td>
<td>Prior to graduating from the Pathways program</td>
</tr>
</tbody>
</table>

**Screening Assessment**

The Screening Assessment was developed using items from the evidence-based TAY Triage Tool developed by Dr. Eric Rice that was used to identify transition-age foster youth who were most in need of permanent supportive housing. This instrument is implemented prior to enrollment in Pathways and is used to
determine eligibility into the program. Application of the Screening Assessment is described in greater detail on page 20 and the Screening Assessment is included in Appendix I.

**Baseline Assessment**
All youth enrolled in the project will complete a Baseline Assessment, which collects information about the youth’s experiences with foster care and how well it has prepared them for independent living. The assessment contains over 50 questions designed to create a picture of the youth’s overall status upon entry to the program, including basic demographics and measures on educational attainment, employment, readiness for independence, ties to parents and extended family, ties to non-family adults, and the types of assistance received from family and surrogate family. The Baseline Assessment also collects information on homelessness episodes experienced by the youth, including age at the time, reasons for homelessness, duration of the episode, how it was resolved, and resources utilized. The Baseline Assessment is attached at Appendix L.

**Youth Connections Scale (YCS) and Empowerment and Engagement Scale (EES)**
Navigators complete two assessment tools with youth as part of Pathways programming—the Youth Connections Scale (YCS) and Empowerment and Engagement Scale (EES). These tools serve two purposes: first, they measure the youth’s permanent connections and experiences with coach-like engagement; and second, they serve as an opportunity for youth reflection and planning. The YCS (Appendix M) quantifies the number and nature of supportive adult connections in a youth’s life. At least two are completed over the course of the intervention, the first within 30 days of enrollment in Pathways and the second near completion of the intervention. The EES (Appendix N) measures youths’ perceptions regarding the extent to which the Navigator has engaged and empowered them to achieve their goals. It is administered within 14 days of identifying Goals and again as part of the Follow-up Survey, one year after enrollment.

**Goals**
Within the first 90 days, Navigators and youth will meet to discuss what they want to work on within the program. Youth should identify at least two Goals, which are grouped along one or more of the five outcome areas. The process of setting goals might include the use of a worksheet or be structured more as an informal interview with youth about what they would like to achieve to be ready to transition to independent living. Youth may set as many goals as desired and are free to add goals throughout the program.

**Graduation Criteria Assessment**
When a youth feels that they are ready to transition out of Pathways to less intensive care, the Navigator may administer the Graduation Criteria Assessment. To be considered ready to graduate from Pathways, a youth must not be currently in crisis, must be in stable housing, and have achieved a combination of two or more of the following additional program components and skills, including achieving goals, completing program assessments, demonstrating independent living skills, and demonstrating increased confidence and the ability to self-advocate. Once the Navigator and youth have completed the checklist, it is reviewed by a supervisor. The Graduation Criteria Assessment Checklist is attached at Appendix O.

**Supplemental Tools (optional)**
A variety of additional tools also may be used for case planning or reflection purposes, however none of them are requirement of the intervention. Some examples of potentially useful assessment tools include the Casey Life Skills, Future Self, Mobility Map, and Child and Adolescent Needs and Strengths (CANS). Usage is
determined by site-specific practice requirements as well as relevance to each youth’s individual circumstance. While these tools are optional, sites looking to implement a Pathways model might choose to equip Navigators with additional tools that seem relevant and appropriate in helping youth identify and advance their goals.

III.D.1.a. Measuring and Ensuring Program Fidelity

During the formative evaluation of the YARH-2, the evaluation team designed and tested fidelity measures to ensure consistent application of the program model. Table 6 below is a template for mapping fidelity measures to corresponding components of the intervention and details the source of these indicators and how they are measured and evaluated. Replicating sites should adapt this template and right-size the threshold criteria for their site since not all thresholds will be appropriate for the type of service provider. For example, a site that doesn’t receive many referrals or has one Navigator covering a wide service area might need to adjust what number or percentage of potentially eligible youth are screened and enrolled. An example of the fidelity thresholds used during the formative evaluation is attached in Appendix P. Several components (screening, tools, enrollment) were evaluated on a monthly basis, while other components were assessed for fidelity on an as-needed basis for supervisors or at the direction of program management.

Table 6: Fidelity Measures

<table>
<thead>
<tr>
<th>Component of Intervention</th>
<th>Measure</th>
<th>Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ADHERENCE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Screening</td>
<td>Volume of screened youth</td>
<td>Caseload and size of Navigator waiting list. % screened in/out. Average number of risk factors of enrolled youth</td>
</tr>
<tr>
<td>Intake &amp; Enrollment</td>
<td>Baseline survey completion</td>
<td>% of youth with Baseline Assessment at least 80% complete in each population, site and program overall</td>
</tr>
<tr>
<td>Program participation</td>
<td>Frequency of meetings</td>
<td>% of youth who meet with Navigator at least weekly during first 30 days of enrollment</td>
</tr>
<tr>
<td>Navigator Availability</td>
<td>Frequency and duration of communication with Navigator</td>
<td>% of youth who maintain, on average, weekly communication with Navigator throughout active phase of enrollment</td>
</tr>
<tr>
<td>Goal Development</td>
<td>Identification of 2 Goals</td>
<td>% of youth with at least two Goals identified (that related to at least one of the five outcome areas) within 60 days</td>
</tr>
<tr>
<td>Assessment Tools (YCS)</td>
<td>YCS administration</td>
<td>% of youth with YCS completed within 60 days of enrollment</td>
</tr>
<tr>
<td>Assessment Tools (EES)</td>
<td>EES administration</td>
<td>% of youth with EES completed within 14 days of goal development</td>
</tr>
<tr>
<td>Additional supports</td>
<td>Usage of additional supports</td>
<td>% of youth with at least one additional support accessed post enrollment (flex funds, housing vouchers, referrals, CRT/PRT)</td>
</tr>
<tr>
<td>Identify &amp; transition to external supports</td>
<td>Graduation criteria checklist outcome</td>
<td>Distribution of youth reporting graduation from Pathways on graduation checklist, by collaborative site and population</td>
</tr>
<tr>
<td><strong>COACH-LIKE ENGAGEMENT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Navigator training</td>
<td>Navigator participation in on-going trainings</td>
<td>Percent of Navigator who participated in at least 75% of coaching calls and quarterly workshops</td>
</tr>
<tr>
<td>Goal oriented</td>
<td>Goal development</td>
<td>Youth identifies two Goals</td>
</tr>
<tr>
<td>Ongoing support/contact</td>
<td>Frequency of Youth contact</td>
<td>Contact at least weekly for active youth</td>
</tr>
<tr>
<td>Youth-driven</td>
<td>EES, Q5</td>
<td>% of youth who respond positively to this criterion</td>
</tr>
<tr>
<td>Encourages growth through action</td>
<td>EES, Q7</td>
<td>% of youth who respond positively to this criterion</td>
</tr>
<tr>
<td>Encourages self-efficacy self-advocacy</td>
<td>Graduation Assessment Criteria 8</td>
<td>% of youth who meet the criterion upon graduation</td>
</tr>
</tbody>
</table>

3 The fidelity criteria for Pathways was assessed across all three project sites taken together. There was considerable variation within the sites, which should be considered by replicating sites who may need to adjust their fidelity thresholds.
### III.D.1.b–c. Assessment and Training

Assessment of Colorado Pathways model fidelity during YARH was conducted primarily by the research and evaluation team (CPR). CPR developed specific fidelity measures related to adherence and compliance with program implementation and ongoing intervention delivery. The evaluators monitored the fidelity measures through a variety of methods including, monthly TA calls, monitoring of data entry and quality into PMIS and compiled a CQI report on the status of implementation fidelity each month. This report was presented to the project management team on a monthly basis and reviewed for quality and consistency in meeting program fidelity. To ensure the fidelity assessment was completed accurately and consistently, the evaluators worked as a team to pull reports, analyze and report on fidelity across sites. Other programs should familiarize themselves with the basics of assessing program fidelity and develop procedures to ensure proper monitoring and reporting. Pathways fidelity criteria and measures can be found in Table 6 and Appendix P.

The evaluation team is responsible for collecting and reporting on measures to the project management team in the form of monthly enrollment reports, creating presentations at evaluation team meetings, and providing technical assistance to Navigators. Assessments are conducted by accessing case data on the relevant fidelity and outcomes measures. Some key measures include screening and enrollment numbers, risk factors, youth retention rates, proper use of assessment tools, average contacts, and flex fund spending. These assessments can be conducted on an ongoing or as-needed basis to identify opportunities for program adjustment.

In addition to PMIS data reports, fidelity was also assessed through focus groups and interviews with Navigators and site supervisors. Qualitative data from interviews can be used to deduce if coach-like engagement was being implemented to fidelity, to make sure that goals are set, and to ensure that most youth are receiving proper dosage (contacts/services). Information from these interviews was further incorporated into the Continuous Quality Improvement (CQI) process to identify areas of the model that might need adjusting.

### III.E. Quality Improvement and Support

By taking a Continuous Quality Improvement (CQI) approach to usability testing, an evaluation team can collect data, report back key findings to project management, and make necessary adjustments to the model and its implementation. By achieving anticipated metrics (outlined in the formative evaluation plan), the evaluation team can assess the impact of each intervention component and fine-tune the model to ensure targeted outcomes are achieved. Throughout the evaluation phase of the Pathways to Success project, data from PMIS, administrative records, fidelity assessments, and qualitative sources were analyzed and reported on for the five outcome areas of housing, education, employment, health and well-being, and permanency.

### III.E.1. Data Measures

During Phase I, CPR developed an online management information system to collect key data necessary for the evaluation and provide an online case management system for the Navigators to use in tracking intervention services to youth. This system, known as the Pathways Management Information System (PMIS), allows the
evaluation team to access data entered in real time, and analyze and report on program activities and outcomes utilizing a CQI process. Additionally, the evaluators use a variety of data sources to collect, analyze, and report on the Pathways to Success Model intervention. A complete table of data measures, including when data is collected, and how it is stored is included in Appendix Q, and are detailed further below:

**Assessments/Tools (Screening Assessment, Baseline Assessment, YCS, EES, Goals)**

Answers from the assessments and surveys conducted by the Navigator over the course of the intervention are also used to evaluate outcomes within the intervention. These measures (Screening Assessment, Baseline Assessment, YCS, EES, and Goals) were implemented and tested during the formative evaluation and are described in the Assessment Tools section on page 25.

**Follow-up Survey**

The Follow-up Survey is a 45- to 60-minute survey administered by the evaluation team by phone 12 months after the youth’s enrollment date. The survey duplicates many of the questions from the Baseline and other assessments and asks about the youth’s experiences with Pathways and goal progress. This serves as a post-test for the intervention and will allow the evaluation team to measure changes to youth self-efficacy, the impact of coach-like engagement, and positive outcomes along the five outcome areas.

**Case Management Data**

The PMIS allows for collection and documentation of a youth’s progress in the program and serves as a record of how often and for what purpose Navigators were in contact by phone, email, text, or in person. These records include information about the topics discussed and the outcome, including services or funds provided. Case management records help the evaluation team determine if the model has been implemented to fidelity, if Navigators are in regular contact with youth, when tools are completed, what topics youth most discuss, and how flex funds are being utilized. PMIS data is also used to keep track of enrollment, graduation, and length of intervention.

**Qualitative Data Sources—Interviews and Focus Groups**

Interviews with youth, project administrators, Navigators, child welfare administrators and workers, and administrators and staff at RHY providers can help to paint a more complete picture of the implementation of Pathways. Interviews with staff about workload, barriers to enrollment and service, and any aspects of the project that went well can help an evaluation team assess whether any changes need to be made at the site level or if the program was implemented to fidelity.

Similarly, youth focus groups provide the evaluation team with a chance to hear from youth about their perceptions of and experiences with the program. Youth are asked to name helpful activities they had done with their Navigators, if and how the program helped them, what they think their life would be like without their Navigator, and what advice or closing thoughts they thought would be important to consider in expanding the program.

**State Data Systems**

Basic demographic information and information related to foster care history can be extracted from the Statewide Automatic Child Welfare Information System (SACWIS), to understand foster care experiences and measures related to case outcomes. This will provide the evaluation team with information about
when youth entered foster care; the number of placements they have had; experiences with and reasons for becoming homeless; and in-depth demographic data regarding education, income, disability, and involvement with various state services. Combined with other Pathways data sources, state data systems can help an evaluation team isolate variables when evaluating outcomes.

### III.E.2. Data Collection and Analysis

Data analysis for Pathways is designed to tell us two things: (1) if the intervention worked as intended and was implemented to fidelity and (2) program outcomes and impacts. To assess if the intervention worked as intended and was implemented to fidelity, it is helpful to refer back to key research questions from the formative evaluation plan, specifically:

- Did Pathways successfully identify members of the YARH target populations?
- Was the model intervention implemented as intended across sites?
- Were there differences in implementation between sites and/or between populations?
- What services and activities did Pathways provide?
- Did youth complete the intervention and achieve goals?
- Did coach-like engagement increase youths’ self-efficacy and ability to manage independence?

The full analytic plan for answering each of the research questions from the formative evaluation is included in Appendix C. The majority of the data used for analysis (with the exception of state data systems and focus groups/interviews) is collected and stored using PMIS, which allows for the creation and generation of reports to produce information regarding:

- Enrollment
- Graduation
- Demographic information
- Case management
- Scores on tools & assessments
- Goals

CPR generates monthly reports to monitor program enrollment, implementation and performance towards key outcomes. These reports detail differences by site, population, and youth status in the program. This information can be used to adjust program implementation as needed, or to develop strategies that should be incorporated into the model in order to better serve youth. PMIS data can also be used in order to test the fidelity measures listed in Appendix Q.

Outside of PMIS data, sites may wish to evaluate additional qualitative sources of data to understand staff and youths’ experiences with the program, perceived impacts, and model fidelity. Focus groups and interviews can help paint a more complete picture of program implementation and more accurately relay these experiences and impacts to various stakeholders. Qualitative experiences of youth are also captured within the various data measures, including the Baseline and the Follow-up Survey.

Additionally, analysis of follow-up survey data can be used to assess program impacts by comparing responses on other assessment tools used in the evaluation, such as the Readiness for Independence, EES, and several measures related to the five outcome areas. This analysis will also help determine program effectiveness by reporting on rates of program/goal completion and differences in the five outcome areas between graduated youth and youth who do not complete the program. Administrative data extracted from the state child welfare data system and homeless management information system (HMIS) kept at local RHY providers can enhance and complete the analysis of youth participation in the program and related outcomes.
III.E.3. Reviewing Data

Reviewing data and making program decisions should be determined by each site. For our formative evaluation, the Colorado Pathways to Success program hired an outside evaluator to provide data analysis and make recommendations to program management. Programs might choose to use an independent or inside evaluator to review data, depending on their program’s evaluation needs and desired program performance monitoring.

During programming, the evaluator should be responsible for monitoring the database (PMIS) and reporting on key outcomes and findings. It may be helpful to follow the technical assistance schedule listed in previous sections and have deadlines for delivering reports, such as at monthly project management meetings.

At a minimum, it is advisable to review data on an ongoing basis for the purposes of ensuring model fidelity by reporting on how often Navigators are engaging with youth, what activities are part of a youth’s intervention, and flex fund spending. Annual reviews of program data might also be extremely beneficial for producing impact reports to stakeholders and potential funders. Findings from data collection and analysis should be reported back to a project management team that consists of program staff, supervisors, Navigators, and other relevant stakeholders to determine if any adjustments need to be made to ensure greater service or program fidelity.
References


2 Colorado Department of Local Affairs, Youth Homelessness in Colorado, 2017


Theory of Change

The problem

The persistence of high rates of homelessness among youth with a foster care history signals a gap in services within the Child Welfare system. In Colorado, thirty to forty percent of youth served by runaway and homeless youth service providers have prior foster care involvement. That number jumps to as high as seventy percent in the rural areas. Unfortunately, Colorado does not have a systematic method of counting the number of homeless youth with foster care involvement, but the State and community-based service providers know the number is high and recognize that foster care youth have an increased risk of homelessness compared to those without foster care experience; and the risk of homelessness is higher among foster care youth who are either aging out of care or entered foster care at an older age compared to youth who entered foster care at a young age. The foster care and child welfare systems are not working as designed if they do not identify and assist youth with achieving intended outcomes such as stable housing, improved well-being, permanent connections, and educational and employment opportunities.

The root cause

Several factors, including individual and environmental, contribute to the increased risk of homelessness among foster-care involved youth.

