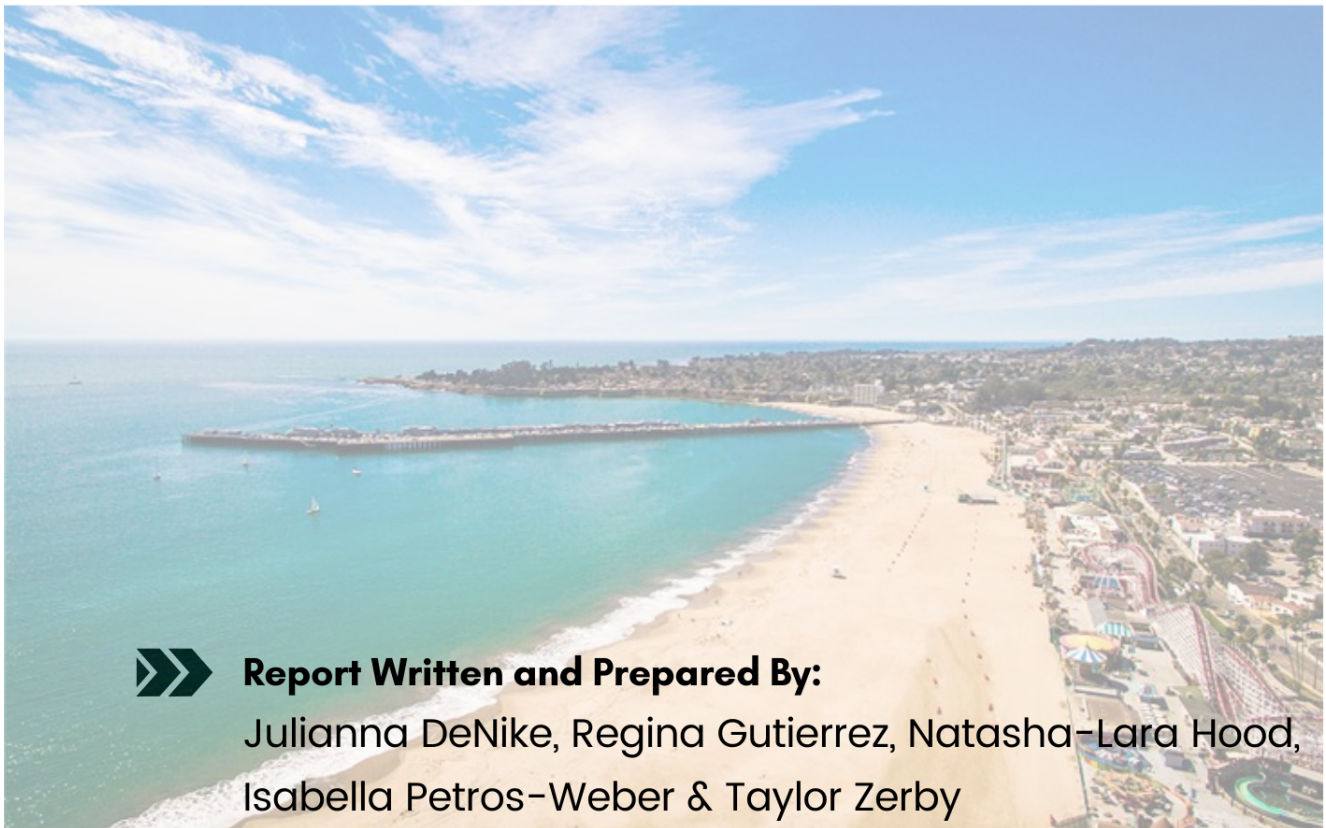


The Free Guide

# AN EVALUATION TOOLKIT

2022



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## EXECUTIVE SUMMARY

This monitoring, evaluation, adaptation, and learning (MEAL) plan is intended to provide the framework and tools to perform an outcome evaluation of *The Free Guide* Santa Cruz's Outreach-Based Case Management Program, referred to OBCM hereon after. This MEAL plan was prepared by graduate students from the Middlebury Institute of International Studies at Monterey as a deliverable for the Advanced Program Evaluation Practicum Spring 2022 Course. Through ongoing client consultation and research, students generated best practices for the development, implementation, and on-going monitoring and evaluation of The Free Guide Santa Cruz's Outreach-Based Case Management Program. It is important to note that even though The Free Guide aims to address issues surrounding homelessness through different approaches and a myriad of services, this evaluation focuses only on the programming of the OBCM approach that *The Free Guide* plans to implement in the near future.

As The Free Guide grows and develops, it is important that it continues to learn and adapt its programs according to evidence-based best practices. This evaluation toolkit aims to provide the resources, knowledge, and practices for it to establish and maintain the ongoing monitoring and evaluation of its Outreach-Based Case Management Program to successfully serve community members experiencing homelessness. The approach to this evaluation attempts to answer the following guiding question:

*To what extent is The Free Guide's Outreach-Based Case Management (OBCM) program effective at engaging and partnering with currently underserved community members of Santa Cruz County experiencing homelessness to achieve and maintain housing?*

## Literature Review

A literature review was conducted to inform evidence-based best practices regarding outreach-based case management. More specifically, this literature review aimed to answer the following research questions: *(1) How effective and cost-effective is street outreach and case management at achieving housing and maintaining housing stability and (2) what are the most effective and evidence-based best practices of outreach-based case management in addressing homelessness and maintaining housing stability?* There is limited existing research analyzing the intersection of street outreach and case management and, therefore, these concepts were analyzed as two separate functions for the sake of this literature review.

The main findings of this literature review of the existing (albeit limited) research include:

- Street outreach is more effective than traditional drop-in agency-based services at facilitating a transition to housing and maintaining housing stability

- Street outreach is more cost-effective at achieving and maintaining housing than traditional, agency-based homeless shelters due to comparatively low programming costs
- Assertive Community Treatment and Intensive Case Management are the most effective models of case management for reducing the number of days unhoused for people experiencing homelessness, thanks in large part to their low caseloads, comprehensive client-centered approach, and intensive client-case manager contact
- Important themes identified in successful approaches to street outreach and case management include establishing meaningful relationships, building trust, persistence, trauma-informed care, behavior change strategy-informed strategies such as Motivational Interviewing and crisis management
- Further data collection, analysis and research is necessary to strengthen the currently limited research regarding effective approaches to reducing homelessness via case management and street outreach, especially in the Central coast region and in Santa Cruz County

## **Monitoring & Evaluation**

A monitoring and evaluation toolkit is presented to support the implementation of an outcome evaluation for the OBCM program. Within the toolkit can be found several means to further support the monitoring and evaluation of the program as well as data collection and analysis efforts.

The toolkit provides the following:

- Logic model and theory of change
- Stakeholder matrix
- Evaluation questions
- Data collection processes, including an introduction to the HMIS system
- Ethical considerations in data collection
- Dissemination plan

## **Adaptation & Learning**

Potential areas to engage in learning and adaptation efforts are listed for The Free Guide to utilize in order to reflect on potential areas of growth and improvement for the OBCM program. These include continued collaboration and organizational assessments, which can streamline learning and adaptation efforts while promoting innovative thinking within the organization.

## **Limitations**

Important program limitations were identified which should be taken into consideration while engaging in monitoring and evaluation efforts. The following key limitations were addressed:

1. Funding for properly trained case workers
2. Rapport and trust building between case workers and clients
3. Cultural and language barriers between case managers and clients



4. Quantifying levels of trust in evaluations
5. Challenges and accuracy in data collection processes

## **Recommendations**

Our evaluation toolkit includes recommendations created for the future development of the program, including areas to sustain and enhance the program as well as areas of further development. The recommendations include the following:

1. Conduct appropriate job advertising to attract and recruit talented individuals according to identified minimum qualifications for Intensive Case Management
2. Design and implement appropriate training for the Outreach-Based Case Managers according to identified best practices for street outreach and intensive case management
3. Design the outreach-based case management program based on intensive case management principles
4. Prioritize a robust data collection system
5. Conduct appropriate evaluations, including outcome and process evaluations
6. Build community support through outreach and advocacy aimed at educating the larger community of unhoused community needs and program
7. Use learning and adaptation to sustain and enhance the program

## **SECTION 1: INTRODUCTION TO THE FREE GUIDE & ITS OUTREACH-BASED CASE MANAGEMENT PROGRAM**

### **Background & Context**

There is a national recognition that housing is an essential determinant of health. Homelessness is associated with a wide range of adverse social, economic and health outcomes.<sup>1</sup> While about 1 in 8 Americans lives in California, more than 1 in 4 homeless Americans live in California. According to the National Alliance to End Homelessness, 161,548 people were homeless on a given night in California in 2020, making it by far the state with the largest homelessness problem.<sup>2</sup> It has been said that this number is greatly underestimated and the total count could be two or three times higher.<sup>3</sup> The same survey estimated that 2,256 people were homeless on a given night in 2020 in Watsonville/Santa Cruz City and County.<sup>4</sup> Only Humboldt, Mendocino and San Francisco counties had higher per-capita rates than Santa Cruz.

Currently, the “best practice” regarding homelessness is a “Housing First” approach, which prioritizes quickly moving people from homelessness into housing and then providing support necessary to maintain it, rather than requiring homeless people to first resolve the challenges that contributed to their housing instability, such as addiction or mental health issues. The “Housing First” approach emphasizes that recovery should begin from stable housing. Rapid re-housing helps people move into stable housing as fast as possible while connecting them with supportive, community-based resources that help them maintain housing. Case management has been identified as a strategy to support rapid housing, especially for those with more complex needs. Case management includes basic functions such as: outreach, assessment, planning, linkage, monitoring and advocacy.<sup>5</sup>

Santa Cruz County provides services and assistance to those currently experiencing homelessness through federal and local programs. Government assistance and homeless services work to enable individuals and families to obtain income and support. However, many individuals and families do not apply for services, as many believe they are ineligible for assistance. State statistics have demonstrated that throughout 2020, nearly a quarter of a million people accessed homeless services through local agencies. According to the state, nearly 40% of the quarter million who accessed homeless services, moved into permanent housing in 2020. Through outreach and

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<sup>1</sup> Fazel S, Geddes JR, Kushel M. The health of homeless people in high-income countries: descriptive epidemiology, health consequences, and clinical and policy recommendations. *Lancet* [Internet]. 2014 Oct 25

<sup>2</sup> [SOH: State and CoC Dashboards - National Alliance to End Homelessness](#)

<sup>3</sup> [PolitiFact | Has California's homeless population 'skyrocketed'? And how does it rate nationwide?](#)

<sup>4</sup> [SOH: State and CoC Dashboards - National Alliance to End Homelessness](#)

<sup>5</sup> Morse G. A review of case management for people who are homeless: implications for practice, policy, and research. In: Fosburg LB, Dennis DO, editors. *Practical Lessons: The 1998 National Symposium on Homeless Research*. Washington, DC: US Department of Housing and Urban Development; 1999. pp. 7–34. 7–1–.

engagement, more individuals can be connected to services and programs which can help to get them into housing. Case management can focus on determining clients' needs and eligibility for assistance, helping them find and get housing, and securing other resources needed to maintain housing stability (such as childcare services, medical treatment, psychological services, food, clothing, etc.) Case management and connecting individuals to services can prevent and shorten periods of homelessness.

## **The Free Guide Organization**

The Free Guide was founded in 2015, and became a 501(c)3 organization in 2017, with the goal to connect people experiencing homelessness to services. Evan Morrison is the third and current Executive Director of The Free Guide. At the end of 2020, the organization pivoted its objectives, with the goal to expand to services beyond that of distributing The Free Guide and hosting information about resources available to homeless people in Santa Cruz county. The Mission, Vision and Values of the organization are still under review, however the ultimate goal of the organization is to reduce and end homelessness in Santa Cruz County. The Free Guide has applied for fourteen grants from Santa Cruz County to help assist in the development and implementation of its potential programs.

The organizational structure of The Free Guide includes: The Executive Director, a Board - which consists of volunteers and contractors. The board's role is three fold - to create policies for the organization, providing oversight, and providing advice and mentorship for the Executive Director and the organization as a whole. There is also a "problem-solving team" that has an influence over the organization's programs. The goal is to recruit some industry experts onto the problem solving team such as clinical social workers who have experience working with veterans.

## **Suggested Governing Ideas**

The following section provides The Free Guide with some suggestions to assist in guiding overarching organizational goals and program development. This includes the organization's mission, vision and values. Suggestions have been made for the Mission, Vision, and Values statements for The Free Guide and are included in Appendix A.

**A Mission Statement** defines the purpose of an organization. It helps to provide direction, motivation and guide decisions. It describes who and what the organization is, who they serve, and its purposes. A mission statement is meaningful only if it acts as a unifying force for guiding strategic decision-making and achieving long-term goals. Well-defined mission statements can assist in measuring organizational effectiveness in attaining stated goals. A mission statement provides the foundation for setting priorities, developing strategies, and setting goals for the organization. When considering the success of an organization, it is essential to examine the values and missions as they provide a baseline for measurement of achievement.

**A Vision Statement** describes the future of the organization and what the organization would like to achieve or where it would like to be headed. It describes the long-term goals of the organization.

**The Values** help to identify the operating standards and principles that members of the organization should use to guide their work. Values enhance organizational efficiency through providing guidance to practitioners in decision-making processes and strategy development. These values provide an organizational philosophy that influences employee behavior.

### **The Program: Outreach Based Case Management**

For the purposes of this report, we focused on The Free Guide's "outreach-based case management" program and created an evaluation toolkit to be used once the program is implemented. The program is currently still in its developmental stage. If funding from Santa Cruz County is awarded, this program would operate as a 3-year pilot program intended to support people in Santa Cruz county that are experiencing homelessness. The purpose of this program would be to help those who are homeless in Santa Cruz County get housed. The idea for this program was conceived due to the experience of The Free Guide's Executive Director, Evan Morrison. After realizing how expensive a homeless shelter's operating costs are - with so many overhead costs for 40 participants for only 1 person helping to get homeless people housed. This raised the question: **How can we get homeless people housed at as low of a cost as possible?** After talking with peers working in the industry and receiving feedback from them for his ideas, Evan Morrison left the homeless shelter he was working at, and began plans for an "outreach-based case management program." The idea behind outreach-based case management is to engage homeless individuals and connect them to resources such as social services, mental health or substance abuse treatment, medical health services, emergency shelter, long-term housing, and more. Case management refers to a planned approach to ensuring that a person who experiences homelessness gets connected to the services and support that they need to move forward.

The program is currently under development. As it stands, case managers/workers would go out into the Santa Cruz community and connect with those experiencing homelessness. Case managers would work with people and families experiencing homelessness and identify the type of support needed for each individual. Case management is well established in social work and healthcare. As rapport and trust is established between client and case manager, the case manager will link their clients to necessary services and supports, based on identified client needs. An intake form/barrier assessment would be performed and goals and plans would be established. Case management requires a willingness on the part of the client to participate, and is a collaborative and client-driven process. By implementing case management and allowing for these case workers/managers to be mobile and perform outreach directly, more homeless people can be given access to services that they might not otherwise have known about or would have to travel to. This program's target audience would be those experiencing homelessness in Santa Cruz county. There would be no prerequisites or conditions to engage individuals beyond being homeless. Once case managers/outreach workers have a "full caseload" they will focus on their caseload and assisting

those individuals to set goals and move towards housing. Case managers will conduct “barrier assessments” - a series of questions that will help establish baseline information regarding clients and track progress.

The Program’s **goals** (for one staff member) would include :

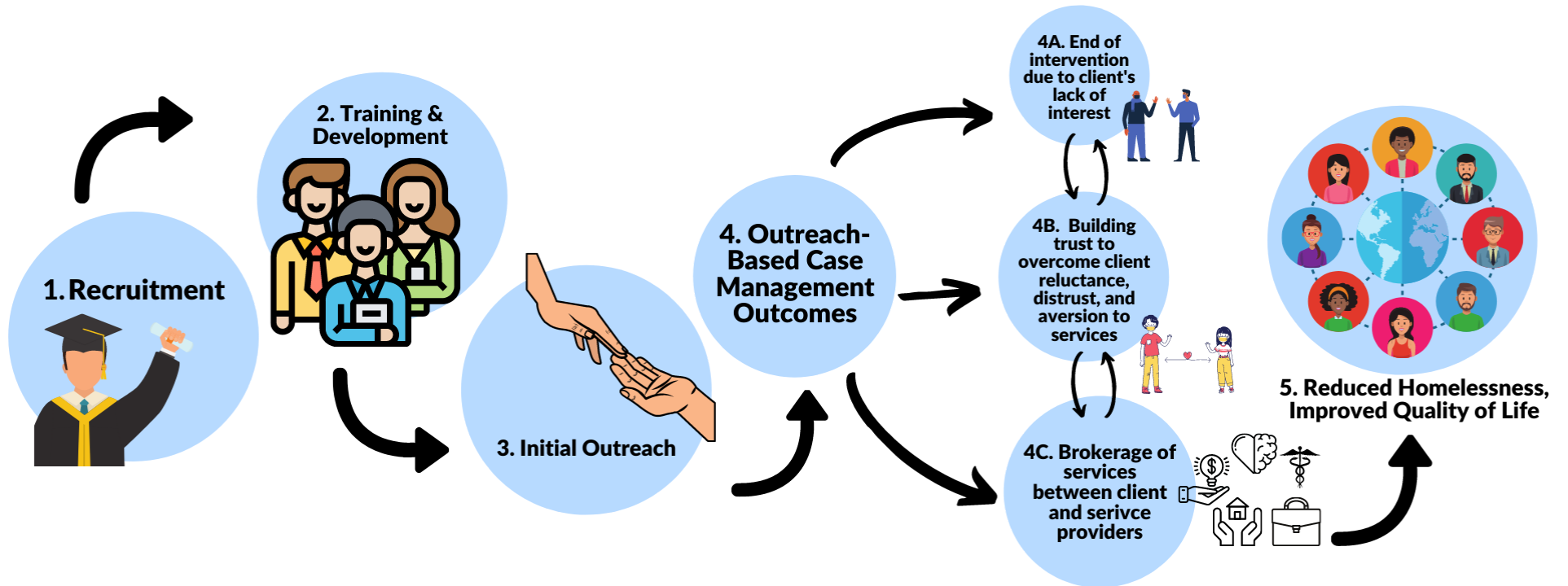
- Help 20 people get housed in the first year
- Conduct a barrier assessment on 100 people

**Stakeholders** of the program will include:

- Evan Morrion, Executive Director of The Free Guide
- Problem-Solving Team, The Free Guide
- Board, The Free Guide
- Clients/Beneficiaries of the program
- San Jose State students
- County of Santa Cruz
- City of Santa Cruz

A diagram of the program in its most current state (May 2022) has been detailed below in *Figure 1*.

Figure 1



\*The timeline of the program cycle can range from several months to several years. The timeliness of each activity will depend on a number of internal factors (e.g., level of trust between client and case manager) and external factors (e.g., legal, social, and financial barriers to access services)

## SECTION 2: LITERATURE REVIEW

A literature review was conducted to identify and evaluate the evidence for outreach and case management for individuals experiencing homelessness. The full literature review can be found in the Appendix but please see the abstract below which synthesizes the main findings of the literature review.

### Abstract

Homelessness in the United States, including in Santa Cruz County, remains a pervasive issue. This is largely because homeless services are underfunded and underutilized by certain unhoused subpopulations who are resistant to these services. Outreach-based case management, an approach that utilizes both street outreach and intensive case management, is an innovative housing-focused intervention that addresses the resistance to homeless services and the lack of resources. This is because outreach-based case management seeks to target the least-engaged unhoused subpopulations and it represents a more cost-effective intervention, and thus a better use of existing resources. Through an analysis of systematic reviews of existing literature, qualitative and quantitative research, and colloquial literature, this literature review attempts to answer the following question: *What is the effectiveness and cost-effectiveness of outreach-based case management and what are the evidence-based best practices of outreach-based case management in addressing homelessness and maintaining housing stability?*

Much of the existing research provides initial support for the effectiveness of street outreach in improving housing, health, service uptake, and psychiatric conditions. There is also research indicating that street outreach is a more cost-effective intervention than traditional drop-in agency-based housing interventions. Similarly, the research suggests that case management and street outreach are both effective housing interventions, especially case management approaches such as Intensive Case Management, which are characterized by a client-centered focus, low caseload, intense client-case manager relationship, and frequent client-case manager communication. According to the existing research, best practices for street outreach and case management require an approach dedicated to building trust and forming personal connections with the clients. These practices should be informed by behavior changing strategy theories and practices such as Motivational Interviewing, harm reduction, trauma-informed care, and crisis management. The research also suggests that the use of peer-led interventions is an effective strategy to build trust between the peer case worker and the client. There are limitations to these best practices, as building trust and creating personal connections are difficult to quantify and, therefore, difficult to measure. For organizations working to implement outreach-based case management as a housing intervention for the homeless population, robust data collection throughout the entire process is highly recommended. It is also recommended to use existing data collection tools, such as the Homeless Management Information System. The data collected from such programs could further inform these initial findings regarding street outreach and case

management effectiveness and cost-effectiveness as well as the best practices and program designs for these housing-focused interventions.



## **SECTION 3: INTRODUCTION TO MONITORING & EVALUATION**

### **Program Evaluation**

Program Evaluation is used by organizations to gather information for planning, designing, implementing, and assessing the results of a program. Program Evaluation is a process by which programs and targets can be reviewed to see what has been accomplished. It can help organizations learn from shortcomings, and understand how best to move forward in the future. Evaluations allow for evidence-based information to improve programming, shape new policies and programs, and ensure value for money. Evaluations should consider a program's ongoing need, intended outcomes, and whether there are alternative, more cost-effective ways to meet objectives.