External factors

- Lack of social supports, lack of supportive family or friends, unstable housing, low educational attainment
- Traumas experienced by youth create challenges around youth engagement/trust

Environmental and systemic factors:

- The State TRAILS system and community-based service providers don’t have a way of identifying youth at risk of homelessness, and do not screen for risk and protective factors in a systematic way.
- Youth transitioning out of care do not receive sufficient practical preparation or support for transition out of care (The Independent Living Plans (ILP) developed is often just a piece of paper for the youth).
- Youth coming into care at older age do not receive support for the transition into care.
- Youth are not engaged in their own decision making and planning; they do not drive decisions about their own lives.
- Other systems designed to support youth (education system, criminal justice system, workforce) are siloed, fail to effectively work together to support youth; and might not be trauma-informed.
- Availability of services/supports in rural areas: Uneven distribution of resources by area, though even in urban areas where they may have more resources, the services might not be aligned (so there are gaps in services).
The solution

In order to address youth homelessness among foster-care involved youth, we will engage youth through a Navigator to ensure youth are on a path to secure stable housing, obtain education or employment, medical coverage, a positive outlook on life, and secure social supports. The following are action steps and strategies that will guide our work to address the problem including:

- All youth meeting population criteria will be screened for risk factors and referral to Pathways.
- A Navigator will meet with and develop relationship with youth. Navigator will provide intensive case management, complete assessments with youth and deliver the intervention as designed.
- Navigator will work closely with youth to provide the resources or guidance that youth need in order to make the system work for them. This will be done with a youth-driven approach facilitated by the Navigators.
  - The Navigators will make sure various processes, e.g. Permanency Roundtable (PRT)/Community Roundtable (CRT), are completed in a way that serves the youth’s interests, needs, and goals. Navigators will ensure the youth’s interests, needs, and goals are met by being an advocate for the youth, encouraging them to guide their meetings as well as those with other community members. Navigators will be serving youth in a coach-like way, meaning they will be coaching the youth to guide their own service plan, and encouraging them to speak up for their own interest, needs and goals. They will also step in when they see that a plan, process, or service does not align with the youth’s goals. They will make sure youth are prepared for these meetings with goals in mind, also ensuring there is follow-up to the meetings. Navigators will follow-up with youth about how to achieve benchmarks and goals developed in the meetings as well as to confirm that the youth are pleased and confident in the outcome of the meetings.
  - One of the Navigator’s roles is to utilize the systems that are in place for the youth, ensuring youth have access to all resources across multiple systems to achieve goals.
  - The Navigator will ensure access to the full menu of services available to the youth to achieve various outcomes, and provide a clear path to accessing those services (having a plan). Navigators are exposed to the available resources within their counties and communities. Navigators build relationships with community partners and agencies offering services across housing, education, employment, health, and social support. Depending on what the youth’s goals, they will refer to resources they are already familiar with or will find the appropriate resource/service for the youth. Navigators also participate in several learning calls each month where they share knowledge of community resources and agencies available to help youth enrolled in Pathways.
  - They will also ensure that services are delivered with the intensity/fidelity they were intended (ensuring the plan is carried out) and in a way that is sensitive to youth’s needs (e.g., sensitive to history of trauma). Navigators are trained
- State Interagency Team (SIAT) and Local Interagency Team (LIAT) will help address barriers or gaps in systems (e.g., barrier in DOL system that needs to be addressed at system level; e.g., there are myths around who can get housing, e.g., based on criminal backgrounds, regarding fair housing act)

Intervention Components
(see graphic next page)
### Housing

<table>
<thead>
<tr>
<th>Long-term Impacts</th>
<th>Prevention Population</th>
<th>Intervention population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth living in safe, stable housing</td>
<td>Youth identify goals for career training, secondary education, or full-time employment</td>
<td>Youth report stable employment, earnings at a livable wage</td>
</tr>
</tbody>
</table>

### Employment

<table>
<thead>
<tr>
<th>Short-term Outcomes</th>
<th>Prevention Population</th>
<th>Intervention population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth learn about safe, stable housing options</td>
<td>Youth enrolled in school and report improved GPA and test scores and grade completion</td>
<td>Youth report increased level of educational achievement and post-secondary enrollment</td>
</tr>
</tbody>
</table>

### Education

<table>
<thead>
<tr>
<th>Youth are enrolled in school</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth are enrolled in school and use education supports like ICAP</td>
</tr>
</tbody>
</table>

### Well-being

| Youth report improved physical and mental health and positive outlook on life |

### Permanency

| Youth report more permanent connections and deeper levels of trust and connection with family, community |

---

### Preconditions

- ✓ Youth maintains contact with and continues to build a relationship with their Navigator.
- ✓ Youth is willing and able to advocate for himself/herself and asks for services based on needs and interests.
- ✓ Youth is engaged in services and is following a plan to achieve the linchpin goals they identified with their Navigator.
- ✓ Navigator facilitates improved collaboration and service alignment among existing community and agency service providers.
- ✓ Local Interagency Teams (LIATs) help support resource allocation and collaboration at the state and local levels.

### Intervention Components

- ✓ Navigator engages youth in a coach-like way; meets with youth to build rapport and discuss needs and interests.
- ✓ Navigator administers screening tool, baseline survey, Youth Connections Scale and EES to assess and track services and needs.
- ✓ Navigator works with youth to develop a set of linchpin goals along the five outcome areas and sets a plan with youth to achieve goals.
- ✓ Navigator connects youth to individualized array of existing services and distributes flex funds as needed to support youth.
- ✓ Navigator documents activities, assessments, contacts, and youth progress in PMIS.

### Assumptions

- ✓ Youth who are identified through screening are at an increased risk of becoming homeless.
- ✓ Youth want to be involved in determining their future and the services they receive (Youth-driven).
- ✓ Youth are motivated to engage in services offered to them with the goal or reducing risk of homelessness.
- ✓ There are available, identifiable, and appropriate services in the community capable of meeting the youth’s needs.
Appendix B

Logic Model
**Pathways to Success**

**Inputs**
- Caseworker, Chafee worker, or client manager refers youth for screening of homelessness risk
- Pathways Navigators trained: to deliver youth-driven services; to provide an individualized services array; and to engage youth in coach-like way
- Pathways Management Information System (PMIS) to track and collect data on youth outcomes and intervention activities

**Activities**
- Navigator administers screening tool, baseline survey, Youth Connections Scale to assess and track youth needs
- Navigator meets with youth to build rapport, discuss needs and interests to map service delivery plan
- Navigator connects youth to individualized array of existing services; distributes flex funds as needed to support youth
- Navigator prepares and advocates for youth in youth-led Permanency Roundtable (PRT) or Community Roundtable (CRT). Debriefs youth following all Roundtables
- Navigator facilitates Road Map to Independence (RMTI) to develop Independent Living Plan (ILP) and convenes meetings with youth-selected team
- Navigator documents activities, contact, and youth progress in PMIS
- Navigator facilitates Local Interagency Team (LIAT) meetings to address systemic barriers

**Outputs**
- Appropriate assessment tools completed and entered in PMIS: Screening Assessment, Baseline Survey, Youth Connections Scale, Empowerment and Engagement Survey
- Contact with Navigator at least weekly, starting at enrollment
- Individualized Services Array: Referral to at least one new service/organization within the first month post-enrollment
- Minimum of one supportive adult following each PRT, CRT, or permanency pact
- ILP developed with 2 “linchpin goals” or barriers to independence identified following enrollment and reviewed annually. Navigator works with youth to achieve goals.

**Outputs**
- Youth can identify an adult, close friend, or mentor who can provide support
- The majority of youth have health insurance
- Youth learn about safe, sable housing options
- 80% of prevention youth enrolled in school; 65% intervention youth use education supports like ICAP;
- Prevention youth report increased academic achievement; Prevention youth enrolled in school; Intervention youth report post-secondary enrollment

**Short-Term Outcomes**
- Youth are in a mentoring program or meeting regularly with supportive adult
- Youth know name and contact for doctor
- Youth know where and how to access medical care
- Access safe and stable housing options such as kinship and independent living arrangements
- Prevention youth use education supports like ICAP; Intervention youth report post-secondary enrollment

**Long-Term Outcomes**
- Youth report increased permanent supportive connections with family & community
- Youth report improved physical and mental health, and positive outlook on life
- Youth report living in safe, stable housing
- Youth report increased academic achievement; Prevention youth enrolled in school; Intervention youth report post-secondary enrollment

**External Factors**
- Foster care and child welfare services could be changed or impacted by state and local policy-level changes

**Context**
- **Prevention:** Youth who are currently in foster care and at increased risk of homelessness
- **Intervention:** Youth who are transitioning out of foster care or prior foster youth experiencing homelessness
## Research Question 1

**How well does the Pathways recruitment and enrollment process identify, refer, and enroll members of the target populations into the intervention?**

1a. *How does the number of youth screened and referred for enrollment compare to the number needed to maintain full caseloads (10 youth per full-time Navigator) across sites?*

<table>
<thead>
<tr>
<th>Data to be Collected</th>
<th>The number of youth in each of the target populations who are screened and the number of youth who enroll</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Source(s)</td>
<td>Screening forms, PMIS screening &amp; enrollment records, Baseline surveys</td>
</tr>
<tr>
<td>Analysis Plan</td>
<td>Run frequencies to compare total number of youth screened and total number of youth enrolled with projections of expected screening and enrollment. These projections reflect expectations regarding case-load capacity. The full formative evaluation sample of all enrolled youth will be used for enrollment numbers. The analytic sample of all screened youth with be used for screening numbers.</td>
</tr>
</tbody>
</table>

1b. *How long are youth retained following enrollment?*

<table>
<thead>
<tr>
<th>Data to be Collected</th>
<th>Date of youth intake (enrollment) Dates of all contacts between Navigator and youth, including final contact Nature and date of final youth status (indicating whether and when youth completed intervention, dropped out, or became inactive)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Source(s)</td>
<td>PMIS enrollment, contacts, and status records</td>
</tr>
<tr>
<td>Analysis Plan</td>
<td>Use basic descriptive statistics to determine the percentage of who were screened, enrolled, and then dropped out within given time intervals (e.g., one month, three months, six months). An analytic sample of youth who have been enrolled for at least six months will be used. This means youth enrolled after February 1, 2019 will not be included in analysis.</td>
</tr>
</tbody>
</table>

## Research Question 2

**Was the model intervention implemented as intended across sites?**

2a. *Did Navigators engage youth in a coach-like way? What factors operated as facilitators, and what as barriers, to coach-like engagement?*

<table>
<thead>
<tr>
<th>Data to be Collected</th>
<th>Navigator comments in response to interview prompts addressing following themes:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Understanding of coach-like way definition and core principles</td>
</tr>
<tr>
<td></td>
<td>• Youth engagement practices and techniques</td>
</tr>
<tr>
<td></td>
<td>• Examples of coach-like versus non coach-like engagement</td>
</tr>
<tr>
<td></td>
<td>Explanations and examples of: supportively challenging youth, following youth lead,</td>
</tr>
<tr>
<td></td>
<td>• Facilitators of and challenges related to providing coach-like engagement</td>
</tr>
<tr>
<td></td>
<td>Youth perceptions of interactions with Navigator</td>
</tr>
<tr>
<td>Data Source(s)</td>
<td>Navigator Interviews</td>
</tr>
</tbody>
</table>
### Formative Evaluation Research Questions and Evaluation Plan

<table>
<thead>
<tr>
<th>Study Questions</th>
<th>Analysis Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Youth Focus Groups</strong>, Empowerment and Engagement Scale (EES): Scale 1, questions 1, 7 and 9.</td>
<td>Code and analyze qualitative data to look for evidence that coach-like engagement was understood and operationalized with fidelity. This will be determined based on comparison to coach-like engagement definition and fidelity measures, which have already been developed. For the full formative evaluation sample, use descriptive statistics to determine range and average of scores as well as case-level EES scores (for the EES administered within 60 days of baseline). Questions 1, 7, and 9 will be analyzed separately. Compare case-level scores to a fidelity cut-off point (score of 4, which indicates an answer of “mostly”) to determine the percentage of youth whose perceptions of the ways in which Navigators interacted with them suggest coach-like engagement was consistently practiced. Perform the same analysis on the EES administered at follow-up using the analytic subsample of youth who have completed the follow-up survey. Qualitatively compare results between the 1st and 2nd EES.</td>
</tr>
</tbody>
</table>

#### 2b. Did Navigators work with youth to develop two linchpin goals?

<table>
<thead>
<tr>
<th>Data to be Collected</th>
<th>Analysis Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of linchpin goal development, Youth self-report on whether goals were set in working with Navigator</td>
<td>Use descriptive statistics to determine what percentage of youth identified two linchpin goals. Run frequencies to determine what percentage of identified goals were related to each of the 5 areas. These first two steps of analysis will utilize the full formative evaluation sample. The subsample of youth who completed a follow-up survey will be used in a third step, which will involve running frequencies to determine what percentage of youth responded “yes” to the question about whether the Navigator worked with youth to establish goals.</td>
</tr>
</tbody>
</table>

| Data Source(s) | |
|----------------|PMIS linchpin goal records, 2 linchpin goal questions on follow-up survey|

#### 2c. To what extent was a youth-driven approach implemented throughout the intervention?

<table>
<thead>
<tr>
<th>Data to be Collected</th>
<th>Analysis Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth assessment of the extent to which decisions and decision-making processes were youth-driven</td>
<td>Use frequencies to determine range, average, and case-level scores for each EES question for each administration point (e.g., analyze first administration as a group and follow-up as a separate group). Compare case-level scores to a fidelity cut-off point (score of 4, which indicates an answer of “mostly”) to determine the percentage of youth whose responses suggest a youth-driven approach was implemented with fidelity. The full formative evaluation sample will be used for identifying responses for the first EES administration point. These two analyses will be qualitatively compared. The analytic sample of youth who have completed a follow-up survey will be used for the second EES administration point. Qualitative data (focus group notes) will be coded and analyzed for themes regarding youth input and ownership over goal setting and decision-making processes.</td>
</tr>
</tbody>
</table>

| Data Source(s) | EES: Scale 1, questions 3, 5, and 8; Youth Focus Groups |

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_**Note:** The analysis plan is designed to ensure a comprehensive understanding of the youth's perspective on engagement and decision-making processes, leveraging both quantitative and qualitative methods._
### Formative Evaluation Research Questions and Evaluation Plan

**2d. To what extent did Navigators make weekly contact with each enrolled youth? What factors contributed to more or less frequent contact?**

<table>
<thead>
<tr>
<th>Data to be Collected</th>
<th>Date and type of each contact between Navigator and youth; Navigator comments on cases where contact was more or less frequent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Source(s)</td>
<td>PMIS contact records, Navigator Interviews</td>
</tr>
<tr>
<td>Analysis Plan</td>
<td>Use descriptive statistics to determine the frequency of contacts, by type, per youth for the full formative evaluation sample. Determine the percentage of youth for whom contact was made weekly versus those for whom contact was made more than once per week, bi-weekly, monthly, or less than once per month. Break down contact frequency by type of contact (in-person, phone, email, text). Note any apparent differences or strong similarities in contact patterns by site and/or target population, and time (e.g. is there more frequent contact with youth during the first month of their enrollment compared to the last?). Code Navigator interviews for explanations of cases in which either more than weekly, or less than weekly, contact was made with a youth. To use this question to monitor fidelity, we will also specifically analyze the frequency of in-person and phone contacts made within the first thirty days of enrollment and determine if the fidelity benchmark (&gt;50% of youth meet with Navigator in person or via phone at least once per week for the first month following enrollment meeting) was met.</td>
</tr>
</tbody>
</table>

---

**Research Question 3**

Were there differences in implementation between sites and/or between populations?

3a. How did the implementation of the intervention for populations 1 and 2a (prevention) compare to implementation for populations 2b and 3 (intervention)?

<table>
<thead>
<tr>
<th>Data to be Collected</th>
<th>Types of services provided to youth; number and type of contacts; length of time between contacts; length of enrollment time per youth; navigator comments on implementation differences between populations.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Source(s)</td>
<td>PMIS records as analyzed in other program implementation research questions Navigator Interviews.</td>
</tr>
<tr>
<td>Analysis Plan</td>
<td>As stated at the beginning of this section, where possible analysis will include cross-tabulating results by prevention and intervention populations. To determine whether and how implementation differed by population, we will analyze cross-tabulated findings from research questions 1b, 2b, 2c, 3c, 4a, 4b and identify any differences that are present. In addition, we will use descriptive statistics to determine the average length of time between contacts for youth in each population and then compare. Finally, we will code and analyze qualitative data for themes regarding differences and similarities between populations and navigator strategies related to engaging different populations.</td>
</tr>
</tbody>
</table>
### Formative Evaluation Research Questions and Evaluation Plan

#### 3b. Were there differences in implementation across sites (e.g., rural versus non-rural) and, if so, how might those be explained?