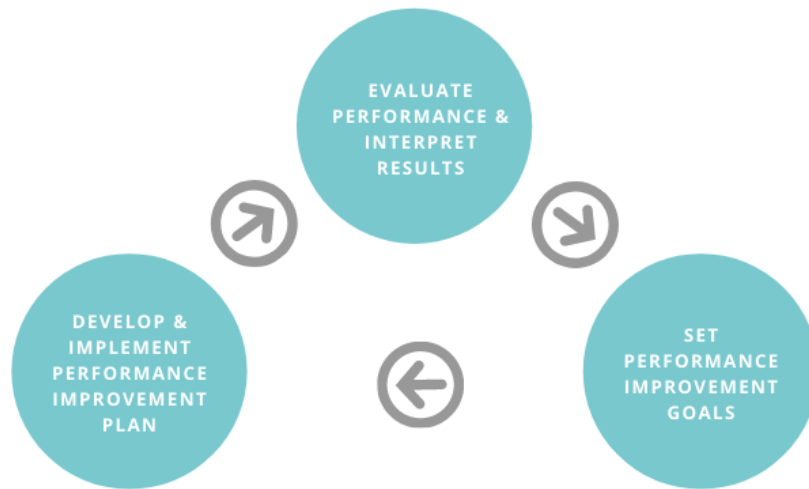
### **Why is Monitoring & Evaluation Necessary?**

Monitoring and Evaluation can provide the necessary data to guide strategic planning, to design Homeless providers need to incorporate evidence-based practices and outcome evaluations within their services.<sup>6</sup> Evaluations are essential to providing high quality services for an organization working in homeless services. By systematically evaluating services we can understand their true impact. Quantitative and qualitative data collection can assist in developing a complete picture of an organization's programs, successes and challenges, as well as to better understand the people that it serves. Findings from monitoring and evaluation can help improve the services of an organization, but also to inform the field of serving homeless people as a whole. Evaluations can enable organizations to better track accomplishments and report to funders, but most importantly to ensure the best outcomes for homeless people and the larger community. Evaluations are therefore important because the information identified can help to improve the quality of care. At its core, program evaluation is a process by which programs and systems can determine whether current activities are having the intended impact(s) on participants. This information can - and should - be used to guide efforts to improve processes and results.

Agencies and organizations working with homeless individuals and families are often working with those have experienced or are experiencing extreme poverty, trauma, and residential instability in combination with higher rates of medical illness, mental health and substance use problems than the general population. Homeless service programs are often underfunded and under-resourced. Some organizations may view program evaluation as an additional, unnecessary burden. However, evaluations are a valuable and necessary addition to the provision of services.

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<sup>6</sup> [March 2012 - Evaluating Programs - Strategies and Tools for Providers Serving Homeless Families.pdf \(air.org\)](#)



## Designing an Evaluation

### Phase One: Deciding What to Evaluate

- A Needs Assessment can be useful in deciding what to evaluate. A needs assessment looks at the needs of the community, the characteristics of the group being serviced, and the literature on factors to determine what to target.
- A needs assessment should help a program or an organization with the following:
  - 1) Understand the needs of the target population
  - 2) Identify essential service components
  - 3) Determine which services to implement
  - 4) Link the services to desired outcomes
  - 5) Decide the scope of the evaluation.
- A literature review can also assist in determining the needs of the target population

### Phase Two: Engage Stakeholders

- Identify people or organizations that are affected by the intervention, involved in implementing or conducting the evaluation, and potential users of the evaluation results

### Phase Three: Evaluation Plan

- The evaluation plan can help identify the purposes and objectives of the evaluation
- Components of the evaluation plan should include:
  - Key evaluation questions
  - Description of the target population
  - Description of the program
  - Description of the evaluation methodology
  - Description of how the evaluation findings will be used

**Phase Four: Create a Logic Model/Theory of Change**

- The program's purpose, activities, and outcomes should be described. This can take the form of a logic model. A logic model is a graphic representation of the relationships between the program's intervention's activities and its intended outcomes. A logic model can help define the goals and outcomes, and identify the impact of the intervention.
- By linking all of these factors, it is possible to identify a "theory of change"
- Without a theory of change or a logic model it is difficult to understand the impact of a program.

**Phase Five: Determining How to Gather Information**

- Programs should seek to measure in the context of their program e.g. intake and assessment processes can help include questions that will be highly relevant for an evaluation. Information initially collected can become the baseline for measurement.
- Case managers should regularly review information collected, track services provided and note any relevant changes that may occur in the program's logic model.
- Incorporating reliable and valid measures during the program can help to evaluate impact on the program's target population.

**Phase Six: Considerations**

- Think about the necessity of building trust with the participants who will be involved in data collection. Protocols for collecting data will need to be established.
- Evaluations should be planned to be trauma-informed and culturally relevant. A trauma-informed approach demands that attention be paid to the relationship and the impact of the evaluation process on individuals.
- Evaluations should be designed to attend to the cultural context of participants, program, and community in question. Issues to consider include: race, ethnicity, gender, migration, and language. A culturally relevant and trauma informed evaluation should consider the specific needs of a group and match those needs with culturally relevant services.
- Data that is collected and tracked is highly sensitive and personal and should be treated as such.

**Evaluation Questions:**

Evaluation questions are essential for the purpose of focusing the evaluation, particularly when it comes to collecting data. Evaluation questions should be developed with stakeholders, including program staff, funders, community representatives, and so on. The first step to identifying evaluation questions is to review with stakeholders why you need to do the evaluation and how results will be used and by whom. The logic model should also be used to generate evaluation questions. Identify key activities and the respective outcomes associated with those activities and generate relevant questions. Ensure that stakeholders interests, concerns, and perspectives are represented in the question process.

## **SECTION 4: MONITORING & EVALUATION TOOLKIT**

### **Our Evaluation**

This report addresses The Free Guide organization's "Outreach-Based Case Management Program." As the program is currently in the development phase and is not currently being implemented, this evaluation is merely a starting point, and does not fully reflect the program and its delivering of services. We hope that this can provide resources and tools to support The Free Guide in future evaluations for the Outreach Based Case Management program, and more. We recommend that ongoing evaluation should be built into program implementation and management as a way of measuring the progress of clients, monitoring program development, and assessing outcomes.

For this program we recommend an outcome evaluation. An outcome evaluation measures the degree to which the program is having an effect on the target population by assessing the outcomes that the program is attempting to address. It successfully allows organizations to evaluate if the program is effective in meeting its objectives.

### **Objectives of our Evaluation**

For the purposes of an evaluation of The Free Guide's Outreach Based Case Management program, we imagine that the objectives of the evaluation would include:

- Articulating what The Free Guide is trying to achieve with the outreach based case management program
- Illustrating if progress is being made towards getting people housed and reducing homelessness in Santa Cruz County
- Quantifying achievements towards the goals and objectives of the program and The Free Guide as a whole
- Gathering information to be used for adaptation and continuous improvement
- Informing strategy reviews and investment planning
- Demonstrating successes/importance of program to funders

### **Logic Model**

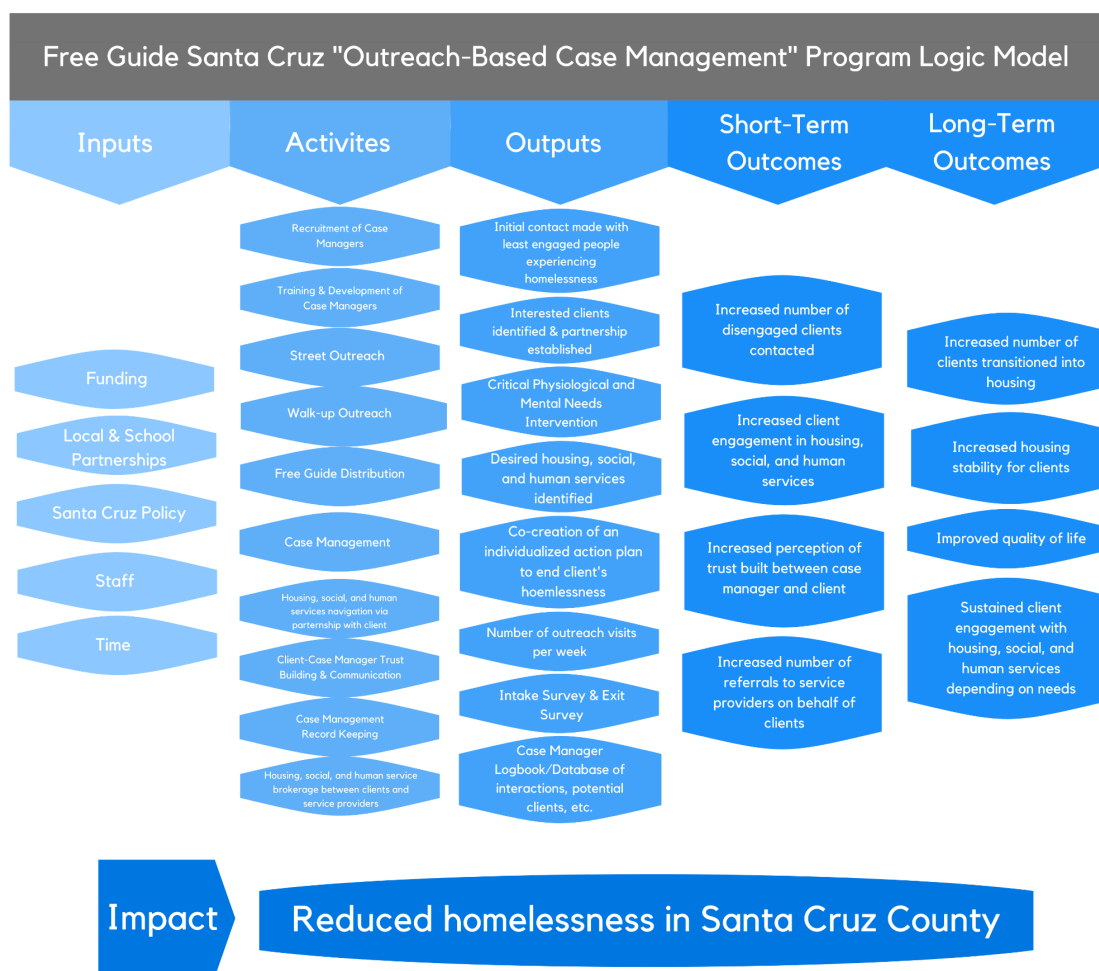
A logic model lays out the core components of the programs (inputs, activities) and the intended results (outputs and outcomes). Logic models provide an understanding of how programs function: they examine the underlying assumptions on which the program is based and the processes that the program undergoes in order to achieve results. They are essential for understanding which program elements may need evaluation and/or improvement. The logic model should be regularly updated in order to determine if a program's results are satisfactory or if approaches need to refine or implement new strategies.

**Inputs:** Resources needed to accomplish program goals. Inputs essentially answer the question, *What do we need to implement this program?*

**Activities:** Services necessary to accomplish program goals. Activities essentially answer the question, *What will we be doing with this program?*

**Output:** What a program or system does or produces<sup>7</sup> e.g. number of clients served, Stability/length of stay in program, Occupancy Rate, Cost per client served. Outputs essentially answer the question, *What will we get as an immediate result of our activities?*

**Outcome:** What is gained or changed as a result of output related to client knowledge, skills, behaviors or conditions<sup>8</sup> e.g. Housing situation at program exit, return to homelessness, income changes at program exit, interaction with public systems, self-sufficiency measures. Outcomes essentially answer the question, *What change will our outcomes contribute to?*



<sup>7</sup> Albanese 2010

<sup>8</sup> Albanese 2010

## Theory of Change

A theory of change is a description or illustration of how and why a desired change is expected to happen in a particular context. It is used in the design and evaluation of programs to explain how a given intervention or set of interventions are expected to lead to a specific change. A theory of change can assist in providing a framework for learning during and after program cycles. Adjustments to the theory of change should be made in light of changing circumstances, as well as part of regular monitoring of the program.

## Theory of Change

If:  
case managers use an approach that combines street outreach with intensive case management (characterized by low caseload intense and regular client-case manager communication, providing comprehensive services, and triaging the client's most critical needs),  
Then:  
least engaged people experiencing homelessness are more likely to trust their case manager and thus engage with the services provided.  
If:  
clients trust their case manager and engage with both medical and non-medical services,  
Then:  
clients are more likely to experience increased housing stability which, in turn, can lead to ending their homelessness.  
If:  
clients experience more housing stability,  
Then:  
homelessness could be reduced in Santa Cruz County.

## Stakeholders

The Free Guide has a variety of stakeholders, ranging from the community it serves, donors, employees, and volunteers. Please refer to Appendix G for a full stakeholder matrix. Additionally, The Free Guide's stakeholders have been categorized into four groups according to the power they hold and to their interest or engagement in the program. The power/interest matrix below shows how The Free Guide should best engage with their stakeholders to develop cooperation between the two parties and how to work with them appropriately and most effectively. This will lead to less conflict and more cooperation during the implementation of the Outreach-Based Case Management Program. It helps to identify the people to be informed during implementation, the key people to be involved and consulted, and the people who may have potential negative impact on the project.

**Key Players:** High power and high interest stakeholders: These stakeholders need to be kept informed and closely involved in all project phases. Nothing should come as a surprise to them publicly and all recommendations and important actions should be discussed with them prior to implementation.

**Latent:** High power and low interest stakeholders: These are the senior stakeholders who need to be kept satisfied to maintain their support during project or change implementation. These stakeholders can become valuable allies and support outreach to difficult-to-reach audiences.

**Defenders:** Low power and high interest stakeholders: These stakeholders are highly interested in the project outcomes; however, they have little power as individuals to influence any decision. There should be regular communication with them so that they are kept informed.

**Marginal:** Low power and low interest stakeholders: These stakeholders do not have a great deal of influence, nor they have any interest in the project. Because project activities are likely to have little impact on them, they don't require a great deal of attention. However, there should be occasional communication with them so that they are kept informed about important issues and changes.

## Evaluation Questions

Grouping questions by theme can help prioritize evaluation questions. For the purposes of this evaluation we have classified our questions into process and outcome questions.

Process Questions are concerned with the implementation of the program and delivering services through the program activities. We have included suggested process questions in Appendix E.

Outcome questions are concerned with the effects of the program delivery in the target population group. Outcome evaluation questions incorporate key outcome components of the logic model. We have included suggested outcome questions that can be found below.

Suggested Evaluation Questions			
To what extent is Free Guide's Outreach-Based Case Management (OBCM) program effective at engaging and partnering with currently underserved community members of Santa Cruz County experiencing homelessness to achieve and maintain housing?			
Evaluation Focus	Evaluation Questions	Indicators	Means of Collection
Guiding Evaluation Questions: To what extent is Free Guide's Outreach-Based Case Management (OBCM) program effective at engaging community members of Santa Cruz County who are experiencing homelessness and unserved by other homeless service providers in an effort to achieve and maintain housing?	How many clients do case managers enroll in the program each program cycle?	# of clients in each case managers caseload	Case manager logs/records of information regarding clients
	How many clients are initially contacted through OBCM who have not been reached via other homeless service providers	# of clients previously engaged by other homeless service providers & # of clients not previously engaged by other homeless service providers	Case manager logs/records of information regarding clients
	To what extent does OBCM contribute to clients' increased knowledge about housing, social, and human services?	Baseline indicator: % of clients demonstrating a strong familiarity of services available to them & that they're eligible for	Survey completed by clients
		Post program indicator: % of clients demonstrating a strong familiarity of services available to them & that they're eligible for	Survey completed by case managers regarding clients
			Survey completed by case managers regarding clients

SERVICE ENGAGEMENT/REFERRAL: "To what extent is Free Guide's Outreach-Based Case Management program effective in producing housing, social, and human service referrals for its clients?"	How many clients were connected to services as a result of OBCM?	# of clients referred to services by case manager	Case manager logs/records of information regarding clients
	To what extent does OBCM contribute to clients' ability and desire to navigate the social services system?	Baseline indicator: % of clients demonstrating a willingness to engage and navigate the social service system	Survey completed by clients
		Baseline indicator: % of clients demonstrating an ability to engage and navigate the social service system	Survey completed by case managers regarding clients
			Survey completed by clients
		Post program cycle indicator: % of clients demonstrating a willingness to engage and navigate the social service system	Survey completed by case managers regarding clients
			Survey completed by clients
		Post program cycle indicator: % of clients demonstrating an ability to engage and navigate the social service system	Survey completed by case managers regarding clients



<b>ACHIEVING HOUSING:</b> To what extent is Free Guide's Outreach-Based Case Management program effective in achieving housing for its clients?	How many OBCM clients transitioned to housing during a program cycle?	# of clients transition to housing	Case manager logs/records of information regarding clients
			HMIS data
		% of clients transitioned to housing	Case manager logs/records of information regarding clients
	The proportion of total clients in a program cycle reached		HMIS data
			Case manager logs/records of information regarding clients
			HMIS data
	Among all clients who engaged in OBCM, how many were housed?	The proportion of OBCM clients housed from total OBCM clientbase	Case manager logs/records of information regarding clients
			HMIS data

Questions continued below

<b>MAINTAINING HOUSING:</b> To what extent is Free Guide's Outreach-Based Case Management program effective at maintaining housing for its clients?	How many clients have maintained/remaining housed after completing the program at 6 months?	# of OBCM clients that are still housed after 6 months of transitioning to housing	Case manager logs/records of information regarding clients
			HMIS data
			Survey administered to clients via SMS, in-person (walk-up based case management) to establish housing status
		% of OBCM clients that are still housed after 6 months of transitioning to housing	Case manager logs/records of information regarding clients
			HMIS data
			Survey administered to clients via SMS, in-person (walk-up based case management) to establish housing status
	How many clients have maintained/remaining housed after completing the program at 12 months?	# of OBCM clients that are still housed after 12 months of transitioning to housing	Case manager logs/records of information regarding clients
			HMIS data
			Survey administered to clients via SMS, in-person (walk-up based case management) to establish housing status
		% of OBCM clients that are still housed after 12 months of transitioning to housing	Case manager logs/records of information regarding clients
			HMIS data
			Survey administered to clients via SMS, in-person (walk-up based case management) to establish housing status
	What's the average amount of time an OBCM client spends housed each year?	Total # of days housed for all OBCM clients/total # of clients	Case manager logs/records of information regarding clients
			HMIS data
			Survey administered to clients via SMS, in-person (walk-up based case management) to establish housing status

<b>COST-EFFECTIVENESS:</b> To what extent is Free Guide's Outreach-Based Case Management program more cost-effective than other traditional, agency-based programs in terms of number of days a client was housed per dollar spent on programming?	What is the cost-effectiveness of Free Guide's Outreach Based Case Management program in <b>achieving</b> housing?	Total cost of program/total # of days housed for all OBCM clients	Yearly financial records and HMIS Data
	What is the cost-effectiveness of Free Guide's Outreach Based Case Management program in <b>maintaining</b> housing for a period of 6 months?	Total cost of program/total # of clients who maintained their housing status for a period of at least 6 months	Yearly financial records and HMIS Data
	What is the cost-effectiveness of Free Guide's Outreach Based Case Management program in <b>maintaining</b> housing for a period of 12 months?	Total cost of program/total # of clients who maintained their housing status for a period of at least 6 months	Yearly financial records and HMIS Data

## Indicators

Indicators are numeric markers that will help tell you a part of the story of what's happening. They are by no means definitive. It is a marker of accomplishment or progress made towards a specific output or outcome as determined in the logic model.<sup>9</sup> As the program is still in its developmental stage, the evaluation team had to determine benchmarks that seemed reasonable, given the limited information available.

Key Elements	Examples of key elements of an indicator
Specific	Provides a <b>clear description</b> of what you want to measure e.g. "Homeless individuals aged between 16-22 who have been homeless for over 3 months"
Observable	Focuses on an <b>action or change</b> i.g. "The proportion of case-management clients who have been housed since starting the program"
Measurable	Quantifies change and generally reported in numerical terms, such as <b>counts, percentages, proportions or ratios</b>

Examples of Potential Indicators could include:

- % of individuals who participate in the program who return to homelessness within 6-12 months
- # of Intake individuals who are homeless for the first time
- Average length of time of individuals experience homelessness
- Housing Status

<sup>9</sup> [Developing Evaluation Indicators \(cdc.gov\)](https://www.cdc.gov/developing-evaluation-indicators/)

- Client's use of services

## **Data Collection & Analysis**

Data collection helps to ensure that no matter where a person enters the system, they get access to the support and services that they need. Homeless services organizations should aim to collect and continually monitor client-level data to ensure that their programs and interventions are having the desired effect. Program evaluations provide data to enable service providers to determine “what works” and “what doesn’t work.” Data in evaluations can be particularly effective in showcasing the effectiveness of a program to the community and funders. Research indicates that services for homeless individuals and families should be evidence-based, culturally competent, and trauma informed.

Performing an evaluation and collecting data for said evaluation can seem daunting. Evaluating program outcomes can feel like a financial burden to providers. However, data collection can be incorporated into the structure of the program to become a part of daily programming. For example, the Outreach-Based Case Management program should certainly utilize an intake form and some form of assessment. These intake and assessments can address all factors needed for the evaluation of the program. Information initially collected can become a baseline for measurement. It is essential to identify what data is needed to track process activities that have been implemented, are in alignment with the program, and monitor progress on the impact of the program. This can be selected during the evaluation plan period.