<table>
<thead>
<tr>
<th>Data to be Collected</th>
<th>See data collected in all other implementation research questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Source(s)</td>
<td>PMIS records as analyzed in all other program implementation research questions; Navigator Interviews; Project Management Documents: Site-specific flex-fund protocols, budget, Navigator contract</td>
</tr>
<tr>
<td>Analysis Plan</td>
<td>This question will be answered through analyzing results of all the other program implementation inquiries. As previously stated, cross-tabulation by site and collaborative will be done wherever possible. In addition to examining these cross-tabulations, we will code and analyze qualitative data for differences regarding navigator process and site-specific challenges or constraints as well as facilitators and supports. Although quantitative differences (e.g., number of youth enrolled) will be noted, the answer to this question will be primarily presented as a qualitative comparison of sites.</td>
</tr>
</tbody>
</table>

#### 3c. To what extent were flex funds used, how did usage vary across sites, and how did navigators believe site-specific protocols impact usage?

<table>
<thead>
<tr>
<th>Data to be Collected</th>
<th>Flex fund usage by Navigator/site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Source(s)</td>
<td>PMIS services records; Project Management Documents: Site-specific flex-fund protocols &amp; budgets; Navigator Interviews</td>
</tr>
<tr>
<td>Analysis Plan</td>
<td>Use descriptive statistics to identify total amount of flex funds used, range and average of dollars spent per youth, percentage of youth for which flex funds were used at all, and usage by category (12 possible uses given in PMIS). The full formative evaluation sample will be used and all results will be cross-tabulated by site, population, and collaborative. Qualitatively significant differences between sites will be noted and further explored through coding and analysis of qualitative sources (navigator interviews and project management documents related to flex funds).</td>
</tr>
</tbody>
</table>

### Research Question 4

#### What services and activities did Navigators provide and how did they connect to linchpin goals?

##### 4a. What linchpin goals were identified by youth?

<table>
<thead>
<tr>
<th>Data to be Collected</th>
<th>Type of goals identified by youth (e.g., education, employment, housing…)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Source(s)</td>
<td>PMIS linchpin goal records</td>
</tr>
<tr>
<td>Analysis Plan</td>
<td>Run frequencies to identify the goals that youth set for themselves and determine what percentage of all goals each type represented. The full formative evaluation sample will be used.</td>
</tr>
</tbody>
</table>
## Formative Evaluation Research Questions and Evaluation Plan

### 4b. What services and navigation activities were most commonly utilized to work toward achievement of linchpin goals?

<table>
<thead>
<tr>
<th>Data to be Collected</th>
<th>Services and activities provided by Navigators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Source(s)</td>
<td>PMIS contacts and services records</td>
</tr>
<tr>
<td>Analysis Plan</td>
<td>Run frequencies to determine the range and average dosage of services and navigation activities (contacts) provided per youth by type (e.g. education, employment, housing, health and well-being, permanency). Qualitatively compare these results with the results of question 4a (type of goals identified). The full formative evaluation sample will be used.</td>
</tr>
</tbody>
</table>

### Research Question 5

To what extent did youth complete the intervention, and to what extent were linchpin goals achieved?

#### 5a. What percentage of youth “completed” the intervention?

<table>
<thead>
<tr>
<th>Data to be Collected</th>
<th>Final youth status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Source(s)</td>
<td>PMIS status records</td>
</tr>
<tr>
<td>Analysis Plan</td>
<td>Run frequencies to determine percentage of youth who completed the intervention versus becoming inactive or dropping out of the program. Use qualitative notes connected to final status record to provide examples of what it meant for youth to “graduate” and thus be marked as completed by Navigator. A sub-sample of youth enrolled in Pathways for at least six months will be used. This means youth enrolled after February 1, 2019 will not be included in analysis.</td>
</tr>
</tbody>
</table>

#### 5b. What percentage of youth reported achieving their linchpin goals?

<table>
<thead>
<tr>
<th>Data to be Collected</th>
<th>Youth self-report on progress made toward achieving linchpin goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Source(s)</td>
<td>Services section of follow-up survey (3 questions)</td>
</tr>
<tr>
<td>Analysis Plan</td>
<td>Run frequencies to determine percentage of youth who a) say they worked with a navigator to develop linchpin goals, b) achieved those goals, c) report that navigator assisted them in achieving those goals. The subsample of youth who have completed the follow-up survey will be used. The proportion of youth who reported working on linchpin goals in the follow-up survey sub-sample will be compared with the proportion of youth in full evaluation sample who established linchpin goals to determine if youth are significantly under- or over-representing goal development in follow-up surveys.</td>
</tr>
</tbody>
</table>
## Research Question 6

To what extent are expected short-term outcomes related to permanency, housing, health and well-being, education, and employment being achieved?

### 6a. Permanency: Do youth experience a decrease in placement changes or moves within a year of enrolling in the Pathways program?

<table>
<thead>
<tr>
<th>Data to be Collected</th>
<th>Number of placement changes before and during intervention; Number of moves (changes in living situation) before intervention and within 12-months of enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Source(s)</td>
<td>TRAILS data on placement changes (for prevention population); Current Living Situation Section question on moves (baseline and follow-up surveys)</td>
</tr>
<tr>
<td>Analysis Plan</td>
<td>Using the current living situation question, we will run frequencies for baseline and follow-up data then calculate and compare the average and range of youth moves before and after enrolling in Pathways. We will use descriptive statistics to compare baseline and follow-up responses at the case level. For these analyses the subsample of youth who have completed a follow-up survey will be used. Descriptive statistics, including frequencies, will be used to analyze TRAILS data to determine how many prevention youth experienced a placement change. We will then calculate the range and average. These analyses will use a subsample of prevention population youth who have a TRAILS record.</td>
</tr>
</tbody>
</table>

### 6b. Health and well-being: Do youth report increased ability to arrange for their own health care?

<table>
<thead>
<tr>
<th>Data to be Collected</th>
<th>Youth self-report on level of preparation for arranging for health care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Source(s)</td>
<td>Readiness for Independence, question 5 (baseline and follow-up surveys)</td>
</tr>
<tr>
<td>Analysis Plan</td>
<td>Use descriptive statistics to determine case-level responses at first administration (baseline or within 60 days of baseline) and follow-up. Compare case-level responses for each question across time to determine degree and direction of change. Find range and average for each time point as well as for change over time. The subsample of youth who have completed a follow-up survey will be used.</td>
</tr>
</tbody>
</table>

### 6c. Housing: What were participants’ living arrangements at follow-up compared to program entry?

<table>
<thead>
<tr>
<th>Data to be Collected</th>
<th>Youth self-report on living arrangement at baseline and follow-up (one Y/N question); TRAILS data on living arrangement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Source(s)</td>
<td>Current living arrangement questions on baseline and follow-up surveys; TRAILS data (for prevention population)</td>
</tr>
<tr>
<td>Analysis Plan</td>
<td>Run frequencies to determine percentage of youth living in different arrangements (9 options) at baseline compared to follow-up. Compare case-level responses to determine how many youth changed living situations, and what that change in situation entailed (e.g., did they go from living with a parent to living on their own?). TRAILS data will be used to cross-reference youth self-report responses and as the sole data source for youth who have a TRAILS record but did not complete a follow-up survey. The subsample of youth who completed follow-up surveys or have a TRAILS record will be used for this analysis.</td>
</tr>
</tbody>
</table>
### Formative Evaluation Research Questions and Evaluation Plan

#### 6d. Education: To what extent was there an increase in school enrollment of high-school aged youth?

<table>
<thead>
<tr>
<th>Data to be Collected</th>
<th>School enrollment status; If not enrolled in school, reasons for leaving (eleven-option list)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Source(s)</td>
<td>Education section on baseline and follow-up surveys (enrollment status, reasons for leaving if not enrolled); TRAILS data (for prevention population)</td>
</tr>
<tr>
<td>Analysis Plan</td>
<td>Use descriptive statistics to determine and compare school enrollment status at baseline and follow-up. Examine and report on reasons for not being enrolled in school at the case-level for any youth who are enrolled in school at baseline but not at follow-up. Run frequencies on subsample to identify prevalence of listed reasons (eleven options) for not being enrolled in school and compare results for baseline and follow-up frequencies. TRAILS data will be used to cross-reference youth self-report responses and as the sole data source for youth who have a TRAILS record but did not complete a follow-up survey. A subsample of youth who have completed a follow-up survey or are in the TRAILS system AND are 18 or younger will be included in this analysis.</td>
</tr>
</tbody>
</table>

#### 6e. Employment: Do youth report increased preparation for managing finances, planning for and attaining employment at follow-up compared to program entry?

<table>
<thead>
<tr>
<th>Data to be Collected</th>
<th>Youth self-report on preparation for managing finances, planning for and attaining employment (3 six-option scale questions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Source(s)</td>
<td>Readiness for Independence, questions 2, 3, 7 (baseline and follow-up surveys)</td>
</tr>
<tr>
<td>Analysis Plan</td>
<td>Use descriptive statistics to compare case-level responses for each question at baseline and follow-up, determining the degree and direction of change (six-option scale for each question). Report range and average for all youth. This analysis will use the subsample of youth who have completed the follow-up survey.</td>
</tr>
</tbody>
</table>

#### Research Question 7

### How successful was coach-like engagement in increasing youths’ self-efficacy and ability to manage independence?

#### 7a. To what extent do youth report being able to self-advocate in navigating services, and setting and achieving goals?

<table>
<thead>
<tr>
<th>Data to be Collected</th>
<th>Youth self-report on ability to self-advocate regarding goal development and achievement and service navigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Source(s)</td>
<td>EES: Scale 1, question 2; Scale 2, questions 6, 11, and 13; Youth Focus Groups</td>
</tr>
<tr>
<td>Analysis Plan</td>
<td>Run frequencies to identify case-level scores for each question and percentage of youth who scored in each response category (5 options from “almost always” to “almost never”). Report range and average for all youth for each question. Code and analyze qualitative focus group transcripts for themes regarding the impact of working with Navigator in terms of youths’ comfort and skills in setting/achieving goals as well as navigating services and supports. This analysis will use full formative evaluation sample, and those who participated in a youth focus group.</td>
</tr>
</tbody>
</table>
Formative Evaluation Research Questions and Evaluation Plan

7b. How do youth describe the impact Pathways has had on preparing them for the future?

<table>
<thead>
<tr>
<th>Data to be Collected</th>
<th>Youth perceptions of the impact and value of the Pathways program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Source(s)</td>
<td>Youth Focus Groups</td>
</tr>
<tr>
<td>Analysis Plan</td>
<td>Code and analyze focus group transcripts for themes regarding youth sense of what Pathways was intended to accomplish, what was valuable about the program for them, what it was like to work with a Navigator, what, if anything, changed for them over the course of participating in the Pathways program, and what it has meant for them as they look to the future. The subsample used for this analysis will be youth included in the focus groups.</td>
</tr>
</tbody>
</table>

Research Question 8

What information do we need to conduct a cost analysis and how do we effectively track cost data?

8a. What cost information is currently collected by sites and the project management team?
8b. Are there gaps that would need to be filled in for a summative evaluation?
8c. What economic feasibility questions are important for partners and stakeholders?
8d. What costs are able to be determined from existing data?
8e. Can a cost-per-site be calculated to implement the intervention with fidelity?

<table>
<thead>
<tr>
<th>Data To Be Collected</th>
<th>Brainstormed lists and priorities for project management team and partner agencies; Budgets from State, county sites, and service providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Source</td>
<td>Project management team; Partner-agency line item (annual) budgets; Agency email Survey on budget/program costs; Navigator-entered PMIS records</td>
</tr>
<tr>
<td>Analysis Plan</td>
<td>Identify all cost information currently collected and/or tracked by project management team and sites. Categorize each line item by direct vs. indirect costs, travel, contractual, supplies, other. Solicit and categorize feedback from partner agencies and project management team to determine specific cost analysis priorities of each stakeholder group. Compare priority questions to list of currently tracked cost information to revise cost data collection procedures for summative evaluation.</td>
</tr>
</tbody>
</table>
Appendix D - Service Providers and Referral Agencies

**Boulder Collaborative**
Association for Community Living
Attention Homes
Beyond The Walls-Shiloh House
Boulder - EFAA
Boulder County Housing and Human Services
Boulder County Housing Panel
Boulder Homeless Shelter
Boulder Social Security Office
Bridge House
Center for People with Disabilities
Dental Aid
- Boulder
- Longmont
Division of Vocational Rehabilitation
Genesis- Boulder County Public Health
Housing and Human Services-Benefits
Longmont Youth Center
Mental Health Partners
Mile High United Way
OUR Center
People's Clinic
Polaris House
Realities for Children
Salud Clinic
School to Work Alliance Program
Sister Carmen
Workforce Boulder County
Wraparound Boulder County

**Denver Collaborative**
32nd Jubilee Center
A Promising Future
Academy of Urban Learning
Adams County
- Unison Housing Partners
Adoption Options
Ah-Ha Counseling Services
Alternatives Pregnancy center
Arapahoe Community College
Bannock Youth and Families Center
Bayaud Enterprises
Big Hearts Clothing Closet
Bridging the Gap Program at the Mile High United Way
Broadway Plaza Lofts
Centus Counseling
Clayton Early Learning Center
Clothes to Kids of Denver
College In Colorado
Colorado Family Life Center
Colorado Juvenile Defender Center
Colorado Teen Project
Community College of Denver
- Lending Library
Cornerstone Property Management
Colorado Sexual Health Initiative
Del Corazon Apartments
Denver Asset Building Coalition
Denver Chafee
Denver Community Credit Union
Denver Department of Human Services
- Legal Services
- TANF
Denver Public Library
- Career Online High School
Denver Works
Diamond at Prospect Apartments
Dream Makers
Education Training Voucher (ETV)
Elevating Connections INC
Emily Griffith Technical College
Enabling Technologies
Evolution Services
Florence Crittenton Services
Grand Lowry Lofts
Heart and Hand Center
JobCorps
Kevin Dougherty Counseling
KG International Driving School
Mental Health Center of Denver
- Resource Center
- Child and Family Services
- Right Start Infant Mental Health
Mercy Housing
- Aromor Apartments
- Bluff Lake Apartments
- Decatur Place Apartments
- Holly Park Apartments
Metro Denver Partners
Mile High Youth Corps
OneHome
Oxford Hotel
Park Avenue West Apartments
Precious Child
Prodigy Coffee
Q Link Wireless
Redpeak Property Management
Renew on Stout
Servicios de la Raza
The Legacy Project at Advocates for Children (CASA)
Upstream Impact/ Cross Purpose
Warren Village Right Start
Welton Park
Woman, Infant, and Children
Work Options for Women

**Rural Collaborative**
11th Judicial District Probation Department
Boys & Girls Club of Fremont County
Court Appointed Special Advocates
CBOCES
Colorado Workforce Center
Family Crisis Services, Inc.
Fremont County
- Dept of Human Services
- Public Health and & Environment
- Victim Assistance Unit
Fremont RE-1 Canon City School District
Fremont RE-2 School District, Florence
Juvenile Services Planning Committee
Loaves & Fishes Ministry
McKinney Vento Regional Consultants
North Range Behavioral Health
Rocky Mountain Behavioral Health
Solvista Health
Upper Arkansas Area Council of Governments
Appendix E

Operation Flow Charts
INTERVENTION and PREVENTION

Screen

Assess Risk & Readiness
Connect w/ Referral Person

Ineligible

Eligible

Enrollment, Baseline Survey
Decline or Accept Enrollment

Engagement Phase

If youth disengage and there's no contact for 90 days, move to inactive.