When choosing what data is key it should be measurements that provide evidence of achievement or success for the specific implementation activity or objective.

### **Suggested Data to Collect for the Outreach-Based Case Management Program:**

- Sex
- Age
- Employment
- Ethnicity
- Education
- Veteran status
- Homelessness history
- Family status
- Health/mental health
- Migration/immigration status

## **HMIS (Homeless Management Information System)**

A Homeless Management Information System is a local information technology system used to collect client-level data and data on the provision of housing and services to homeless

individuals and families and persons at risk of homelessness.<sup>10</sup> It is a computerized data collection tool specifically designed to record and store client-level, system-wide information over time on the characteristics and service needs of homeless persons. The U.S. Department of Housing and Urban Development (HUD) and the federal partners, along with other planners and policymakers use aggregate HMIS data to better inform homeless policy and decision making at the federal, state, and local levels. The HEARTH Act requires that all communities have an HMIS with the capacity to collect counts of individuals and families experiencing homelessness. The HEARTH Act has made it so that HMIS participation is a statutory requirement for recipients and subrecipients of the Continuum of Care (CoC) Program and Emergency Solutions Grant (ESG) funds. HUD's National Data and Technical Standards establish baseline standards for participation, data collection, privacy, and security for HMIS users. Participation in the local HMIS is a requirement for most HUD McKinney-Vento funded programs.

**HMIS records and stores:**

- Client intake information, such as demographics, basic assessment of needs, and bed utilization;
- Services and information and referral resources;
- Case management, including the ability to plan, schedule, and follow up on the delivery of services and track changes in clients over time; and
- Performance goals and outcomes

**Why Use HMIS Data?**

Data resulting from HMIS can inform program, organization and community wide planning and development. HMIS allows for the aggregation of client-level data across homeless services agencies to generate unduplicated counts and service patterns of clients served. At the program level, HMIS can help to produce reports on client characteristics, use of services and outcomes. Information collected can be used to make program changes, when appropriate. For example data might show that the majority of participants are experiencing poor outcomes in job retention, program staff could decide to conduct a thorough review of the services in that area and possibly add employment assistance programming. Organizations that run multiple programs can use HMIS information to compare and evaluate the efficacy of various interventions. This can help to establish, in time, if one program has a higher success rate in working with particular populations than other programs. Interventions can then be modified to ensure that programs best serve the target population.

For more information on HMIS Guides & Tools:

<https://www.hudexchange.info/programs/hmis/hmis-guides/#hmis-data-and-technical-standards>

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<sup>10</sup> [HMIS: Homeless Management Information System - HUD Exchange](#)

## **Data Collection Process**

Data falls into two categories:

### **Quantitative Data**

- Numerical
- Can be quantified and statistically analyzed
- Answers “what”, “how many”, or “who”

### **Qualitative Data**

- Narrative
- Provides insight into experiences, behaviors or beliefs

Although quantitative and qualitative data are often presented as mutually exclusive, using a mixed method approach (collecting both quantitative and qualitative data) can ultimately provide the most complete understanding of your program. For the purposes of The Free Guide’s Outreach-Based Case Management program, we recommend incorporating both quantitative and qualitative data in an evaluation. We have included recommended data collection methods that pertain to each evaluation question in the outcome evaluation questions in previous pages of this report.

**Case Manager Logs/Records:** Case managers should keep records of any information collected regarding clients during the client intake and case management process.

**Surveys:** Surveys allow data to be collected from a large group of people, and can be useful for allowing people to remain anonymous. They can be used to gather information from a defined group to get an overall idea of the program or to get a count of a particular characteristic among study cases. Survey questionnaires ask questions in a standardized format that allows consistency and the ability to aggregate response. Surveys can focus on the collection of qualitative or quantitative data. Surveys are typically administered through mail, email, online, in-person or via phone. For the Outreach-Based Case Management program, we recommend that surveys including questions on client characteristics, residential history, education, employment, income, health and mental health status, etc. should be used. This will require more than one data collection point. For the purposes of this program we recommend a baseline interview, and one or two follow up interviews typically six and 12 months after the program is completed. Research has shown that collecting data from homeless individuals can be particularly effective when providing survey questions through mobile phones e.g. texting.

**Interviews:** Conducting interviews is a method, like open-ended questions in a questionnaire, allows you to obtain an individual’s response in their own words. Interviews differ from questionnaires in that they elicit more detailed qualitative data and allow you to interact with the person to better understand their response. Interviews can be conducted in-person. Interviews can be useful when there is a need for more in-depth information about a person’s attributes, knowledge, attitudes/beliefs, or behaviors. Data should be collected by a trained case manager when it comes to interviews.

**Focus Groups:** A focus group can be useful for collecting qualitative data. Focus groups provide data about a particular topic through small group discussions. Focus groups are useful for obtaining opinions about programs and services.

## **Data Analysis & Interpretation**

Analyzing data in order to summarize it and identify patterns is an essential part of the evaluation process. Quantitative analysis includes actions like tallying responses, counting program participants, or calculating changes in housing outcomes. Quantitative data collection and analysis can require a data management system to store and organize data such as spreadsheets or databases. It is likely that there will be occasional errors in the data collected. For example, some fields might have been unintentionally left blank. Once data has been entered into the data management system, the data should be reviewed for errors and adjustments should be made as needed. More than one individual should clean the data to ensure that they are error-free. There are several data analysis softwares that can be used to analyze quantitative data. Data can be summarized in tables, graphs and charts. It should be noted that quantitative data can answer the “what” and “how many” questions of evaluation activities, however it may not answer the “why” of evaluation activities.

Qualitative analysis includes actions like looking systematically at the stories individuals shared. Multiple people should analyze the data to be sure that the interpretation of findings is not biased. Qualitative data can be recorded and kept manually or using computer software programs that allow one to organize, label and search qualitative data by participant, question, or topic area. Analyzing qualitative data will require one to review the data, and then organize and group it into categories or by data collection type (e.g. focus groups vs. interview), or by question asked. The data will then need to be interpreted by making key themes that emerge from the data. The themes should help to identify new lessons and ideas about the program. It should be noted that findings are subjective and can be interpreted differently by different stakeholders.

Drawing conclusions from the data collected is essential. Referring back to the original purpose of the evaluation and the evaluation questions outlined for the Outreach-Based Case Management program can help determine what the data means in terms of the program and its participants.

## **Considerations & Ethics**

- Qualitative data should be collected using interviews, surveys and focus groups. Participants should have the option to remain anonymous. The data collected should be used and analyzed to identify qualitative themes.
- Collecting data from clients will require one to build trust with the participants who will be involved in the data collection. Protocols should be in place that include an explanation of how the data collection process and evaluation measure will work, how much time it could take, and how confidentiality will be maintained. The

process of data collection itself should not be rushed, even if it requires several meetings over a few weeks to complete the process.

- Data collection processes might entail asking homeless individuals several questions, some of which they might have already answered in other settings or previous programs.
- Be sure to engage individuals with lived experience of what it is like to be homeless or at-risk for homeless in the design, data collection, data interpretation, and reporting phases of the evaluation process. When the individuals from whom data are collected are engaged in determining the questions for data collection, the data tends to be more meaningful and complete. Focus groups could be a worthy way of honoring this.
- One aspect of qualitative data that could be important to collect, if possible, would be that of the experience of people who chose not to enroll or participate in the Outreach-Based Case Management program.
- It is important to remember that many homeless individuals have been severely destabilized and have experienced, and in some cases, are experiencing traumatic experiences. A trauma-informed approach should be taken with regards to collecting data, for example, homeless individuals should not be pushed, triggered, or upset by the data collection process or evaluation process as a whole. Attention should be paid to the impact on participating individuals. If individuals demonstrate any sign of distress, the process needs to be stopped until the individual feels ready to continue.
- The evaluation as a whole, as well as the data collection process should attend to the cultural context of the participants, program and community in question. What works with one cultural group may not necessarily be appropriate for another. Typical issues to consider may include race, ethnicity, gender, sex, migration, and language. Data collection processes should consider the specific needs of a group and match those needs with culturally relevant methods.
- Confidentiality: The information gathered during an evaluation is sensitive and highly personal and must be kept confidential to protect the rights of the participating individuals.
- Careful data entry and management should be emphasized and training provided to all staff involved in the process.

## **Dissemination:**

Evaluations offer an opportunity for The Free Guide to share best practices, demonstrate findings, and ensure that stakeholders have access to essential information. Organizations should use both broad and targeted dissemination strategies dependent on the type of stakeholders involved. Evaluation findings should be disseminated through various channels.

We have drafted up a potential dissemination plan for future evaluations conducted at The Free Guide for the Outreach-Based Case Management program.



<b>Audience for Dissemination</b>	<b>Method of Dissemination</b>
Outreach-Based Case Management Clients	1-1 Conversations, Text up-dates
Santa Cruz County/City	Presentation & meeting regarding evaluation report & findings
Santa Cruz Community	News release; Public meeting/forum
Other Homeless Service Providers	Sharing evaluation report & findings
Donors/Funders & Potential Funders	Presentation & meeting regarding evaluation report & findings; Newsletter with "highlight reel" of evaluation findings
The Free Guide Staff	Presentation of evaluation report; meeting with all staff to present and discuss findings & recommendations
The Free Guide Volunteers	Presentation of evaluation report; meeting with all staff to present and discuss findings & recommendations
The Free Guide Board of Governors	Presentation of evaluation report; meeting with all staff to present and discuss findings & recommendations

### **Evaluation Findings: What should they be used for?**

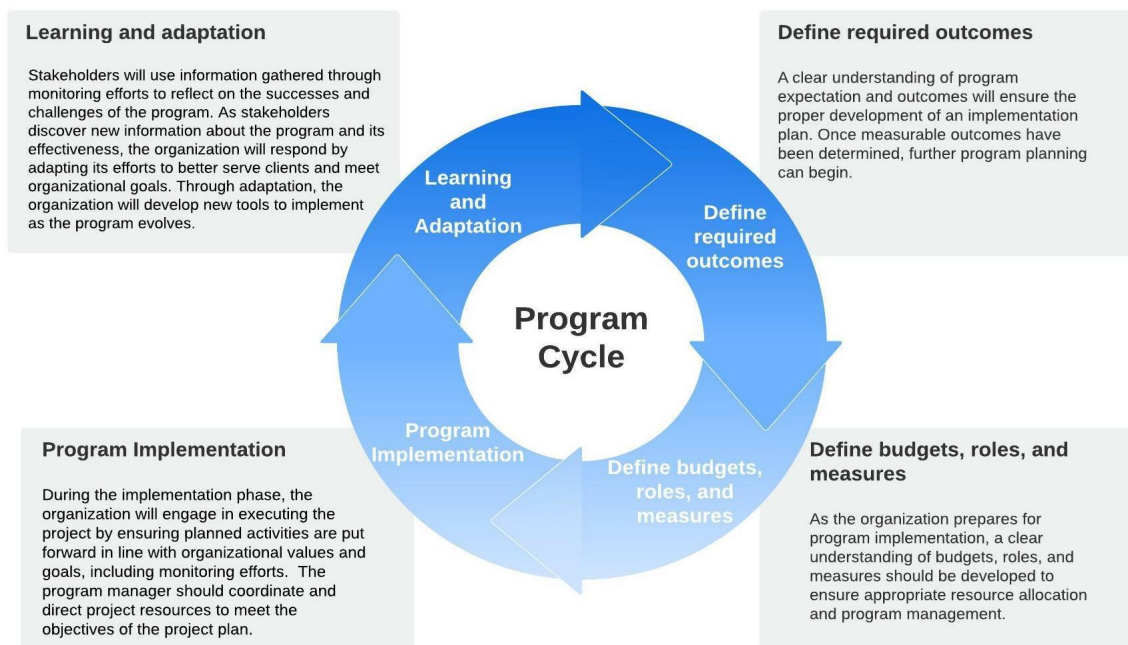
- The findings should be used to refine the Outreach-Based Case Management program and its approaches in order to improve efficiency and effectiveness.
- The findings should be used to guide the program to focus on areas that are most crucial for effective case management delivery
- They should guide the program to improve practices in serving the homeless community of Santa Cruz
- They can help to determine future funding distribution for the program
- A Community liaison representative for The Free Guide should use the findings for advocacy efforts and for building community relations
- The findings should be used to inform future evaluations

## SECTION 5: ADAPTATION & LEARNING

Program evaluation is important - but it is insufficient. Programs should use the information gathered from the evaluation to refine and improve activities over time.

Once The Free Guide has established its monitoring and evaluation parameters for the Outreach-Based Case Management Program, the organization can begin learning and adapting throughout the program cycle. It is important to note that the implementation phase of any program is an iterative process that requires ongoing reflection. In this stage, new aspects and nuances of the program will be discovered that will require the organization to learn and adapt to meet the needs of clients, employees, and other stakeholders.

The *learning* component requires program staff to reflect on data gathered from monitoring efforts and use that data to identify what is working and what could be improved. Through *adaptation*, staff apply learning and make adjustments to the program as necessary, ensuring the program stays on track to meet organizational goals. By engaging in learning and adaptation, the organization can make sure to stay relevant throughout the program cycle and increase developmental effectiveness. Learning and adaptation are an ongoing process that requires collaboration, recursive assessment, and the ability to be innovative and open to change.<sup>11</sup> This process can be seen illustrated by the Figure below.



<sup>11</sup> "Collaborating, Learning, and Adapting (CLA)? | USAID Learning Lab." Accessed May 16, 2022. <https://usaidlearninglab.org/faq/collaborating%2C-learning%2C-and-adapting-cla>.

There are different ways The Free Guide's Outreach Based Case Management Program can ensure proper learning and adaptation. Through monitoring, the organization should raise specific questions that will address ongoing challenges, celebrate successes, encourage organizational growth and promote a healthy organization culture. The data collected will have an instrumental use, and will therefore, allow the organization to make informed decisions to improve and/or adapt some aspects of the program to improve stakeholder experience. There are various tools that can be used to reflect on organizational learning which involve ongoing collaboration and organizational assessments (a list of tools can be found in Appendix D). In turn, data gathered on the program should be used to better inform decision making and further improve the program.

## **Collaboration**

Collaboration among staff and other relevant stakeholders is essential for the continued learning and adaptation process. Collaboration allows the organization to share ideas, develop solutions, reduce duplication of efforts, and share knowledge. In addition, it fosters an organizational culture rooted in trust which enhances the ability to improve organizational goals. Monitoring efforts mentioned in earlier sections should provide the necessary data to reflect on successes and challenges faced by the program. There are many different approaches to collaboration. Consider the following:

1. *Weekly program team meetings:* These meetings will provide case managers and other relevant stakeholders the space to discuss strengths and challenges, trends, review data, and problem solve. In addition, this space can encourage team building efforts to continue strengthening collaboration.
2. *Monthly organizational meetings:* These meetings will allot time for discussions that involve all relevant organizational players. By engaging in organization wide discussions, The Free Guide can continue building a culture that promotes learning and adaptation through innovative thinking. Organizational meetings will also allow different programs to discuss overlapping matters and ensure the organizational mission, vision, and values are at the forefront of decision making.

## **Organizational Assessment**

An organizational assessment (OA) is a systematic process for obtaining valid information about the performance of an organization and the factors that affect performance with the purpose of understanding the organization's strengths and weaknesses better. More specifically, it could be done to learn about a specific problem, to identify strengths to build on, to prevent future problems, to increase credibility and accountability, to make certain types of decisions, and more. The scope of OA can focus on all key functions of the organization or focus on an urgent demand-based issue. The Free Guide should consider performing periodic organizational assessments to evaluate the above-mentioned. Consider the following areas of assessment:

1. **Data Collection System:** Once a data collection system has been established, such as HMIS, it is important for The Free Guide to evaluate whether they are capturing data accurately. Consider asking the following questions:
  - a. Is our data collection system capturing data accurately?

- b. Does our data collection system correctly reflect the outcomes of our program?
  - c. Is our data collection system accurately measuring success and/or failures?
- 2. Case Manager: Identity Mapping: Building rapport and trust between case managers and clients is essential for successful Outreach-Based Case Management, therefore it is important to assess how identities affect these relationships. Case managers can better understand how their identities reflect on others by engaging in identity mapping. Consider asking the following questions:
  - a. How might current case managers' identities
- 3. Case Manager - Client Trust Building: As measuring trust building can be difficult through monitoring efforts, the assessment of these relationships throughout the program cycle is important. Program staff should reflect and assess these relationships to promote effective outreach-based case management. Consider asking the following questions:
  - a. What trust building techniques have been shown to be effective in engaging clients through outreach-based case management efforts?
  - b. To what extent is confidential data protected when performing outreach to clients?
  - c. What are some indicators that reflect clients' trust towards case managers?

## **SECTION 6: LIMITATIONS**

After completing a thorough analysis of The Free Guide's Outreach-Based Case Management program our team has identified several limitations that may inhibit the desired outcomes of the program's implementation and impact future evaluations. By understanding the limitations of this program, The Free Guide can pinpoint their shortcomings and circumnavigate their potential pitfalls for most effective implementation and management of the program to achieve optimal results.

Based on the literature review on intensive outreach-based case management the evidence suggests that professionally trained caseworkers and outreach specialists would be most effective and better equipped at managing a program of this caliber and sensitive nature. Since this program is still in the nascent stages, it does not yet have the secured funding to hire employees with the ideal skill set and professional background. While The Free Guide plans to hire undergraduate students for the first phase of this program, it is strongly suggested as the program further develops and scales to hire caseworkers with more extensive professional experience and be equipped with the necessary knowledge and skills to work with the unhoused population safely and successfully.

Secondly, rapport building between the client and the case manager is essential to the success of outreach-based case management. Therefore, due to the time-consuming nature of relationship building, patience and perseverance will be required to produce quantifiable outcomes of this program. However, there are additional limitations when it comes to building rapport if the client and caseworker cultural backgrounds do not align and if there are difficulties with language barriers.

A third limitation of this program will be when conducting further evaluations it may be difficult to be able to measure the level of trust that has been built between the client and caseworkers will be another limitation as the strength of a relationship is not easily quantifiable.

Lastly, when collecting data from the unhoused population such as demographics and other confidential information that will inform the types of services that the client is qualified for, there will be limitations such as hesitation, unwillingness, unresponsiveness to engage with services or report data. Since this program will rely on self-reported data, there is also probability that the data may be skewed depending on clients' mental health and their ability to navigate the social services system. Identifying limitations are important to consider when engaging with monitoring and evaluation, to get a full picture of the strengths and weaknesses and maximize upon the program's potential.

## SECTION 7: RECOMMENDATIONS

Based on the findings from a series of consultations with The Free Guide's Executive Director, the findings from the literature review conducted, and the scope of work that The Free Guide intends to undertake in the coming years, it is recommended that The Free Guide consider implementing the following recommendations, which build upon one another:

### RECOMMENDATION #1

**Recruitment:**  
**Conduct appropriate job advertising to attract and recruit talented individuals according to identified minimum qualifications for Intensive Case Management**

#### 1. Intensive Case Management-Based Recruitment

Based on the findings from the literature review, it is recommended that The Free Guide conduct appropriate job advertising to attract and recruit talented individuals for the Outreach-Based Case Management program according to identified minimum qualifications for Intensive Case Management. These identified qualifications include:

- A bachelor's degree in behavior science or a human service field (e.g., Social Work, Psychology, Nursing, Rehabilitation, Education, Occupational Therapy, Physical Therapy, Recreation or Recreation Therapy, Counseling, Community Health, Child and Family Studies, Speech and Hearing, Sociology, etc.)
- Four years of clinical experience in providing direct services with high-need (mentally ill, substance abuse) homeless individuals and linking these individuals to a broad range of community services
- A master's degree in a human services field may be substituted for two years of experience
- Advanced clinical skills in the engagement of high-need individuals, including motivational interviewing, suicide prevention, risk screening, trauma-informed care, person-centered care planning and interventions, and recovery-oriented approaches
- Necessary language proficiency (in the case of The Free Guide, we anticipate this to be Spanish)
- Necessary training in intercultural competence and communication
- Strong commitment to social justice and DEI (diversity, equity, and inclusion)

## 2. Intensive Case

### Management-Focused Training

It is recommended that The Free Guide design and implement appropriate training for its Outreach-Based Case Managers that are based on identified best practices for street outreach and intensive case management. This will ensure that (1) The Free Guide's team has a consistent understanding of what is expected of them as Outreach-Based Case Managers and (2) that The Free Guide best prepares its recruited talent for success in engaging high-need homeless individuals with services and reducing homelessness in Santa Cruz County. To support The Free Guide in this endeavor, training resources have been provided in this toolkit (see Appendix E) based on the following identified best practices include:

- Motivational Interviewing
- 6-Stage Crisis Management
- Harm Reduction
- Trauma-Informed Care
- Behavioral Change Strategy

## RECOMMENDATION #2

**Training:**  
**Design and implement appropriate training for the Outreach-Based Case Managers according to identified best practices for street outreach and intensive case management**

## RECOMMENDATION #3

**Program Design:**  
**Design the outreach-based case management program based on intensive case management principles**

## 3. Intensive Case Management-Focused Program Design

Based on the evidence suggesting Intensive Case Management's effectiveness and cost-effectiveness, it is recommended that The Free Guide design its Outreach-Based Case Management 3-year pilot program according to Intensive Case Management program criteria. These criteria include:

- Low caseload (ideally 11:1, maximum 13:1)
- Ongoing support to clients (as opposed to time-limited)
- Case manager as the responsible party for client's care
- Case manager as the responsibility party for coordination and/or service provision for clients
- 24 hour on-call staff for crisis intervention
- High intensity of client-case manager contact