Contact Weekly

Coordinate with Youth and Team

Address Safety Goals
Crisis Stabilization

Ineligble

Re-engagement if needed, youth-driven

Increase supports, if not ready

Support youth's ongoing goals

Youth and Navigator determine readiness to transition to external supports

Decrease level of engagement and utilize graduation tool, when ready

Graduation

Community Transition Phase

TOOLs
(Mandatory)
Youth Connection Scale
(within first 60 days)
Empowerment and Engagement Scale
(within 6 months)

(Not Mandatory)
TOPS
CANS
Flex Funds
Perm Round Table
Community Round Table
Casey Life Skills
3 Houses

Coordinate with Youth and Team

Address Safety Goals
Crisis Stabilization

Intervention Services

Identify Strengths & Barriers

Secure Community Connections and Supports

Establish Two Linchpin Goals
(first 90 days)

Support youth's ongoing goals

Youth and Navigator determine readiness to transition to external supports

 Decrease level of engagement and utilize graduation tool, when ready

Graduation

Community Transition Phase

PATHWAYS TO SUCCESS
OnTheRightPath.org

Secure Community Connections and >-4,------Re-engagement if needed, youth-driven------------. Supports Linchpin Goals

dyouth's ongoing goals

Youth and Navigator determine readiness to transition to external supports

Decrease level of engagement and utilize graduation tool, when ready

Graduation

Community Transition Phase

PATHWAYS TO SUCCESS
OnTheRightPath.org

Secure Community Connections and >-4,------Re-engagement if needed, youth-driven------------. Supports Linchpin Goals

dyouth's ongoing goals

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OnTheRightPath.org

Secure Community Connections and >-4,------Re-engagement if needed, youth-driven------------. Supports Linchpin Goals

dyouth's ongoing goals

Youth and Navigator determine readiness to transition to external supports

Decrease level of engagement and utilize graduation tool, when ready

Graduation

Community Transition Phase
**Identification and Enrollment**

**Prevention Population:** Youth who are currently in foster care and identified by child welfare workers as potentially being at increased risk of experiencing homelessness.

**Intervention Population:** Youth who are transitioning out of or have exited foster care who may or may not be homeless and are identified by child welfare supervisors or RHY providers.

**Screening**
- Youth Identifies one or more risk factors
  - Yes: Navigator describes Pathways Project and attains informed consent from youth/guardian
  - No: Ineligible for Pathways

**Inactive**
- Ineligible for Pathways

**Administer Baseline Survey and begin providing services**

**Active Phase**

**Pathways Intervention**
- Secure Community Connections and Supports
- Establish Two Linchpin Goals (first 90 days)
- Adress Safety Goals Crisis Stabilization
- Identify Strengths & Barriers
- Coordinate with Youth and Team
- Utilize Tools
- Contact Weekly
- Support youth's ongoing goals
- Yes: Youth feels ready to transition to external supports
- No: Youth may re-engage, as needed

**Community Transition Phase**
- Decrease level of engagement and utilize the graduation tool
- Graduation

**TOOLS**
- (Mandatory)
  - Youth Connection Scale (within first 60 days)
  - Empowerment and Engagement Scale (within 6 months)
- (Optional)
  - TOPS, CANS, Flex Funds, Permenancy Round Table, Community Round Table, Casey Life Skills, 3 Houses

- If youth re-engages, mark “active and provide services”
- Move youth to “inactive” after 90 days without youth response or engagement
Appendix F - Basic Pathways Navigator Description

Pathways to Success Navigator Job Description

SUMMARY: The Pathways Navigator engages youth in a coach-like way, and provides strengths-based case management as needed for youth and young adults participating in the Pathways to Success. Navigators carry an active caseload of about ten youth.

DUTIES and RESPONSIBILITIES:

- Participate and/or facilitate team-based planning meetings at the invitation of the youth such as wraparound meetings, family engagement meetings, and permanency or community roundtables.
- Assist youth to develop goals and a plan for achieving those goals. Monitor and adjust the plan with the youth based on progress toward goals until the youth graduates from Pathways.
- Assist youth/young adults secure necessary services and supports identified in the plan through warm hand-offs and other active methods. Enroll youth/young adults in appropriate public assistance and other benefit programs (e.g., Medicaid, Food Stamps). Address barriers to services through the Local Inter-Agency Team.
- Act as a liaison with community service providers. Coordinate with service providers to ensure that the youth/young adult’s needs are being met. Develop linkages and collaborate with community service providers and other key stakeholders.
- Perform other duties as required.

KNOWLEDGE, SKILLS AND ABILITIES:

- Appreciate working with transition age youth and young adults with foster care involvement who are at-risk of homelessness or are homeless.
- Understand the functions of strengths-based case management. (Navigators will be trained and coached on coach-like engagement).
- Demonstrate awareness of the value of cultural responsiveness, positive youth development, and trauma informed practice in task implementation.
- Resourcefulness in problem solving.
- Able to work with minimal supervision, and follow through with delegated tasks and accountability. Have good time management skills.
- Effective communication (written and verbal). Bilingual in English and Spanish preferred.
- Knowledge about the availability of resources and the processes to access them.
- Strong computer skills.

MINIMUM QUALIFICATIONS:

- Good knowledge of human services principles and practices.
- Relevant experience in case management.
- Qualifications set by the lead agency.
Appendix F-1 - Modified Pathways Navigator Description

PATHWAYS TO SUCCESS – NAVIGATOR JOB DESCRIPTION

Pathways to Success

Pathways began in 2013 when Colorado was chosen to receive one of 18 planning grants from the Children's Bureau (CB)/Administration on Children, Youth and Families (ACYF) to develop a model intervention for youth/young adults with current or prior foster care involvement determined to be at-risk of homelessness or are homeless. The Pathways Phase I grant funded two years of planning and capacity building to develop a model intervention targeted at transition age young people who are most at risk of experiencing homelessness.

The candidate we select for this Navigator position:

- Appreciates working with transition age youth and young adults with current or past foster care involvement who are at risk of or currently experiencing homelessness.
- Understands the functions of strengths-based case management and trauma informed practice.
- Demonstrates awareness of the value of cultural competence in task completion.
- Creativity in problem solving and effective communication and facilitation skills. Bilingual English & Spanish preferred.
- Knowledge about the availability of resources and the processes to access them.
- Coordinates enhanced service delivery and tracks data on all Pathways participants.

The Job

- Contributes in the development of a case plan with a youth and their team.
- Implements, monitors, and adjusts the plan based on progress toward permanency, well-being, housing, education, and employment goals identified by the youth.
- Collaborates with youth and their team in securing necessary services and supports identified in their case plan through warm hand-off referrals and other active methods.
- Participates in family engagement and other team meetings at the invitation of youth such as Permanency Roundtables/Community Roundtables and Wraparound team meetings to assist youth in advocating needs and services for success. Provides guidance and support to the youth to prepare for and participate in these processes.
- Acts as a liaison with community service providers. Coordinates services providers to ensure the youth's needs are being met. Addresses barriers to services through the Local Interagency Team.
- Ensures completion of screening tools for all potential youth.
- Communicates with Pathways to Success partner agencies to enroll youth into Pathways.
- Utilizes Pathways Management Information System (PMIS), and Trails or HMIS database and other systems required to track contacts and enhanced services provided to youth.
• Follows procedures for financial expenditure requests for supplies and enhanced services
• Performs other duties as required and reports to Independent Living Program Manager.
• Administer basic preventive services and assessments.
• Access clients or community groups on issues related to diagnostic screenings, such as parent education, counseling, therapeutic and prevention services.
• Access clients or community groups on issues related to improving community safety and well-being.
• Identify the particular needs of individuals in a community or target area.
• Maintain updated client records with plans, notes, appropriate forms, or related information.
• Advise clients or community groups on issues related to social or educational development, such as education, childcare, or problem solving.
• Advise clients or community groups to ensure parental understanding of the importance of childhood immunizations and healthcare including how to access services.
• Advocate for individual or community health needs with government agencies or health service providers. Attend community meetings or health fairs to understand community issues or build relationships with community members.
• Identify or contact members of high-risk or otherwise targeted groups, such as members of minority populations, low-income populations, or pregnant women.
• Interpret, translate, or provide cultural mediation related to services or information for community members.
• Assist families to apply for social services, including Medicaid or Women, Infants, and Children (WIC).
• This position is a mandated reporter for Child abuse and neglect and must comply with all rules and regulation regarding reporting child abuse and neglect.
• Other duties as assigned.

About You
This position REQUIRES:

At least an Associate’s Degree in Public Health, Human Services, Social Case Work, Public Administration, Management, Sociology, Psychology, Political Science, or a related field

OR lived experience as to foster care and/or homeless; AND

A minimum of three years of technical or administrative experience performing standard research and evaluation, community outreach work, case management, and/or implementing work processes in a human services, public health or community organizing setting: OR

A combination of appropriate education and experience may be substituted for the minimum education and experience requirements, on a year for year basis
NOTE: The position also requires a valid Driver's License and the ability to travel from work site to work site with little or no notice.

This position PREFERENCES:

A Bachelor's Degree in Public Health, Human Services, Social Case Work, Public Administration, Management, Sociology, Psychology, Political Science, or a related field

About Everything Else

The City and County of Denver values leadership that influences the commitment, ability and willingness of employees to provide quality service to the citizens of Denver.

Classification Title: Program Coordinator  
Pay Grade: 806 A  
Agency: DHS- Child Welfare

To Apply: Please select the apply button at the top of this posting / visit www.denvergov.org/jobs.

Background Check/Drug Testing: Candidates must pass a criminal background check, 10 year employment verification and education verification. Additional checks such as credit and drug testing may be required.

Probationary Period: The successful candidate will be required to complete a minimum six month probationary period (benefits will be active during this time) prior to attaining Career Status with the City. As part of probation, employees complete a series of internal training classes which may include supervisory training based on the specific role.

Recruiter: CW

We offer a competitive benefits package including:

- Medical, Dental & Vision Plans (multiple programs)
- Paid Time Off (combined vacation/sick leave)
- Paid Holidays
- Retirement (Pension Plan & 457 Deferred Comp Plan)
- Flexible Spending Accounts (Medical, Parking, Dependant Care)
### New Employee On-Boarding Schedule

**Purpose:**
To establish an on-boarding system that provides consistent information to those joining Pathways.

<table>
<thead>
<tr>
<th>Timeline</th>
<th>Key Element</th>
<th>Topic</th>
<th>Oversight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 1</td>
<td>Supervision</td>
<td>General organizational information</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Getting to know the organization</td>
<td>Site Supervisor (in person)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Learn contact information and organizational structure</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Overview of Pathways</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Review the manual and schedule</td>
<td></td>
</tr>
<tr>
<td>Coaching</td>
<td></td>
<td>Introduction of coaching</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Provider “Learner Guide” and basic training – focus on terminology and observation</td>
<td>Jeff (in person or by phone)</td>
</tr>
<tr>
<td>Week 2</td>
<td>Project Administration</td>
<td>Review the manual and learn about:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• History and vision of Pathways</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Federal accountability</td>
<td></td>
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<td></td>
<td></td>
<td>• Demonstration program</td>
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<td></td>
<td>• Urban vs Rural</td>
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<td>• County vs Shelter</td>
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<td></td>
<td></td>
<td>• Flex funds, budget, funding</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>• The intervention of Pathways</td>
<td></td>
</tr>
<tr>
<td>Project Evaluation</td>
<td>Review the manual and learn about:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Documentation</td>
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<td></td>
<td></td>
<td>• PMIS reporting</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Fidelity measures</td>
<td>Lanae/Savahanna (in person)</td>
</tr>
<tr>
<td>Week 3</td>
<td>Coaching</td>
<td>Review the “Learner Guide” 1 on 1, covering:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Overall coaching model approach/practice</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Tools such as workshops, coaching calls, group agreement</td>
<td>Jeff (in person)</td>
</tr>
<tr>
<td>Ongoing</td>
<td>Matching</td>
<td>Match with a counterpart from another site and observe:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Supervision</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Youth Engagement strategies</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• PMIS</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Discuss challenges and problem solving</td>
<td>(In person &amp; Remote)</td>
</tr>
</tbody>
</table>

**Follow-Up:**
1. Matching Process
2. Navigating - Conflicting Agency vs. Pathways Policy
3. Current Demonstration sites. New Sites
4. Pilot
### Purpose of the Assessment:
Colorado’s adapted assessment tool is used to identify youth currently or previously in foster care who are most at-risk of homelessness.

Homelessness is defined as living in a place that is not permanent, predictable or consistent or moving from place to place and/or relying on the kindness of others for a place to stay or couch surfing.

The youth of interest are youth who enter foster care between the ages of 14-17, youth transitioning out of foster care ages 17-21, and youth age 12 to 21 who are homeless and have a past foster care experience.

---

**Have you ever been in foster care, currently or in the past?**
- Yes — Continue with screening assessment
- No — Stop, no screening assessment needed

<table>
<thead>
<tr>
<th>Check each box that applies</th>
<th>Youth Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you ever become homeless because you ran away from your family home, group home, a foster home or placement?</td>
<td>☐</td>
</tr>
<tr>
<td>2. Have you ever become homeless because there was violence at home between family members?</td>
<td>☐</td>
</tr>
<tr>
<td>3. Have you ever become homeless because you had differences in religious beliefs with parents, guardians or caregivers?</td>
<td>☐</td>
</tr>
<tr>
<td>4. Have you ever been pregnant or got someone else pregnant?</td>
<td>☐</td>
</tr>
<tr>
<td>5. Have you used marijuana? If yes, how old were you when you first tried marijuana? (age: ___)</td>
<td>☐</td>
</tr>
<tr>
<td>6. Before your 18th birthday did you spend any time in jail or detention?</td>
<td>☐</td>
</tr>
<tr>
<td>7. Have you ever used an overnight shelter, or got housing assistance like public housing or a housing voucher?</td>
<td>☐</td>
</tr>
<tr>
<td>8. Has your mother ever spent time in jail or prison?</td>
<td>☐</td>
</tr>
<tr>
<td>9. Was your mother ever in foster care?</td>
<td>☐</td>
</tr>
<tr>
<td>10. Have you ever engaged in a sexual act for something of value, such as money, food, housing, gifts or favors?</td>
<td>☐</td>
</tr>
</tbody>
</table>

Enter Total Number of Items Checked: ____________________________

Youth is (circle one):
- 1- Youth who enter foster care between the ages of 14-17
- 2- Youth age 17-21 transitioning out of foster care
- 3- Youth age 12 to 21 who are homeless and have a past foster care experience

Youth First and Last Name: _________________________________________________
Youth Date of Birth: ___/___/___
Youth Gender Identity:  
- Woman  
- Man  
- Genderqueer (non-binary)  
- Trans woman (male to female)  
- Trans man (female to male)  
- Other (Describe: ___________________________ )

Referring organization:  
Name:
Date:
Phone:  
E-mail:

Referring Caseworker/Chafee-worker/Community-worker/Client Manager (circle one)  
Name:
Phone:  
E-mail:

Pathways Coordinator’s Name:
Phone:  
E-mail:  
Circle one:  
1-Assessment completed  
2-Youth decline
Appendix I

Informed Consent

Appendix I-1 - Pathways Informed Consent

Appendix I-2 - Guardian/Parent Informed Consent

Appendix I-3 - Focus Group Informed Consent
Pathways to Success: Youth Informed Consent

By signing this form, I understand and agree with all of the following:

The Center for Policy Research is conducting a research study in parts of Colorado. The goal of the project is to help Colorado youth who have been in foster care.

There is a chance to get extra services. Extra services mean on top of what is already provided from [Denver County, Boulder County, Urban Peak, Shiloh House, Attention Homes].

The services I get will depend on which group I am in. There are two groups. I will either get services already provided by [Denver County, Boulder County, Urban Peak, Shiloh House, Attention Homes] or those services plus the extra services.

I do not have to join the project. It is up to me if I want to be in the project. If I decide to join, I may stop at any time. If I want to stop the project, that is ok. I will still get services from [Denver County, Boulder County, Urban Peak, Shiloh House, Attention Homes]. If I am enrolled in the study, the researchers can withdraw me as a subject, if necessary.

The project will go until the end of 2019. If I want to be a part of the project, I will tell the [county worker, homeless center staff] more about my life today. I will answer some questions about my family, school, and where I live.

Enrollment will take up to 1.5 hours. The time commitment for this project will vary based on my involvement and the services provided. I will have the opportunity to participate in extra service meetings throughout the year: approximately 3 hours every 3 months. I can also set up meetings with my case worker as often as I want. I may be sent text message surveys every 3 months, which will take about 5 minutes and will ask questions about how I have been doing.

Since I will be using my cell phone, I will be given a $25 gift card. I will also have a chance to get another $35 gift card if I am asked to do a phone interview that would last about one hour.

There are no foreseeable risks to participating in this study. The potential benefits I might get from participating in the study are extra services on top of what I will already get from [Denver County, Boulder County, Urban Peak, Shiloh House, Attention Homes].
☐ I want to enroll in Pathways and give consent to:

- Share information with all Pathways partner agencies in order to fully participate in the project. I authorize the Pathways Navigator and all Pathways partner agencies and service providers to share information with the Center for Policy Research, in order to be a part of the research study. I understand all personal information will be kept confidential.
- Receive a gift card ($25) upon enrollment and completion of the baseline interview. I provide consent to receive text messages and phone calls to the number listed below for purposes of research only. I understand all response is voluntary and my name will not be used in any reports. I further understand participation in the research study has no effect on the services I will receive through the Pathways project or from any service agency.
- Receive text messages, telephone calls or message via social media and may receive another $35 gift card if chosen to complete a telephone interview about reactions to the Pathways Project. I agree to make every effort to fully participate in the Pathways project, respond to these texts and phone calls, and provide the Pathways Navigator updated contact information if phone or address changes.