- Strong importance of client-case manager relationship
- Frequent visits by case manager with client (average 1.5 visits per week)
- Program psychiatrist available (if feasible) to case managers for consultation at approximately 3 minutes per week per client
- Bilingual proficiency in Spanish strongly preferred

#### 4. Robust Data Collection

Data collection is necessary to make assessments regarding a program's implementation, outputs, outcomes, and impact. To set up The Free Guide for success in its program implementation and future program evaluations, it is recommended that The Free Guide undertake robust

data collection throughout the implementation of its Outreach-Based Case Management 3-year pilot program. More specifically, it is recommended that The Free Guide train its staff on how to utilize the Homeless Management Information System (HMIS) and fully integrate the HMIS into its programming. Should Free Guide be granted the funding necessary to implement its envisioned Outreach-Based Case Management program, data collection via the HMIS will be mandated by the HEARTH Act given that The Free Guide will be a subrecipient of the Homeless Action Partnership (HAP), which is a federally-designated Continuum of Care (CoC) for Santa Cruz County. In addition to the integration of HMIS into Free Guide's programming, it is recommended that The Free Guide utilize additional data collection tools, such as surveys, focus groups, and interviews, to further strengthen the available data and to inform The Free Guide of potential improvements that can be made in its program implementation. A sample survey has been provided as a resource in this toolkit (see Appendix H)

#### RECOMMENDATION #4

**Data Collection:**  
Prioritize a robust data collection system, using HMIS and additional materials

#### 5. Conducting Appropriate Evaluations

Given the anticipated Outreach-Based Case Management pilot program's early stage of development, it is recommended that The Free Guide conduct an outcome evaluation and a process evaluation. An outcome evaluation measures the degree to which the program is having an effect on the target population by assessing the outcomes that the program is attempting to address. A process evaluation measures the degree to which a

#### RECOMMENDATION #5

**Evaluations:**  
Conduct appropriate evaluations, including outcome and process evaluations



program is operating as expected by monitoring the program's activities and its fidelity to a program's model or goals (i.e., Intensive Case Management Model). Once equipped with the data collected using the recommended data collection tools, The Free Guide would strongly benefit from conducting these appropriate evaluations to determine if its Outreach-Based Case Management program is producing the desired outputs and outcomes, to identify potential ways to improve the program's implementation, and to inform stakeholders of the evaluation findings.

## 6. Outreach and Advocacy

Once equipped with findings from the aforementioned evaluations, it is then recommended that The Free Guide undertake efforts to build community support through outreach and advocacy aimed at educating the Santa Cruz County community. Based upon our conversations with The Free Guide's

stakeholders, Santa Cruz County community members could benefit from a better understanding of the reality that high-needs unhoused community members face and the data-backed effectiveness and cost-effectiveness of housing-focused outreach and case management services. In addition, The Free Guide would undoubtedly benefit from strengthened community support for its future housing-focused programs.

### RECOMMENDATION #6

**Outreach & Advocacy:**  
Build community support through outreach and advocacy aimed at educating the larger community of unhoused community needs and program

## 7. Sustaining and Enhancing Programming Through Learning and Adapting

Once The Free Guide has successfully launched its Outreach-Based Case Management program, it is recommended that The Free Guide work to sustain and enhance its

programming through learning and adaptation mechanisms proposed by this toolkit. Much of the opportunities to enhance The Free Guide's programming will be discovered throughout the monitoring and implementation process, but some of the ways in which The Free Guide could sustain and enhance its programming include (1) continuing to work with its target population of high needs individuals experiencing homelessness, (2) enhancing its partnerships with local universities to recruit new talent, (3) enhancing its partnerships with Santa Cruz County government and its relevant offices and agencies, and (4) expanding its program and staffing coverage in both North Santa Cruz County and South Santa Cruz County. In addition, The Free Guide could benefit from integrating other data-driven projects into its Outreach-Based Case Management program which have the potential to

### RECOMMENDATION #7

**Sustain & Enhance Program:**  
Use learning and adaptation to sustain and enhance program

strengthen its effectiveness. These future projects include peer-led interventions, aftercare support, and housing retention support.

## REFERENCES

“Collaborating, Learning, and Adapting (CLA)? | USAID Learning Lab.” Accessed May 16, 2022. <https://usaidlearninglab.org/faq/collaborating%2C-learning%2C-and-adapting-cla>.

## APPENDIX A: SUGGESTED ORGANIZATIONAL MISSION, VISION & VALUES

# THE FREE GUIDE SANTA CRUZ

Organizational  
Governing  
Ideas

### MISSION:

To help end homelessness in Santa Cruz County by providing programs and services aimed at:

- (1) identifying the needs of community members experiencing homelessness,
- (2) meeting these identified needs using data-driven practice, and
- (3) educating the Community at Large on the complexities of homelessness.

### VISION:

To be an organization that cultivates a vibrant supportive community where service providers, people experiencing homelessness, and the general public of Santa Cruz County can work together to help end homelessness, ensure housing stability, and provide the resources needed to improve quality of life.

### VALUES:

#### INNOVATION:

We are eager to collect robust data, generate new ideas and explore innovative solutions pertaining to ending homelessness in Santa Cruz County and disseminating our findings.

#### COMMUNITY:

We strive to cultivate a safe professional environment within the organization of Free Guide Santa Cruz and to engage meaningfully with the larger Santa Cruz County community.

#### ACCOUNTABILITY:

We are an organization where everybody takes responsibility for their actions and decisions, and ensures that we are all working to achieve the mission of our organization.

#### QUALITY:

We are a community of professionals equipped with the education and training necessary to implement evidence-based best practices.

#### LEARNING & DEVELOPMENT:

We are committed to adapting based on lessons learned in the field and developing our staff's skills and expertise through continuous learning opportunities.

#### EQUITY:

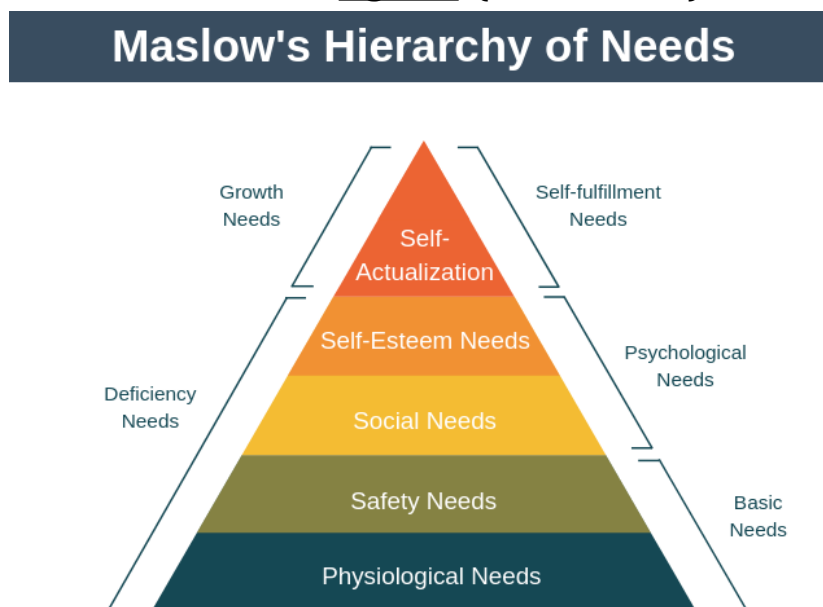
We are committed to racial, social, and economic justice. We value and respect the identity, culture, and experience of all community members. We seek to challenge the disparities within the system, including those based on sex, gender identity, ethnicity, disability, sexual orientation, age, language, and national identity.

## APPENDIX B: HOUSING-FOCUSED OUTREACH-BASED CASE MANAGEMENT: A LITERATURE REVIEW

### Introduction

According to the Department of Housing and Urban Development's definition of homelessness included in the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, as of January 2020, there were 580,466 people experiencing homelessness in the United States (State of Homelessness, 2021). In California alone, this number stood at 161,548 (State of Homelessness, 2021) and, according to Santa Cruz County's Continuum of Care, the Homeless Action Partnership, the number of people experiencing homelessness in Santa Cruz County stood at 2,167 in 2019 (Applied Survey Research, 2019). Per the HEARTH Act's definition, people experiencing homelessness are deprived of, or at risk of being deprived, of their most basic physiological needs—shelter, water, food, sleep, and clothing (State of Homelessness, 2021). This definition, however, fails to take into consideration the other deficiency and growth needs of an individual as is identified in Maslow's hierarchy of needs (see Figure 1).

**Figure 1: (Maslow, 1943)**



As a result, people experiencing homelessness have many needs beyond that of immediate physiological needs (e.g., air, food, water, shelter). These needs, such as a need for love and belonging, compound their already difficult situation and complicate even further their path to a dignified life.

Homelessness remains a pervasive and increasingly urgent problem not only in Santa Cruz County, California but throughout the entire United States. It is estimated that the average first-year cost of moving someone who is chronically homeless into housing is \$55,600 (Moulton, 2013). Nevertheless, services aimed at ending homelessness remain chronically underfunded. These services lack the resources necessary to address homelessness, even though increased funding has been shown to reduce homelessness (Moulton, 2013). In addition to a lack of funding, the lack of engagement in existing homeless services on the part of unhoused populations serves as another barrier to addressing homelessness. Many unhoused individuals are resistant to homeless services, including homeless shelters. This resistance is due to distrust felt by homeless communities, often by those with poor mental health and possible addiction issues, and an unwillingness to conform to the rules imposed by certain shelters, such as gender-separate shelters and a no-dog policy (Donley & Wright, 2012).

Outreach-based case management for people experiencing homelessness represents an innovative approach that could both address this resistance to homeless services and the lack of resources, as it represents a more cost-effective intervention and thus a better use of existing resources. Much of the existing literature regarding both street outreach and case management focuses on the impact on subgroups, such as unhoused veterans and unhoused populations suffering from mental illness, substance abuse, and chronic homelessness. There is limited research focused on the intersection of street outreach and case management of housing-focused interventions to address homelessness. There is a need, therefore, to review the existing literature regarding housing-focused outreach, engagement, and case management for homeless populations. In this literature review, we will answer the following question:

*What is the effectiveness and cost-effectiveness of outreach-based case management and what are the most effective and evidence-based best practices of outreach-based case management in addressing homelessness and maintaining housing stability?*

This literature review will attempt to answer this question through an analysis of systematic reviews of existing literature, qualitative and quantitative research, and colloquial literature based on their relevance to street outreach and case management for unhoused individuals. The purpose of this literature review is to inform the Free Guide Santa Cruz and other homeless service providers on the current evidence-based best

practices for tackling homelessness via outreach-based case management. Due to a lack of research and literature at the intersection of outreach and case management, in this literature review we will explore these homeless services as two separate functions, i.e., street outreach and case management. To do so, we will establish a definition and understanding of street outreach, its effectiveness, and its evidence-based best practices. Next, we will establish a definition and understanding of case management, its effectiveness and its evidence-based best practices. We will conclude this analysis with a discussion on limitations, opportunities for further research, and the implications for the Free Guide's proposed Outreach-Based Case Management program.