☐ I do not want to enroll in Pathways and receive services; and do not authorize the release of information.

Youth Signature: ___________________________________________ Date: ________________________

Youth Contact Information:

Print Youth Participant’s Name: First __________ Last __________
Street: ____________________________
City: ____________________________
State/Zip: ____________________________
Phone number(s): Primary phone: __________ Cell: __________
Email address: ____________________________

Pathways Coordinator’s Name: ____________________________ Phone: ____________________________
E-mail: ____________________________

Circle one.
1-Youth gave consent/signed
2-Youth did not give consent/did not sign

For questions about the research study, contact Lanae Davis (Principal Investigator) at the Center for Policy Research: 720-248-7609

For questions about your rights as a research subject, contact SolutionsIRB: 1-855-226-4472
Pathways to Success: Parent/Guardian Informed Consent

Youth’s Name: ____________________________

I am the: ___ Parent/Guardian     ______ County Case Worker ____________________________ Date of Screening: ____________________________

By signing this form, I understand and agree with all of the following:

The Center for Policy Research is conducting a research study in parts of Colorado. The goal of the project is to help Colorado youth who have been in foster care.

There is a chance to get extra services. Extra services mean on top of what is already provided from [Denver County, Boulder County, Urban Peak, Shiloh House, Attention Homes].

The services my child get will depend on which group my child am in. There are two groups. My child will either get services already provided by [Denver County, Boulder County, Urban Peak, Shiloh House, Attention Homes] or those services plus the extra services.

My child does not have to join the project. It is up to my child if he/she wants to be in the project. If my child decides to join, he/she may stop at any time. If my child wants to stop the project, that is ok. My child will still get services from [Denver County, Boulder County, Urban Peak, Shiloh House, Attention Homes]. If my child is enrolled in the study, the researchers can withdraw my child from the project, if necessary.

The project will go until the end of 2019. If my child wants to be a part of the project, he/she will tell the [county worker, homeless center staff] more about his/her life today. My child will answer some questions about his/her family, school, and where he/she lives.

Enrollment could take up to 1.5 hours. The time commitment for this project will vary based on my child’s involvement and the services provided. He/she will have the opportunity to participate in extra service meetings throughout the year: approximately 3 hours every 3 months. He/she can also set up meetings with their case workers as often as they want. My child may also be sent text message surveys every 3 months, which will take about 5 minutes and will ask questions about how he/she has been doing.

Since my child will be using his/her cell phone throughout the course of the project, they will be given a $25 gift card upon enrollment. My child will also have a chance to get another $35 gift card if he/she is asked to do a phone interview that would last about one hour.

There are no foreseeable risks to participating in this study. The potential benefits my child might get from participating in the study are extra services on top of what they will already get from [Denver County, Boulder County, Urban Peak, Shiloh House, Attention Homes].
☐ I give consent for ________________________ to be enrolled in Pathways and for him/her to:

- Share information with all Pathways partner agencies in order to fully participate in the project. I authorize the Pathways Navigator and all Pathways partner agencies and service providers to share information with the Center for Policy Research, in order for my child to be a part of the research study. I understand all personal information will be kept confidential.
- Receive a gift card ($25) upon enrollment and completion of the baseline interview. I provide consent for my child to receive text messages and phone calls to the number listed below for purposes of research only. I understand my child’s response is voluntary and my child’s name will not be used in any reports. I further understand my child’s participation in the research study has no effect on the services he/she will receive through the Pathways project or from any service agency.
- Receive text messages, telephone calls or message via social media and may receive another $35 gift card if my child is chosen to complete a telephone interview about reactions to the Pathways Project. I agree to help my child make every effort to fully participate in the Pathways project, respond to these texts and phone calls, and provide the Pathways Navigator updated contact information if phone or address changes.

☐ I do not want to enroll ________________________ in Pathways and receive services; and do not authorize the release of information.

Parent/Guardian Signature: ______________________________ Date: ______________________________

Youth Contact Information:

Print Youth Participant’s Name: First Last

Street:

City:

State/Zip:

Phone number(s): Primary phone: Cell:

Email address:

Pathways Coordinator’s Name: Phone: E-mail: 

Circle one.  
1-Youth gave consent/signed  
2-Youth did not give consent/did not sign

For questions about the research study, contact Lanae Davis (Principal Investigator) at the Center for Policy Research: 720-248-7609

For questions about your rights as a research subject, contact SolutionsIRB: 1-855-226-4472
As part of the Pathways to Success study, the Center for Policy Research is conducting youth focus groups. The goal of the Pathways project is to help Colorado youth who have been in foster care. The goal of the youth focus groups is to gather youth perspectives on the project. Comments you make will NOT be associated with your name and all personal information will be kept confidential.

I have already signed a consent form to participate in the Pathways project.

**By signing this consent form today, I am agreeing to:**

(a) Participate and share my perspectives in the youth focus group  
(b) Having the focus group audio recorded for note taking purposes  
(c) Having pictures taken of the focus group, which means I may be in a picture

I will be given a $45 gift card for my time and participation.

There are no foreseeable risks to participating in this study.

Youth Name (print): ____________________________

Youth Signature: ______________________________

Date: _____________________

For questions about the research study, contact Lanae Davis (Principal Investigator) at the Center for Policy Research: 303-837-1555

For questions about your rights as a research subject, contact SolutionsIRB: 1-855-226-4472
Appendix J - Activities for Pathways Youth

Active Pathways Intervention

Supporting the Decisions of Clients

**Employment**
- Job Hunting - Online and in Person
- Interview Skills/ Resume Building
- Work Clothes Shopping
- SWAP/WIOA, Mile High Youth Corps
- Cross Purpose, Upstream Impact
- Bayaud or Mi Casa

**Education**
- School Tours
- Registering for Classes
- Prep for Tests
- In-Person Resources @ Auraria
- ETV/ Financial Aid Assistance
- Emily Griffith Programs/ CEEX

**Housing**
- Voucher Assistance
- Site Visits
- Urban Peak Housing
- Keeping Landlords Happy
- Utility Assistance
- Furniture Shopping

**Well-Being**
- Humane Society Trips
- Emmerson Street MHCD Dahila
- Healthy Meal Challenge
- Gym Sessions
- Phone
- Drive into Mountains

**Permanency**
- Involve Friends/Family in Meetings
- Wraparound Process
- Support their Identities
- I Do, We Do, You Do
- Supporting community events
- Food Banks/ Food Stamps/ WIC
Appendices K-N

Assessment Tools

Appendix K - Pathways Baseline Assessment Appendix
Appendix L - Youth Connections Scale (YCS)
Appendix M - Empowerment and Engagement Survey (EES)
Appendix N - Graduation Criteria Assessment
## Appendix K - Pathways Baseline Assessment

### Pathways to Success

#### Case Intake

This Section to be Completed by Project Staff

<table>
<thead>
<tr>
<th>Site</th>
<th>Referral Source</th>
<th>Target Group</th>
<th>Date Received by Pathways Navigator</th>
<th>Group</th>
<th>Youth Gender Identity</th>
<th>Which of the following best describes your living situation upon referral? (Mark all that apply)</th>
<th>Screening Tool Score</th>
<th>Date of Intake</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>(1)</td>
<td>(1) Youth ages 14-17 currently in care</td>
<td>Month</td>
<td>(1) Experimental</td>
<td>(1) Man</td>
<td>(1) I live with a family member or supportive adult and pay rent/contribute to household bills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td>(2) Urban Peak</td>
<td>(2) Youth ages 17-21 transitioning from care</td>
<td>Day</td>
<td>(2) Control</td>
<td>(2) Woman</td>
<td>(2) I live with a roommate or friend and pay a portion of rent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td>(3) Shiloh House</td>
<td>(3) Former Foster Care Youth under age 21 who are experiencing homelessness</td>
<td>Year</td>
<td></td>
<td>(3) Genderqueer (non-binary)</td>
<td>(3) I live by myself and pay rent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1)</td>
<td>(1) County Department of Human Services</td>
<td></td>
<td></td>
<td></td>
<td>(4) Trans Male (female to male)</td>
<td>(4) I live in a supported group living situation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td>(2)</td>
<td></td>
<td></td>
<td></td>
<td>(5) Trans Female (male to female)</td>
<td>(5) I live with a family member or supportive adult and don’t pay to live there</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td>(3)</td>
<td></td>
<td></td>
<td></td>
<td>(6) Other (Describe: ___________________________________________ )</td>
<td>(6) I live with a roommate or friend and don’t pay to live there</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1)</td>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td>(7) Decline to answer</td>
<td>(7) I am currently living in a shelter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td>(2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(8) I don’t currently have a place to live</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td>(3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(9) Foster Parent Home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(10) Group Home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td>(5)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(11) Residential Treatment Facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td>(6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(12) With Parent or Relative</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td>(7)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(13) Own Residence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td>(8)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(14) Homeless Shelter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td>(9)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(15) Other (Describe: ___________________________________________ )</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**BACKGROUND:** First, I have a few background questions about you.

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is your primary language (the language you are most comfortable using)?</td>
<td>1. English 2. Spanish 3. Other (Describe: )</td>
</tr>
<tr>
<td>Do you have any children?</td>
<td>1. No 2. Yes 3. Currently pregnant or expecting</td>
</tr>
<tr>
<td>If yes, ask:</td>
<td>How many children do you have?</td>
</tr>
<tr>
<td>Where are these children living?</td>
<td>1. With me 2. With the other parent 3. With a relative (grandparents, aunts, uncles) 4. In foster care (not with me) 5. Adopted 6. Other (Describe: )</td>
</tr>
<tr>
<td>Ask if 16 or older:</td>
<td>Are you legally married or have you been married?</td>
</tr>
</tbody>
</table>

**BIOLOGICAL FAMILY:** Next, I have some questions about your biological family.

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>About how often do you have any contact with your biological mother, either in-person visits, phone calls, or letters?</td>
<td>1. Never 2. Less than once a month 3. Once or twice a month 4. About once a week 5. Several times a week 6. Every day 7. Other (Describe: ) 8. Biological mother is not living 9. Client doesn’t know their biological mother</td>
</tr>
</tbody>
</table>
About how often do you have contact with your biological father, in-person visits or by phone?

1. Never
2. Less than once a month
3. Once or twice a month
4. About once a week
5. Several times a week
6. Every day
7. Other (Describe: )
8. Biological father is not living
9. Client doesn’t know their biological father

Ask everyone:
How many brothers and sisters do you have (biological, half- and step-)?

Number: _______

If client has brothers or sisters:
Do any of your brothers or sisters live with you?

1. No
2. Yes, all (or only)
3. Some do, some do not

If some do not live with, ask:
About how often do you have contact with the brothers and sisters you don’t live with either in-person, or by phone? If it varies by sibling, check all that apply.

1. Never
2. Less than once a month
3. Once or twice a month
4. About once a week
5. Several times a week
6. Every day
7. Other (Describe: )

Ask everyone:
Do you have any contact with a grandparent, either in person or by phone?

1. No
2. Yes

If yes, ask:
About how often are you in touch with the grandparent you have the most contact with?

1. Never
2. Less than once a month
3. Once or twice a month
4. About once a week
5. Several times a week
6. Every day
7. Other (Describe: )

Ask everyone:
Are there other members of your biological family, like aunts, uncles, grandparents or cousins that you see or talk to?

1. No
2. Yes

Describe your relationship to this person: ________________

If yes, ask:
About how often do you have contact with a biological relative?

1. Never
2. Less than once a month
3. Once or twice a month
4. About once a week
5. Several times a week
6. Every day
7. Other (Describe: )
ADOPTIVE OR FOSTER FAMILY: Next, I have some questions about your adoptive or foster family.

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
</table>
| About how often do you have any contact with your adoptive or foster mother, either in-person visits, phone calls, or letters? | (1) Never  
(2) Less than once a month  
(3) Once or twice a month  
(4) About once a week  
(5) Several times a week  
(6) Every day  
(7) Other (Describe:  )  
(8) Not applicable (biological mother is not living) |
| About how often do you have contact with your adoptive or foster father, in-person visits or by phone? | (1) Never  
(2) Less than once a month  
(3) Once or twice a month  
(4) About once a week  
(5) Several times a week  
(6) Every day  
(7) Other (Describe:  )  
(8) Not applicable (biological father is not living) |
| Ask everyone: How many brothers and sisters do you have (adoptive or foster)? | Number: _______ |
| If client has adoptive or foster brothers or sisters: Do any of your brothers or sisters live with you? | (1) No  
(2) Yes, all (or only)  
(3) Some do, some do not |
| If some do not live with, ask: About how often do you have contact with the brothers and sisters you don’t live with either in-person, or by phone? If it varies by sibling, check all that apply. | (1) Never  
(2) Less than once a month  
(3) Once or twice a month  
(4) About once a week  
(5) Several times a week  
(6) Every day  
(7) Other (Describe:  ) |
| Ask everyone: Do you have any contact with an adoptive or foster grandparent, either in person or by phone? | (1) No  
(2) Yes |
| If yes, ask: About how often are you in touch with the grandparent you have the most contact with? | (1) Never  
(2) Less than once a month  
(3) Once or twice a month  
(4) About once a week  
(5) Several times a week  
(6) Every day  
(7) Other (Describe:  ) |
Ask everyone:
Are there other members of your adoptive or foster family, like aunts, uncles, grandparents or cousins that you see or talk to?

(1) No
(2) Yes
Describe your relationship to this person: ____________________

If yes, ask:
If yes, about how often do you have contact with adoptive or foster relatives?

(1) Never
(2) Less than once a month
(3) Once or twice a month
(4) About once a week
(5) Several times a week
(6) Every day
(7) Other (Describe:    )

EDUCATION: The next few questions are about school.

Are you currently attending school?
(1) No
(2) Yes

What is the last grade you completed?
(1) Graduated from High School
(2) Received a GED
(3) 1st Year College
(4) 2nd Year College
(5) 3rd Year College
(6) 4th Year College
(7) Other (Describe    )

Do you have any certificates or a post-secondary degree?
(1) No
(2) Yes

Please describe:

If less than high school and no longer enrolled ask:
Approximately when was the last time you were attending school?
Month: ______    Year: ________

Select each of the reasons that have prevented you from continuing your education.
(1) My school application is in process
(2) I need money to pay for school
(3) I need to work full-time
(4) I need reliable transportation
(5) I need a mentor
(6) I need a tutor
(7) I need a stable place to live
(8) I need child care support
(9) My previous experience with education discouraged me
(10) I have chosen not to continue my education at this time
(11) Other (Describe    )
### Ask everyone:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever had an IEP or 504 plan?</td>
<td></td>
<td>(1)</td>
</tr>
<tr>
<td>Were you ever participated in a gifted and talented program?</td>
<td></td>
<td>(1)</td>
</tr>
<tr>
<td>Were you ever suspended from school?</td>
<td></td>
<td>(1)</td>
</tr>
<tr>
<td>Were you ever expelled from school?</td>
<td></td>
<td>(1)</td>
</tr>
</tbody>
</table>

### During the last semester you were in school, how often did you have challenges with:

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Never</th>
<th>Not very often</th>
<th>Sometimes</th>
<th>Everyday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Getting along with your teachers?</td>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
</tr>
<tr>
<td>Paying attention in school?</td>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
</tr>
<tr>
<td>Getting your homework done?</td>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
</tr>
<tr>
<td>Getting along with other students?</td>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
</tr>
<tr>
<td>Arriving on time for class or at all?</td>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
</tr>
</tbody>
</table>

### During the last semester you were in school, did any of the following happen to you?

<table>
<thead>
<tr>
<th>Event</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>You had something of value stolen from you at school</td>
<td></td>
<td>(1)</td>
</tr>
<tr>
<td>Someone threatened to hurt you at school</td>
<td></td>
<td>(1)</td>
</tr>
<tr>
<td>You got into a physical fight at school</td>
<td></td>
<td>(1)</td>
</tr>
<tr>
<td>Bullying either in-person or through social media</td>
<td></td>
<td>(1)</td>
</tr>
<tr>
<td>You bullied someone else either in-person or through social media</td>
<td></td>
<td>(1)</td>
</tr>
</tbody>
</table>

### FOSTER CARE HISTORY: I have a couple of questions about your foster care history

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many different foster homes, group homes, or residential treatment centers have you been in since you entered the foster care system?</td>
<td>Number: ________</td>
<td></td>
</tr>
<tr>
<td>Some youth return home to their family and then re-enter foster care. Not counting home visits, has this ever happened to you?</td>
<td></td>
<td>(1)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(2)</td>
</tr>
</tbody>
</table>
Have you ever run away from a foster home, group home, or other residential treatment center? (by run away, we mean staying away for at least one night)
(1) No  (2) Yes

CURRENT LIVING ARRANGEMENT: **Let’s talk about your current living situation**

<table>
<thead>
<tr>
<th>Where are you currently living?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) With relatives in kinship foster care</td>
</tr>
<tr>
<td>(2) In a family foster home</td>
</tr>
<tr>
<td>(3) In a group home (including for Runaway and Homeless Youth)</td>
</tr>
<tr>
<td>(4) In your own apartment</td>
</tr>
<tr>
<td>(5) In a hotel or motel</td>
</tr>
<tr>
<td>(6) In a friend’s apartment or home</td>
</tr>
<tr>
<td>(7) In a family member’s apartment or home</td>
</tr>
<tr>
<td>(8) On the street</td>
</tr>
<tr>
<td>(9) Residential Treatment Facility</td>
</tr>
<tr>
<td>(10) Homeless Shelter</td>
</tr>
<tr>
<td>(11) Other (Describe)</td>
</tr>
</tbody>
</table>

Which of the following best describes your living situation?
(1) I live with a family member or supportive adult and pay rent or contribute to household bills 
(2) I live with a roommate or friend and pay a portion of rent 
(3) I live by myself and pay rent 
(4) I live in a supported group living situation 
(5) I live with a family member or supportive adult and don’t pay to live there 
(6) I live with a roommate or friend and don’t pay to live there

About how long have you been living in this place?
(1) days 
(2) weeks 
(3) months 
(4) year 
(5) years 
(6) Other (Describe)

Are you happy with your current living situation?
(1) No 
(2) Yes

How many people live in this place with you?
Number: __________
What are their relationships to you (check all that apply): (1) Biological mother  
(2) Step-mother  
(3) Adoptive mother  
(4) Foster mother  
(5) Biological father  
(6) Step-father  
(7) Adoptive father  
(8) Foster father  
(9) Sister  
(10) Half-sister  
(11) Step-sister  
(12) Brother  
(13) Half-brother  
(14) Step-brother  
(15) Grandparent  
(16) Other relative  
(17) Boyfriend/girlfriend  
(18) Roommate  
(19) Other nonrelative, friend  
(20) Child  
(21) Other (Describe  
(22) Other (Describe  

If currently in foster care:

Think about your present foster parents. Would you say that you feel very close, somewhat close, not very close, or not at all close to them?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Not at all close to them</td>
</tr>
<tr>
<td>2</td>
<td>Not very close to them</td>
</tr>
<tr>
<td>3</td>
<td>Somewhat close to them</td>
</tr>
<tr>
<td>4</td>
<td>Very close to them</td>
</tr>
<tr>
<td>5</td>
<td>Not applicable (group home)</td>
</tr>
<tr>
<td>6</td>
<td>Other (Describe</td>
</tr>
</tbody>
</table>

Ask if under age 18:

Would you like to stay in your current living arrangement until you leave foster care?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>Yes</td>
</tr>
<tr>
<td>3</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>
### PREVIOUS LIVING ARRANGEMENT

If in Current Living Arrangement Less Than 12 Months

How many times have you moved in the past 12 months?

Number of times: __________________

In the last 12 months have you ever lived in the following:

(Check all that apply)

1. Non-relative foster parent
2. Group home
3. Home of a relative
4. Home of a friend
5. Home of a supportive adult
6. Your own home or apartment
7. In a hotel or motel
8. In a car or van
9. On the street
10. In an abandoned building or unoccupied structure
11. In a storage unit, trailer, or other structure not meant for housing
12. In a tent, lean-to, cave or other temporary camping spot
13. In a homeless shelter or housing program
14. In a shelter for battered women
15. Other (Describe )

### SOCIAL SUPPORT: I have a few questions about the help you can expect from friends and family

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
</tr>
</thead>
</table>
| Invite you out to do things?                  | (1) No  
(2) Sometimes  
(3) Yes |
| Help you when you need transportation?        | (1) No  
(2) Sometimes  
(3) Yes |
| Give you advice?                              | (1) No  
(2) Sometimes  
(3) Yes |
| Listen to you when you have problems or are feeling down? | (1) No  
(2) Sometimes  
(3) Yes |
| Do small favors for you?                      | (1) No  
(2) Sometimes  
(3) Yes |
| Lend you money in an emergency?               | (1) No  
(2) Sometimes  
(3) Yes |
Access medical care?
(1) No
(2) Sometimes
(3) Yes

If currently in foster care (only ask for Target 1 and Target 2):
When you leave foster care how likely is it that friends would offer you a place to stay for a while?
(1) Not at all likely
(2) Somewhat likely
(3) Very likely
(4) Almost definitely
(5) Don’t know

When you leave foster care how likely is it that family members would offer you a place to stay for a while?
(1) Not at all likely
(2) Somewhat likely
(3) Very likely
(4) Almost definitely
(5) Don’t know

Where do you expect to live right after you leave foster care?
(1) On my own
(2) With friends
(3) Stay with my foster family
(4) With my biologic parent(s)
(5) With relatives or kin
(6) Don’t know

READINESS FOR INDEPENDENCE:

<table>
<thead>
<tr>
<th>How ready do you feel for the following?</th>
<th>Not at All Prepared</th>
<th>Somewhat Prepared</th>
<th>Very Prepared</th>
<th>Not Sure</th>
<th>Don’t Want to Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Living on your own?</td>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
</tr>
<tr>
<td>Getting a job?</td>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
</tr>
<tr>
<td>Managing your money?</td>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
</tr>
<tr>
<td>Finding housing?</td>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
</tr>
<tr>
<td>Arranging for health care?</td>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
</tr>
<tr>
<td>Completing your education?</td>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
</tr>
<tr>
<td>Planning for your future?</td>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
</tr>
<tr>
<td>Handling an emergency if it comes up?</td>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
</tr>
</tbody>
</table>

Do you have the following?
A copy of your birth certificate?
(1) No
(2) Yes
(3) Not sure

A driver’s license?
(1) No
(2) Yes
(3) Not sure

A state-issued photo ID?
(1) No
(2) Yes
(3) Not sure
### EMPLOYMENT AND ECONOMIC WELL-BEING

**Complete for Everyone**

<table>
<thead>
<tr>
<th>Question</th>
<th>Not at all Likely</th>
<th>Somewhat Likely</th>
<th>Almost Certain</th>
<th>Not Sure</th>
<th>Don’t Want to Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>How likely do you think it is that the following will happen before you</td>
<td>1 (1)</td>
<td>2 (2)</td>
<td>3 (3)</td>
<td>4 (4)</td>
<td>5 (5)</td>
</tr>
<tr>
<td>turn 25? You will be living in the same place you are now.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You will have a baby.</td>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
</tr>
<tr>
<td>You will serve time in jail or prison.</td>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
</tr>
<tr>
<td>You will have a college degree or certificate.</td>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
</tr>
<tr>
<td>You will have a GED</td>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
</tr>
<tr>
<td>You will have employment with a living wage</td>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
</tr>
<tr>
<td>Do you agree or disagree with these statements?</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Agree</td>
<td>Strongly Agree</td>
<td>Don’t Want to Answer</td>
</tr>
<tr>
<td>I usually expect the best will happen.</td>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
</tr>
<tr>
<td>If something can go wrong for me, it will</td>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
</tr>
<tr>
<td>I’m optimistic about my future.</td>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
</tr>
<tr>
<td>I hardly ever expect things to go my way</td>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
</tr>
<tr>
<td>Overall, I expect more good things to happen that bad</td>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
</tr>
</tbody>
</table>

**EMPLOYMENT AND ECONOMIC WELL-BEING**

**Complete for Everyone**

**Do you have employment history?**

(1) No
(2) Yes
Describe: _______________________________________

**Are you currently employed full or part-time? Mark all that apply.**

(1) No
(2) Yes, employed part-time
(3) Yes, employed full-time
(4) Yes, employed through multiple jobs

**Ask if employed:**

About how much do you earn each month?

$_________________

How do you like your job?

(1) Dislike it very much
(1) Dislike it somewhat
(1) I think it is OK
(1) I like it fairly well
(1) I like it very much

**Ask if unemployed:**

Have you been employed in the past 12 months?

(1) No
(2) Yes, employed part-time
(3) Yes, employed full-time
Have you received unemployment benefits in the last 12 months?  
(1) No  
(2) Yes

How did you become unemployed?  
(1) Laid off  
(2) Business closed  
(3) End of temporary or seasonal job  
(4) Discharged or fired  
(5) Quit because I didn’t like job  
(6) Quit for pregnancy or family reasons  
(7) Quit to look for another job  
(8) Quit to take another job  
(9) Quit to devote more time to school work  
(10) Quit to return to school  
(11) Quit for other (specify) reasons  
(12) (Describe: ____________________)

Ask everyone:
Do you have a checking account?  
(1) No  
(2) Yes
Do you have a savings account?  
(1) No  
(2) Yes

If yes, how many:  
Number: ______

Ask if youth has credit cards, car payments, student loans, or other loan payments:
How often do you pay them off at the end of the month?  
(1) Never  
(2) Sometimes  
(3) Most of the time  
(4) Always  
(5) Don’t know

In the last 12 months have any of the following happened? (Check all that apply)  
(1) You could not pay you gas/electric bill  
(2) You could not pay the rent  
(3) You could not pay your phone bill  
(4) You had to borrow money for food  
(5) You used a food bank or soup kitchen

TRAFFICKING
Have you ever engaged in a sexual act for something of value such as money, food, housing, gifts or favors?  
(1) No  
(2) Maybe  
(3) Yes  
(4) Decline to answer
Has this happened more than once?  
(1) No  
(2) Maybe  
(3) Yes
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>How long ago did this happen?</td>
<td>____ months ago  Don’t remember, don’t know</td>
</tr>
<tr>
<td>Who was the person who forced you to do this?</td>
<td>Parent</td>
</tr>
<tr>
<td></td>
<td>Other relative</td>
</tr>
<tr>
<td></td>
<td>Adult you knew prior to foster care</td>
</tr>
<tr>
<td></td>
<td>Adult you met after you left foster care</td>
</tr>
<tr>
<td></td>
<td>Other (Describe: ___________________________)</td>
</tr>
<tr>
<td>Have you ever exchanged labor for something of value such as money, food, housing, gifts or favors?</td>
<td>(1) No</td>
</tr>
<tr>
<td></td>
<td>(2) Maybe</td>
</tr>
<tr>
<td></td>
<td>(3) Yes</td>
</tr>
<tr>
<td></td>
<td>(4) Decline to answer</td>
</tr>
<tr>
<td>Has this happened more than once?</td>
<td>(1) No</td>
</tr>
<tr>
<td></td>
<td>(2) Maybe</td>
</tr>
<tr>
<td></td>
<td>(3) Yes</td>
</tr>
<tr>
<td>How long ago did this happen?</td>
<td>____ months ago  Don’t remember, don’t know</td>
</tr>
<tr>
<td>Who was the person who forced you to do this?</td>
<td>Parent</td>
</tr>
<tr>
<td></td>
<td>Other relative</td>
</tr>
<tr>
<td></td>
<td>Adult you knew prior to foster care</td>
</tr>
<tr>
<td></td>
<td>Adult you met after you left foster care</td>
</tr>
<tr>
<td></td>
<td>Other (Describe: ___________________________)</td>
</tr>
</tbody>
</table>
# Appendix L - Youth Connections Scale

## (A) Tools for Youth Connections

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has a genogram or connectedness map been completed with youth?</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Has a Lifebook been created with or for the youth?</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

## (B) Number of Supportive Adult Connections:

For each category, please write the total number of meaningful relationships that apply for youth at this time.

“Meaningful relationships” are defined by the youth. This would include adults who have some on-going contact with the youth and who can be counted on for some type of support.

<table>
<thead>
<tr>
<th>Adult</th>
<th>Total # of Adult Relationships for Each Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother (birth, adoptive, stepmother)</td>
<td></td>
</tr>
<tr>
<td>Father (birth, adoptive, stepfather)</td>
<td></td>
</tr>
<tr>
<td>Adult siblings</td>
<td></td>
</tr>
<tr>
<td>Other adult relatives</td>
<td></td>
</tr>
<tr>
<td>Current foster parent</td>
<td></td>
</tr>
<tr>
<td>Former foster parent</td>
<td></td>
</tr>
<tr>
<td>Current or former social worker</td>
<td></td>
</tr>
<tr>
<td>Current or former teacher</td>
<td></td>
</tr>
<tr>
<td>Current or former therapist, counselor or psychologist</td>
<td></td>
</tr>
<tr>
<td>Pastor, rabbi or other spiritual leader</td>
<td></td>
</tr>
<tr>
<td>An adult friend, mentor or sponsor</td>
<td></td>
</tr>
<tr>
<td>Other adults (Please list relationships):</td>
<td></td>
</tr>
</tbody>
</table>

## (C) Strength of Youth Connections:

Indicate the strength of the relationship between the youth and adult right now.

In categories where there is more than one person, choose the most meaningful relationship and answer about that person. You can list up to two additional adults in the last two rows. Circle the best response for each row.

- **Very Weak:** No Contact
- **Weak:** Infrequent contact; youth can’t count on this adult for support
- **Moderate:** Some contact with this adult but may not be consistent; youth feels a connection but can’t count on this adult all the time
- **Strong:** Contact at least once per month; youth feels a connection of the heart, mind or spirit with this person; youth can usually count on this person
- **Very Strong:** Contact at least once per week; youth feels a long-term connection of the heart, mind or spirit with this person; youth can count on this person to be there for them when needed
- **N/A:** Not applicable because adult is deceased or youth has no siblings

<table>
<thead>
<tr>
<th>Adult</th>
<th>Very Weak</th>
<th>Weak</th>
<th>Moderate</th>
<th>Strong</th>
<th>Very Strong</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent 1 (birth, adoptive or step mother or father)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/A</td>
</tr>
<tr>
<td>Parent 2 (birth, adoptive or step mother or father)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/A</td>
</tr>
<tr>
<td>Siblings</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/A</td>
</tr>
<tr>
<td>Other adult relatives</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/A</td>
</tr>
<tr>
<td>Other caring adult identified by youth:</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/A</td>
</tr>
<tr>
<td>Other caring adult identified by youth:</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/A</td>
</tr>
</tbody>
</table>
(D) Support Indicators: Answer yes or no for each indicator. These do not have to be from the same adult.

You have an adult in your life whom you will be able to count on for the following support after you leave foster care:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>![Yes]</td>
<td>![No]</td>
<td>Providing a home to go to for the holidays</td>
</tr>
<tr>
<td>![Yes]</td>
<td>![No]</td>
<td>Providing an emergency place to stay</td>
</tr>
<tr>
<td>![Yes]</td>
<td>![No]</td>
<td>Providing cash in times of emergency</td>
</tr>
<tr>
<td>![Yes]</td>
<td>![No]</td>
<td>Help with job search assistance or career counseling, or providing a reference for youth</td>
</tr>
<tr>
<td>![Yes]</td>
<td>![No]</td>
<td>Help with finding an apartment or co-signing a lease</td>
</tr>
<tr>
<td>![Yes]</td>
<td>![No]</td>
<td>Help with school [homework, re-enrolling in school, help in applying to colleges]</td>
</tr>
<tr>
<td>![Yes]</td>
<td>![No]</td>
<td>Assisting with daily living skills, such as cooking, budgeting, paying bills and housecleaning</td>
</tr>
<tr>
<td>![Yes]</td>
<td>![No]</td>
<td>Providing storage space during transition times</td>
</tr>
<tr>
<td>![Yes]</td>
<td>![No]</td>
<td>Emotional support – a caring adult to talk to</td>
</tr>
<tr>
<td>![Yes]</td>
<td>![No]</td>
<td>Sharing in or supporting experiences of youth’s cultural and spiritual background</td>
</tr>
<tr>
<td>![Yes]</td>
<td>![No]</td>
<td>Checking in on youth regularly – to see how they are doing</td>
</tr>
<tr>
<td>![Yes]</td>
<td>![No]</td>
<td>Assisting with medical appointments so youth does not have to experience that alone</td>
</tr>
<tr>
<td>![Yes]</td>
<td>![No]</td>
<td>Assisting with finding and accessing community resources.</td>
</tr>
<tr>
<td>![Yes]</td>
<td>![No]</td>
<td>A home to go for occasional family meals</td>
</tr>
<tr>
<td>![Yes]</td>
<td>![No]</td>
<td>Help providing transportation [help with purchasing a car] or figuring out public transportation</td>
</tr>
<tr>
<td>![Yes]</td>
<td>![No]</td>
<td>Someone to send care packages at college</td>
</tr>
<tr>
<td>![Yes]</td>
<td>![No]</td>
<td>Assisting with purchasing cell phone and service [for example, youth is added to a family plan].</td>
</tr>
<tr>
<td>![Yes]</td>
<td>![No]</td>
<td>A place to do laundry</td>
</tr>
<tr>
<td>![Yes]</td>
<td>![No]</td>
<td>Supporting youth in civic engagement such as voting and volunteering</td>
</tr>
</tbody>
</table>

List has been modified and adapted from the FosterClub Permanency Pact (2004).

(E) Level of Youth Connections: Indicate your level of agreement with the following statements.

Circle the best response.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>While in foster care, you have connected or re-connected with relatives or caring adults who will be lifelong supportive connections</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>![0]</td>
<td>![1]</td>
<td>![2]</td>
<td>![3]</td>
<td>![4]</td>
</tr>
<tr>
<td>An adult has made a commitment to provide a permanent, parent-like relationship to you</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>![0]</td>
<td>![1]</td>
<td>![2]</td>
<td>![3]</td>
<td>![4]</td>
</tr>
<tr>
<td>You are living with an adult who has or plans to adopt you or become your legal guardian</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>![0]</td>
<td>![1]</td>
<td>![2]</td>
<td>![3]</td>
<td>![4]</td>
</tr>
<tr>
<td>You feel very disconnected from any caring adults</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>![0]</td>
<td>![1]</td>
<td>![2]</td>
<td>![3]</td>
<td>![4]</td>
</tr>
</tbody>
</table>

Office Use Only: Youth Name ___________________________ Youth Date of Birth ___________
Worker Completing Form ___________________________ Date of Completion of Form ________
Form Completed: Within 30 Days of Placement [ ] Within 30 Days of Discharge [ ] Other [ ]
Form Completed Without Youth at Discharge: Yes [ ] No [ ] If Yes, Explain: ___________________________

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### Appendix M - Empowerment and Engagement Scale (EES)

*to be completed with all youth by Navigators following Linchpin goal development (anytime from 7 to 30 days following goal development).

The next set of questions is about how you felt in deciding on the goals you worked with the Navigator to develop.

Please answer these questions based on your experiences working WITH YOUR Navigator after you enrolled in Pathways.

<table>
<thead>
<tr>
<th>Please answer these questions based on your experiences working WITH YOUR Navigator after you enrolled in Pathways.</th>
<th>Always or almost always</th>
<th>Mostly</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never or almost never</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. When talking with my Navigator, I had plenty of opportunities to express my ideas.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>2. I understand the goals I set with my Navigator and how to reach them.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>3. When talking with my Navigator, we make changes to my goals based on my ideas.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>4. The goals I set with my Navigator are unrealistic.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>5. I get to make decisions about the best ways to reach the goals in my plan.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>6. I understand everything that is decided while we are deciding on my goals.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>7. Working with my Navigator helps me see that I can use my skills and abilities to reach my goals.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>8. My plan includes the goals that are most important to me.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>9. I have an open and trusting relationship with my Navigator</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Now I am going to ask you some questions about how you feel about your life today and how you make decisions about the services and supports you may receive today and in the future. Please answer:
Always or almost always, mostly, sometimes, rarely or never or almost never for each question.
<table>
<thead>
<tr>
<th><strong>Self</strong></th>
<th><strong>Always or almost always</strong></th>
<th><strong>Mostly</strong></th>
<th><strong>Sometimes</strong></th>
<th><strong>Rarely</strong></th>
<th><strong>Never or almost never</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I focus on the good things in life, not just the problems.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>2. I make changes in my life so I can live successfully with my emotional or mental health challenges.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>3. I worry that difficulties related to my mental health or emotions will keep me from having a good life.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>4. I know how to take care of my mental or emotional health.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>5. I feel my life is under control.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Services</strong></th>
<th><strong>Always or almost always</strong></th>
<th><strong>Mostly</strong></th>
<th><strong>Sometimes</strong></th>
<th><strong>Rarely</strong></th>
<th><strong>Never or almost never</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>6. When a service or support is not working for me, I take steps to get it changed.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>7. I tell service providers what I think about services I get from them.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>8. I believe that services and supports can help me reach my goals</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>9. I am overwhelmed when I have to make a decision about my services or supports</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>10. My opinion is just as important as my service providers’ opinion about in deciding about what services and supports and I need.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>11. I know the steps to take when I think I am receiving poor services or supports</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>12. I understand how my services and supports are supposed to help me.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>13. I work with providers to adjust my services or supports so they fit my needs.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>
Pathways Youth Graduation Criteria

Youth has met minimum of 5 out of 8 criteria below (check all that apply):

- Not in crisis
- In stable housing
- At least 1 supportive adult connection (non-child welfare professional)
- Completed Assessments (baseline survey, identified 1-2 goals, EES, 2 YCS)
- Achieved 2 linchpin goals
- Has daily living skills necessary to sustaining independence
- Demonstrated increased ability to set goals and recognize what action steps need to be taken to achieve those goals
- Demonstrated increased confidence, and ability to be assertive & self-advocate

Please provide 2 examples of each coaching outcome that applies:

*Demonstrated ability to make and set new goals*

1. 

2. 

*Demonstrated increase in confidence, ability to self-advocate and be assertive*

1. 

2. 

- Supervisor Sign-off on Youth Readiness to Graduate
Definitions

1. Not in crisis: basic needs are met
2. In stable housing: not currently homeless, can be in foster placement, shelter environment or other temporary housing
3. Supportive adult connection: adult can be family, friend or other community connection, non-child welfare professional
4. Complete assessments: screening, baseline, EES, YCS (two) completed and entered into PMIS
5. Two linchpin goals achieved: achievement or completion of goals is determined by youth and Navigator
6. Youth has the basic living skills Navigator and supervisor deem necessary to sustaining safe and stable living arrangement and independence (e.g. hygiene, cleaning, etc.)

Determining graduation readiness linked to coaching outcome components:

7. Navigator & Supervisor determination of youth’s ability to make and set new goals
   • Goal-setting/self-determination: “having the power to make decisions, to direct one’s actions, to dream and take risks, and to exercise rights and responsibilities” (Powers et al., 2012, p. 2181).
8. Navigator & Supervisor determination of youth’s increase in overall confidence and ability to self-advocate and be assertive.
   • Self-efficacy: “people's beliefs about their capabilities to produce designated levels of performance that exercise influence over events that affect their lives. Self-efficacy beliefs determine how people feel, think, motivate themselves and behave” (Bandura, 1994, p. 1).

*Please upload paper assessment into “documents” section of youth record in PMIS, change overall youth status to “completed”, and email CPR to let them know an assessment has been uploaded.*
# Appendix O - Fidelity Assessment Measures

## Fidelity Measurement

### Table 1. Pathways Fidelity Measures

<table>
<thead>
<tr>
<th>Component of intervention</th>
<th>Measure</th>
<th>Indicator</th>
<th>Data source</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ADHERENCE/USE OF TOOLS/MEASURES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Screening</td>
<td>Volume of screened youth</td>
<td>Case-load and size of Navigator waiting list</td>
<td>Navigator records</td>
</tr>
<tr>
<td>Intake &amp; Enrollment</td>
<td>Baseline survey completion</td>
<td>% of youth with baseline survey at least 80% complete in each population, site and program overall</td>
<td>PMIS</td>
</tr>
<tr>
<td>Program participation</td>
<td>Frequency of meetings</td>
<td>% of youth who meet with Navigator at least weekly during first 30 days of enrollment</td>
<td>PMIS</td>
</tr>
<tr>
<td>Navigator availability</td>
<td>Frequency and duration of communication with navigator</td>
<td>% of youth who maintain, on average, weekly communication with Navigator throughout active phase of enrollment</td>
<td>PMIS, case management record</td>
</tr>
<tr>
<td>Linchpin goal development</td>
<td>Identification of 2 linchpin goals</td>
<td>% of youth with at least 2 linchpin goals identified (that related to at least one of the five outcome areas)</td>
<td>PMIS</td>
</tr>
<tr>
<td>Assessment tools (YCS)</td>
<td>YCS administration</td>
<td>% of youth with YCS completed within 60 days of enrollment</td>
<td>PMIS</td>
</tr>
<tr>
<td>Assessment tools (EES)</td>
<td>EES administration</td>
<td>% of youth with EES completed within 14 days of linchpin goal development</td>
<td>PMIS</td>
</tr>
<tr>
<td>Additional supports</td>
<td>Usage of additional supports</td>
<td>% of youth with at least one additional support accessed (flex funds, housing vouchers, referrals, CRT/PRT, LIAT)</td>
<td>PMIS</td>
</tr>
<tr>
<td>Identify &amp; transition to external supports</td>
<td>Graduation criteria checklist outcome</td>
<td>Distribution of youth reporting graduation from Pathways on graduation checklist, by collaborative site and population</td>
<td>Graduation checklist in PMIS</td>
</tr>
<tr>
<td><strong>COACH-LIKE ENGAGEMENT</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Navigator training</td>
<td>Navigator participation in on-going trainings</td>
<td>Percent of Navigator who participated in at least 75% of coaching calls and quarterly workshops</td>
<td>Meeting notes/administrative records</td>
</tr>
<tr>
<td>Goal oriented</td>
<td>Linchpin goal development</td>
<td>Youth identifies 2 goals</td>
<td>PMIS records</td>
</tr>
<tr>
<td>Ongoing support/contact</td>
<td>Frequency of Navigator-Youth contact</td>
<td>Contact at least weekly for active youth</td>
<td>PMIS records</td>
</tr>
<tr>
<td>Youth-driven</td>
<td>EES, Q5</td>
<td>% of youth who respond positively to this criterion</td>
<td>EES completed in PMIS</td>
</tr>
<tr>
<td>Encourages growth through action</td>
<td>EES, Q7</td>
<td>% of youth who respond positively to this criterion</td>
<td>EES completed in PMIS</td>
</tr>
<tr>
<td>Encourages self-efficacy and ability to self-advocate</td>
<td>Graduation Assessment Criteria 8</td>
<td>% of youth who meet this criterion upon graduation</td>
<td>Graduation checklist in PMIS</td>
</tr>
<tr>
<td>Encourages self-determination/goal setting</td>
<td>Graduation Assessment Criteria 7</td>
<td>% of youth who meet this criterion upon graduation</td>
<td>Graduation checklist in PMIS</td>
</tr>
</tbody>
</table>
Measures:

EES, Q5: “I get to make decisions about the best ways to reach the goals in my plan.”

EES, Q7: “Working with my Navigator helps me see that I can use my skills and abilities to reach my goals.”

Graduation Assessment Criteria:

7. Navigator & Supervisor determination of youth’s ability to make and set new goals
   - **Goal-setting/self-determination**: “having the power to make decisions, to direct one’s actions, to dream and take risks, and to exercise rights and responsibilities” (Powers et al., 2012, p. 2181).

8. Navigator & Supervisor determination of youth’s increase in overall confidence and ability to self-advocate and be assertive.
   - **Self-efficacy**: “people’s beliefs about their capabilities to produce designated levels of performance that exercise influence over events that affect their lives. Self-efficacy beliefs determine how people feel, think, motivate themselves and behave” (Bandura, 1994, p. 1).
## Appendix P - Data Measures Table

<table>
<thead>
<tr>
<th>Data Source</th>
<th>Measures</th>
<th>Collection Points</th>
<th>Who collects</th>
<th>Stored</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Youth Eligibility Screening</strong></td>
<td>Identification of most at-risk youth by target population</td>
<td>1x: - Administered to youth before baseline</td>
<td>Navigator or Caseworker</td>
<td>PMIS</td>
</tr>
<tr>
<td><strong>Youth Baseline Survey</strong></td>
<td>Baseline of key outcome areas</td>
<td>1x: - At enrollment</td>
<td>Navigator</td>
<td>PMIS</td>
</tr>
<tr>
<td><strong>Empowerment and Engagement Scale (EES)</strong></td>
<td>Youth-driven Approach; Coach-like engagement outcomes</td>
<td>2x: - Within 14 days following linchpin goal development</td>
<td>- Navigator - Evaluation team</td>
<td>- 1st: PMIS - Follow-up: Qualtrics</td>
</tr>
<tr>
<td><strong>Youth Connections Scale (YCS)</strong></td>
<td>Connections with supportive adult</td>
<td>2x: - Within 60 days of Baseline - Near graduation</td>
<td>Navigator</td>
<td>PMIS</td>
</tr>
<tr>
<td><strong>Follow-up Survey</strong></td>
<td>12-month measure of key outcomes as reported by youth</td>
<td>1x: - 12-months after youth enrollment date</td>
<td>Evaluation Team (Contracted Reviewer)</td>
<td>Qualtrics</td>
</tr>
<tr>
<td><strong>Navigator Interviews</strong></td>
<td>Implementation of intervention, needed adjustments</td>
<td>1x per Navigator (6 interviews total)</td>
<td>Evaluation Team</td>
<td>Text files on Evaluation team's servers</td>
</tr>
<tr>
<td><strong>Youth Focus Groups</strong></td>
<td>Engaging youth in coach-like way, youth driven approach</td>
<td>1x per collaborative (3 focus groups total, each with ~8 youth)</td>
<td>Evaluation Team</td>
<td>Text files on Evaluation team's servers</td>
</tr>
<tr>
<td><strong>TRAILS Administrative Data</strong></td>
<td>Administrative record of key outcomes related to permanency and housing</td>
<td>2x through extracts from state – one to test analysis and one to secure data for final analysis</td>
<td>Evaluation Team</td>
<td>Excel files on Evaluation team's servers</td>
</tr>
<tr>
<td><strong>PMIS records</strong></td>
<td>Program Implementation and outcomes</td>
<td>Continuous</td>
<td>Navigators and Evaluation Team</td>
<td>PMIS</td>
</tr>
<tr>
<td><strong>Project Management Documents</strong></td>
<td>Differences between sites</td>
<td>Continuous</td>
<td>Project Management Team</td>
<td>Excel and text files on Evaluation team’s servers</td>
</tr>
</tbody>
</table>
Appendix Q - Pathways Follow-up Survey

Pathways to Success
Follow-Up Survey

**Introduction:** Hello, My name is Joe and I am calling from the Pathways Research Team at the Center for Policy Research. I’m calling to ask you some questions about your experiences with your Navigator and the Pathways project. We want to learn what helped you and what we can do better for kids like you in the future. Once you complete the interview, I will send you a $40 gift card to Wal Mart as a Thank you for your time. Do you have time now to answer some questions?

This Section to be Completed by Interviewer

<table>
<thead>
<tr>
<th>Site:</th>
<th>(1) Boulder County Collaborative Site</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(2) Denver County Collaborative Site</td>
</tr>
<tr>
<td></td>
<td>(3) Rural Collaborative Site (Fremont, and Garfield Counties)</td>
</tr>
</tbody>
</table>

| Name: |

<table>
<thead>
<tr>
<th>Target Population:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) T1: Youth in Foster Care ages 14-17: Entered foster care age 13 or older, still in care</td>
</tr>
<tr>
<td>(2) T2a: Youth in Transition ages 18-21: In foster care</td>
</tr>
<tr>
<td>(3) T2b: Youth in Transition ages 18-21: In foster care or out of foster care</td>
</tr>
<tr>
<td>(4) T3: Former Foster Care Youth Who Are Homeless (up to age 21)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Group:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Enhanced</td>
</tr>
<tr>
<td>(2) Regular</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of follow-up:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month</td>
</tr>
<tr>
<td>Day</td>
</tr>
<tr>
<td>Year</td>
</tr>
</tbody>
</table>

Enhanced group only: Before we get started, I want to remind you that the questions I will ask are about the help you received starting about a year ago from (state navigator name here) at (State Agency).

**CURRENT LIVING ARRANGEMENT:** First, I have some questions about you and your current living situation

<table>
<thead>
<tr>
<th>Where are you currently living?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) With parent(s)</td>
</tr>
<tr>
<td>(2) With other relatives</td>
</tr>
<tr>
<td>(3) Family foster home</td>
</tr>
<tr>
<td>(4) Group home</td>
</tr>
<tr>
<td>(5) Your own apartment</td>
</tr>
<tr>
<td>(6) Hotel or motel</td>
</tr>
<tr>
<td>(7) Friend’s apartment or home</td>
</tr>
<tr>
<td>(8) Family member’s apartment/home</td>
</tr>
<tr>
<td>(9) On the street</td>
</tr>
<tr>
<td>(10) Other (Describe )</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>About how long have you been living in this place? (check one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) years</td>
</tr>
<tr>
<td>(2) months</td>
</tr>
<tr>
<td>(3) weeks</td>
</tr>
<tr>
<td>(4) weeks</td>
</tr>
</tbody>
</table>
CURRENT LIVING ARRANGEMENT

Ask if under age 18:
Do you think you can keep living where you are until you turn 18?

- [ ] No
- [ ] Yes
- [ ] Don’t know

Ask if currently in foster care:
Where do you expect to live right after you leave foster care?

- [ ] On my own
- [ ] With friends
- [ ] Stay on with my foster family
- [ ] With my biological parent(s)
- [ ] With relatives
- [ ] Don’t know

PREVIOUS LIVING ARRANGEMENT

(ask if in current living arrangement for less than 12 months)

How many times have you moved in the past 12 months?
Number of times:_________________

In the last 12 months have you ever lived in the following:
(Check all that apply)

- [ ] Non-relative foster parent
- [ ] Group home
- [ ] Home of a relative
- [ ] Home of a friend
- [ ] Your own home or apartment
- [ ] In a hotel or motel
- [ ] In a car
- [ ] On the street or empty building
- [ ] In a homeless shelter
- [ ] In a shelter for battered women
- [ ] Other (Describe: )

BIOLOGICAL FAMILY: Next, I have some questions about your biological family.

Ask if Not Living with Parent(s):
About how often do you have any contact with your biological mother, either in-person visits, phone calls, or letters?

- [ ] Never
- [ ] Less than once a month
- [ ] Once or twice a month
- [ ] About once a week
- [ ] Several times a week
- [ ] Every day
- [ ] Other (Describe: )

About how often do you have contact with your biological father, in-person visits, letters, or by phone?

- [ ] Never
- [ ] Less than once a month
- [ ] Once or twice a month
- [ ] About once a week
- [ ] Several times a week
- [ ] Every day
Ask everyone:
Are there other members of your biological family, like grandparents or aunts, uncles or cousins, that you see or talk to?

If yes, ask:
If yes, about how often do you have contact with one of these relatives?

Next, I have a few background questions about you.

Do you have any children?  
(1) No  
(2) Yes

If yes, ask:  
How many children do you have?  
Number: _______

Where are these children living?  
(1) With me  
(2) With the other parent  
(3) With a relative  
(4) In a foster home (not with me)  
(5) Adopted  
(6) Other (Describe: )

Ask if 18 or older:  
Are you married or have you been married?  
(1) No, never married  
(2) Yes, but not married now  
(3) Yes, married now

EDUCATION: The next few questions are about school.

Are you currently enrolled in school?  
(1) No  
(2) Yes

What is the last grade you completed?  
Grade: ___________

(1) Graduated from High School  
(2) Received a GED  
(3) 1st Year College  
(4) 2nd Year College  
(5) 3rd Year College  
(6) 4th Year College  
(7) Other (Describe: )
EDUCATION continued

If less than high school and no longer enrolled, ask:
Approximately when was the last time you were enrolled in school?

Month: ______ Year: ________

Were any of the following reasons you left school? (check all that apply)

(1) □ Did not like school
(2) □ Expelled/suspended
(3) □ Got married
(4) □ Pregnant or had a baby
(5) □ Poor grades
(6) □ Entered military
(7) □ Financial problems, couldn’t afford
(8) □ Home or sibling responsibilities
(9) □ Didn’t get along with other students
(10) □ My friends had dropped out of school
(11) □ Had a problem with drugs or alcohol
(12) □ Had a health problem
(13) □ Other (Describe ____________)

FOSTER CARE IN THE LAST 12 MONTHS:

Have you been in foster care at any time during the past 12 months?

(1) □ No
(2) □ Yes

If yes, ask:
How many different foster homes, group homes, or residential treatment centers have you been in during the last 12 months?

Number:__________

If in foster care during the past 12 months ask:
Think about your current (or most recent) foster parents. Would you say that you feel very close, somewhat close, not very close, or not at all close to them?

(1) □ Not at all close to them
(2) □ Not very close to them
(3) □ Somewhat close to them
(4) □ Very close to them
(5) □ Not applicable (group home)
(6) □ Other (Describe ____________)

READINESS FOR INDEPENDENCE: How ready do you feel for the following?

<table>
<thead>
<tr>
<th></th>
<th>Not at All Prepared</th>
<th>Somewhat Prepared</th>
<th>Somewhat Prepared</th>
<th>Very Prepared</th>
<th>Not Sure</th>
<th>Don’t Want to Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Living on your own</td>
<td>(1) □</td>
<td>(2) □</td>
<td>(3) □</td>
<td>(4) □</td>
<td>(5) □</td>
<td>(6) □</td>
</tr>
<tr>
<td>Getting a job</td>
<td>(1) □</td>
<td>(2) □</td>
<td>(3) □</td>
<td>(4) □</td>
<td>(5) □</td>
<td>(6) □</td>
</tr>
<tr>
<td>Managing your money</td>
<td>(1) □</td>
<td>(2) □</td>
<td>(3) □</td>
<td>(4) □</td>
<td>(5) □</td>
<td>(6) □</td>
</tr>
<tr>
<td>Finding housing</td>
<td>(1) □</td>
<td>(2) □</td>
<td>(3) □</td>
<td>(4) □</td>
<td>(5) □</td>
<td>(6) □</td>
</tr>
<tr>
<td>Arranging for health care</td>
<td>(1) □</td>
<td>(2) □</td>
<td>(3) □</td>
<td>(4) □</td>
<td>(5) □</td>
<td>(6) □</td>
</tr>
<tr>
<td>Completing your education</td>
<td>(1) □</td>
<td>(2) □</td>
<td>(3) □</td>
<td>(4) □</td>
<td>(5) □</td>
<td>(6) □</td>
</tr>
<tr>
<td>Planning for your future</td>
<td>(1) □</td>
<td>(2) □</td>
<td>(3) □</td>
<td>(4) □</td>
<td>(5) □</td>
<td>(6) □</td>
</tr>
<tr>
<td>Handling an emergency if it comes up</td>
<td>(1) □</td>
<td>(2) □</td>
<td>(3) □</td>
<td>(4) □</td>
<td>(5) □</td>
<td>(6) □</td>
</tr>
<tr>
<td>Do you have the following</td>
<td>No</td>
<td>Yes</td>
<td>Not sure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------------</td>
<td>----</td>
<td>-----</td>
<td>----------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A copy of your birth certificate</td>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A driver’s license</td>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A state-issued photo ID</td>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**EMPLOYMENT AND ECONOMIC WELL-BEING**

Complete for Youth Out of Foster Care

<table>
<thead>
<tr>
<th>Question</th>
<th>1. No</th>
<th>2. Yes, employed part-time</th>
<th>3. Yes, employed full-time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you currently employed full or part-time?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Ask if employed:**

**About how much do you earn each month?**

<table>
<thead>
<tr>
<th>How do you earn each month?</th>
<th>(1)</th>
<th>(2)</th>
<th>(3)</th>
<th>(4)</th>
<th>(5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$_________________</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**How do you like your job?**

<table>
<thead>
<tr>
<th>How do you like your job?</th>
<th>(1)</th>
<th>(2)</th>
<th>(3)</th>
<th>(4)</th>
<th>(5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dislike it very much</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dislike it somewhat</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I think it is OK</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I like it fairly well</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I like it very much</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Ask if unemployed:**

**Have you been employed in the past 12 months?**

<table>
<thead>
<tr>
<th>Have you been employed in the past 12 months?</th>
<th>(1)</th>
<th>(2)</th>
<th>(3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes, employed part-time</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes, employed full-time</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Ask everyone:**

**Do you have a social security card?**

<table>
<thead>
<tr>
<th>Do you have a social security card?</th>
<th>(1)</th>
<th>(2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Do you have a checking account?**

<table>
<thead>
<tr>
<th>Do you have a checking account?</th>
<th>(1)</th>
<th>(2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Do you have a savings account?**

<table>
<thead>
<tr>
<th>Do you have a savings account?</th>
<th>(1)</th>
<th>(2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

**How many credit cards do you have?**

<table>
<thead>
<tr>
<th>How many credit cards do you have?</th>
<th>Number: ______</th>
</tr>
</thead>
</table>

**Ask if youth has credit cards:**

**How often do you pay them off at the end of the month?**

<table>
<thead>
<tr>
<th>How often do you pay them off at the end of the month?</th>
<th>(1)</th>
<th>(2)</th>
<th>(3)</th>
<th>(4)</th>
<th>(5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sometimes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Most of the time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Always</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don’t know</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Ask everyone:**

**In the last 12 months have any of the following happened? (Check all that apply)**

<table>
<thead>
<tr>
<th>In the last 12 months have any of the following happened?</th>
<th>(1)</th>
<th>(2)</th>
<th>(3)</th>
<th>(4)</th>
<th>(5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>You could not pay your gas/electric bill</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You could not pay the rent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You could not pay your phone bill</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You had to borrow money for food</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You had to use a food bank or soup kitchen</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
In the last 12 months have you received money or a voucher from the state or county to help you live on your own?

(1) No
(2) Yes, but not currently
(3) Yes, currently receiving

Ask if have received money:
How long have you been/did you receive this money or voucher?
Enter months: _______________

Have you received any other cash or money help from the state since turning 18?
If yes, what?

(1) No
(2) Yes

SERVICES: Next I have a few questions about the services you’ve received in the last 12 months from your Pathways Navigator

Ask all Enhanced Services:

About how many times in the last 12 months did you have face-to-face visits with your Pathways Navigator?

About ___________ times

(1) Not applicable, no navigator
(2) Don’t know

During the past 12 months did you and your Navigator work to come up with one or two goals to help you in your future?

(1) No
(2) Yes

If yes, ask:
Do you feel like you achieved those goals?

(1) Definitely helped
(2) Somewhat helped
(3) Did not help at all

Did your Pathways Navigator assist you in achieving those goals?

(1) Definitely helped
(2) Somewhat helped
(3) Did not help at all

SERVICES

Ask Everyone:
During the past 12 months, did you want help with any of the following? If you wanted help, did you get help?

<table>
<thead>
<tr>
<th>Did you want help?</th>
<th>Did you get help?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>GED preparation</td>
<td></td>
</tr>
<tr>
<td>ACT or SAT preparation</td>
<td></td>
</tr>
<tr>
<td>College applications</td>
<td></td>
</tr>
<tr>
<td>Planning a career or planning for job training</td>
<td></td>
</tr>
<tr>
<td>Résumé writing</td>
<td></td>
</tr>
<tr>
<td>Job interviewing</td>
<td></td>
</tr>
</tbody>
</table>
### Finding a job

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

### Learning how to budget or handle money

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

### Ask If No Longer In Foster Care:

- Assistance with finding an apartment or place to live
- Help with completing apartment application
- Help with a down payment or security deposit on an apartment

### Thinking about all the job-related help you’ve received, where did you receive this help? (mark all that apply)

- Biological parent(s) or other family
- Foster parents
- Caseworker
- Independent living program or life skills classes
- Teacher/school
- Mentor
- Pathways Navigator
- Other (specify) _________________

### Thinking about all the help you’ve received in preparing for your future education, where did you receive this help? (mark all that apply)

- Biological parent(s) or other family
- Foster parents
- Caseworker
- Independent living program or life skills classes
- Teacher/school
- Mentor
- Pathways Navigator
- Other (specify) _________________

### Ask Everyone

<table>
<thead>
<tr>
<th></th>
<th>Very Prepared</th>
<th>Somewhat Prepared</th>
<th>Not at all Prepared</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepared to have permanent connections with at least one supportive adult who you can call if you need anything</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prepared to manage your physical health (being healthy)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prepared to manage your mental health (mentally healthy)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prepared to find and maintain safe and stable housing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prepared to achieve long-term education goals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Thinking about all the help you’ve received in handling your finances, where did you receive this help? (mark all that apply)

- Biological parents or other family
- Foster parents
- Caseworker
- Independent living program or life skills classes
- Teacher/school
- Mentor
- Pathways Navigator
- Other (specify) _________________
- Haven’t received any help

Ask Everyone:
Is there any training or assistance that you were not given, that you think would have helped you learn to live on your own? What type of training or assistance would that be?

The next set of questions is about how you felt in deciding on the goals you worked with your Navigator to develop

Please answer these questions based on your experiences working WITH YOUR Navigator after you enrolled in Pathways.

<table>
<thead>
<tr>
<th>Question</th>
<th>Always or almost always</th>
<th>Mostly</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never or almost never</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. When talking with my Navigator, I had plenty of opportunities to</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>express my ideas.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. I understand the goals I set with my Navigator and how to reach</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>them.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. When talking with my Navigator, we make changes to my goals based</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>on my ideas.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. The goals I set with my Navigator are unrealistic.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>5. I get to make decisions about the best ways to reach the goals in my</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>plan.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. I understand everything that is decided while we are deciding on my</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>goals.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Working with my Navigator helps me see that I can use my skills and</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>abilities to reach my goals.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. My plan includes the goals that are most important to me.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>9. I have an open and trusting relationship with my Navigator.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>
Now I am going to ask you some questions about how you feel about your life today and how you make decisions about the services and supports you may receive today and in the future. Please answer: Always or almost always, mostly, sometimes, rarely, or never or almost never for each question.

<table>
<thead>
<tr>
<th>Self</th>
<th>Always or almost always</th>
<th>Mostly</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never or almost never</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I focus on the good things in life, not just the problems.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>2. I make changes in my life so I can live successfully with my emotional or mental health challenges.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>3. I worry that difficulties related to my mental health or emotions will keep me from having a good life.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>4. I know how to take care of my mental or emotional health.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>5. I feel my life is under control.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Services</th>
<th>Always or almost always</th>
<th>Mostly</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never or almost never</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. When a service or support is not working for me, I take steps to get it changed.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>7. I tell service providers what I think about services I get from them.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>8. I believe that services and supports can help me reach my goals.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>9. I am overwhelmed when I have to make a decision about my services or supports.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>10. My opinion is just as important as my service provider’s opinion in deciding what services and supports I need.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>11. I know the steps to take when I think I am receiving poor services or supports.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>12. I understand how my services and supports are supposed to help me.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>13. I work with providers to adjust my services or supports so they fit my needs.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>
**Health and Well-being**

Do you currently have health insurance?  
- [ ] No  
- [ ] Yes

Do you know where to go if you need medical help?  
- [ ] No  
- [ ] Yes

How many times have you been to the ER in the past 12 months?  
- [ ] No  
- [ ] Yes

Have you been arrested or detained by the police in the past 12 months?  
- [ ] No  
- [ ] Yes

If yes, how many times?  
- [ ] No  
- [ ] Yes

<table>
<thead>
<tr>
<th>Number</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Housing**

Did your Pathways Navigator help you find out about safe and stable housing options?  
- [ ] No  
- [ ] Yes

Did your Pathways Navigator help you access housing options, if needed?  
- [ ] No  
- [ ] Yes

How many times have you moved or changed living situations in the past 12 months?  
- [ ] No  
- [ ] Yes

<table>
<thead>
<tr>
<th>Number</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**TRAFFICKING**

In the last 12 months, have you ever been forced to engage in a sexual act for something of value such as money, food, housing, gifts or favors?  
- [ ] No  
- [ ] Maybe  
- [ ] Yes

If yes or maybe, has this happened more than once?  
- [ ] No  
- [ ] Maybe  
- [ ] Yes

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**EXPECTATIONS FOR THE FUTURE:** Let’s talk about what you expect for the future

<table>
<thead>
<tr>
<th></th>
<th>Not at all Likely</th>
<th>Somewhat Likely</th>
<th>Very Likely</th>
<th>Almost Certain</th>
<th>Not Sure</th>
<th>Don’t Want to Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>You will be living in the same place you are now</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You will have a baby</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>You will serve time in jail or prison</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You will have a college degree</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Moderately Disagree</th>
<th>Mildly Disagree</th>
<th>Mildly Agree</th>
<th>Moderately Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>My life is going well</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>My life is just right</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>I would like to change many things in my life</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>I wish I had a different kind of life</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>I have a good life</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>I have what I want in life</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>My life is better than most kids’</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

**Students’ Life Satisfaction Scale (Child Trends Instrument)**