## **Street Outreach**

To begin, it is important to establish a clear definition of street outreach. Much of the literature diverges in its definition of street outreach. To account for this, we have compiled the definitions of street outreach proposed by the literature and we have summarized street outreach as the following:

An active strategy of identifying unsheltered individuals and engaging with these individuals where they are located by establishing a personal connection and building trust in order to spark the journey back to a vital and dignified life, increase their access to services, and to move them toward regaining permanent shelter and maintaining housing stability (Lee & Donaldson, 2018).

Street outreach targets unhoused individuals who are least engaged through multidisciplinary support services. These services can include providing immediate and basic needs (food, blankets, sanitary goods), accessing health care (doctor's appointments, clinicians), getting copies of vital records (identification, birth certificates), applying for benefits (SSI, Disability), seeking employment (training, job referrals), providing social support, and preventing antisocial behavior (Olivet et al., 2010; Phillips & Parsell, 2012). Some street outreach programs promote individuals with lived experience to facilitate relationship-building while others rely on law enforcement, case managers, or multidisciplinary teams (Weare, 2021). Regardless of the services provided or who does the work, street outreach is designed to “meet people where they are”, both literally and figuratively (Olivet et al., 2010). In other words, outreach is designed to (1) meet people where they are physically located, typically in non-traditional settings, and to (2) meet people emotionally at whatever their stage of willingness to change may be (Olivet et al., 2010). This second portion includes providing support through active and empathetic listening and, if desired, offering a helping hand while also respecting clients' boundaries, empowering clients to make their own decisions, and not expecting clients to change or participate in any certain intervention (Olivet et al., 2010).

Compared to traditional drop-in, agency-based services such as emergency shelters that are designed to wait for people to seek services at a particular location, street outreach targets a distinct subgroup of the least engaged homeless population whose needs are more complex and who, therefore, present a greater housing challenge (Weare, 2021). This subpopulation includes individuals who struggle with mental illness, substance abuse, and chronic homelessness as well as individuals who are otherwise not able to access traditional homeless services (e.g., street-involved youth and veterans). Often, this subpopulation tends to avoid shelters due to distrust harbored towards authority, resistance towards engaging in services, negative perceptions of shelters, and/or a desire to avoid regulations imposed by shelters (e.g., gender segregation, pet restrictions, mandatory religious service attendance) (Weare, 2021).

Luckily, much of the existing research regarding homelessness and homeless street outreach focuses on the abovementioned subgroups of the homeless population. This informs our understanding of street outreach and its target subpopulation. Much of the existing literature provides initial support for the effectiveness of street outreach in improving housing, health conditions, service uptake, and psychiatric conditions (Weare, 2021). One quantitative study analyzing the Sacramento CoC Homeless Management Information System's dataset for 2000-2019 compares the effectiveness and cost-effectiveness of street outreach intervention to those of shelters (Weare 2021). The results of this study indicate that the hazards of returning to homelessness are significantly lower for street outreach clients than unhoused individuals who are initially served in homeless shelters (88.2% less likely upon homelessness episode exit, 54.7% less likely after one year, and 47.1% less likely after two years) (Weare, 2021). This novel study indicates that street outreach, at least in Sacramento, is more effective at maintaining housing stability and preventing a return to homelessness than homeless shelters.

The results of this study also indicated that street outreach services are more cost-effective than services provided through homeless shelters, due to the high overhead costs of operating homeless shelters and comparatively low costs of operating street outreach services. In fact, each dollar spent on outreach equated to a near-tripling of the time a person was housed compared to the group of individuals serviced in a homeless shelter (Weare, 2021). The findings of this study strengthen the case of street outreach in terms of effectiveness of securing and maintaining housing stability and cost-effectiveness.

In addition to street outreach's promising effectiveness and cost-effectiveness, street outreach also offers other advantages when compared to traditional shelter services. First, research indicates that street outreach is a more viable solution in terms of the larger housed community's perception of the programs. Often, homeless shelters generate significant community opposition when efforts are made to build new sites (Weare, 2021 p.



15). Street outreach avoids this opposition by providing flexibility in how resources are targeted to address the prevalence of large street encampments. By helping unhoused individuals navigate the social service system and connecting them toward transitional and permanent housing instead of investing large amounts of resources in temporary housing that is potentially negatively perceived in the local community, street outreach avoids political opposition and, as a result, could garner more community support (Cohen et al., 2019).

From the existing literature, one can also extract an idea of the best practices for housing-focused street outreach. In a study that conducted interviews with homeless outreach service users, five main themes as to why individuals decided to engage with outreach services: (1) credibility, (2) transparency, (3) offering choices, (4) bureaucracy, and (5) opportunity cost. These five main themes should be taken into consideration when designing a homeless outreach-based case management program. Much of the literature regarding best practices for street outreach workers coincides with core skills and techniques taught in social work programs. The core skill identified in the literature is building relationships and trust. According to the literature, street outreach is not a single event or activity but rather a long-term process that involves building trust and relationship between the street outreach worker and the client (Lee & Donaldson, 2018). The street outreach worker, who functions largely as a middleman or broker between the client and service providers, must treat the client as a partner in the process of the client's journey out of homelessness. A pervasive lack of trust and lack of confidence in traditional services is one of the reasons why individuals refuse homeless services, and it stands as a barrier towards ending an individual's homelessness. Therefore, building trust and fostering a meaningful relationship is a necessary first step toward addressing psychological needs, such as developing a sense of belonging, which unhoused individuals are largely deprived of, and eventually addressing long-term needs, such as employment or housing (Olivet et al., 2010). In addition to building trust and relationships, effective street outreach workers must also be persistent, flexible, respectful, non-judgmental, committed, be willing to set clear goals and boundaries with clients, have specialized knowledge of the people they serve as well as the availability of services and the systems of care (Olivet et al., 2010).

The techniques suggested by the literature include Motivational Interviewing, the Generalist Intervention Model, the six stage Crisis Intervention Model, Harm Reduction, Trauma-Informed Care and the 6-Stages of Behavioral Change (Lee & Donaldson, 2018). Motivational Interviewing (MI) is one technique recommended repeatedly throughout the literature. An evidence-based approach to behavior change, MI is

a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion (Miller & Rolnick, 2013, p. 29).

MI has been shown to be an effective method to facilitate entry into substance abuse treatment for homeless veterans and, therefore, represents a promising approach for meeting the least engaged unhoused individuals at their stage of change, respecting them as partners in the process, and empowering them to make the change they desire for themselves (Olivet et al., 2010).

Other best practices for street outreach identified in the literature include the use of teams versus individual clinicians to address safety and ethical issues and the use of peer-led interventions to better facilitate trust between the street outreach worker and the client (Olivet et al., 2010). Existing systematic reviews suggest the effectiveness of intentional peer support interventions for improvements in homelessness due to the invaluable insight of formerly homeless peer advocates and the trust built between the peer advocate and client, which is largely facilitated by their shared lived experience of homelessness (Miller et al. 2020),

While it is important to keep these best practices in mind, there are challenges posed when trying to design, implement, and evaluate outreach programs targeted at disengaged homeless individuals. First, there are systemic problems like lack of affordable housing options and lack of available organizational resources and community willpower to design and implement effective outreach programs. Second, housing-focused street outreach programs may not be a tenable solution in each community or every context, for example in regions with severe winter weather conditions. Third, there are more nuanced implementation challenges, such as that posed by trying to collect data from individuals who suffer from mental health issues (Lee & Donaldson 2018). Lastly, it can be very challenging to quantify the nuanced process-oriented outcomes of outreach, such as building trust and forming personal relationships. Housing is achieved by small steps and oftentimes, only the small measurable outcomes (ie., referrals, doctors' appointments, etc.) are tracked. Despite being an important part of clients journey out of homelessness as the evidence suggests, smaller, more intangible outcomes—such as a client engaging in a long dialogue with a street outreach worker or a client deciding to see a doctor after several years of living on the street—remain elusive measurable indicators and, as a result, remain largely unaccounted for in data collection and methodology and carry little weight for the public and potential funders (Lee & Donaldson 2018).

## Case Management

The next focus of this literature review is on case management for disengaged unhoused individuals. To begin, it is important to provide a definition of case management and an overview of the different types of case management. Given the large scope of case management, there remains much debate in the literature regarding a precise operational definition. Nevertheless, we can settle with the following definition: *a programmatic strategy aimed at ensuring timely access to and coordination of fragmented medical and psychological services for an individual while considering costs, preventing duplication of services, and improving health outcomes* (National Health Care for the Homeless Council, 2016). According to the National Health Care for the Homeless Council, “the basic components of case management include intake, assessment of needs, service planning, linkage to services, continuous monitoring, and client advocacy” (p. 1). In addition to connecting clients to medical and psychosocial services, case management can also include crisis intervention, discharge planning, and direct services such as emotional support, client education, and skill building” (National Health Care for the Homeless Council, 2016). According to the literature, there are four major models of case management. A brief overview of each model is presented in the table below:

	<b>Standard Case Management (SCM)</b>	<b>Critical Time Intervention</b>	<b>Intensive Case Management (ICM)</b>	<b>Assertive Community Treatment (ACT)</b>
<b>Target population</b>	People experiencing homelessness with complex health concerns	People experiencing homelessness during critical transitions in their lives i.e., transition from a shelter or discharged from a hospital	People experiencing homelessness with high service needs i.e., persons with serious mental illnesses, but typically fewer hospitalizations or less functional impairments and for people experiencing addictions	People experiencing homelessness with great service needs i.e., for persons with serious mental illness, often schizophrenia or bipolar disorder, accompanied by a history of multiple psychiatric hospitalizations and functional impairments
<b>Focus of service</b>	Coordination of services	Targeted to continuity of care	Comprehensive approach	Comprehensive approach
<b>Duration of service</b>	Time limited	Time limited	Ongoing	Ongoing

<b>Average caseload for case manager</b>	35	25	15	15
<b>Includes outreach</b>	No	Yes	Yes	Yes
<b>Coordination and/or service provision</b>	Coordination	Service provision and coordination	Coordination and service provision	Coordination and service provision
<b>Responsibility for client's care</b>	Case manager	Case manager	Case manager	Multidisciplinary team including case managers, peer support workers, and physicians
<b>Importance of client-case manager relationship</b>	Somewhat important	Important	Important	Important
<b>Intensity of client-case manager contact</b>	Low	Moderate	High	High intensity

*Source:* Adapted from National Health Care for the Homeless Council (2016), Weightman et al (2022), and Vet et al. (2016).

Given that outcomes of case management largely depend on the type of case management, the needs of an individual client, and available resources, making comparisons between case management models is difficult. Nevertheless, the research that does exist suggests that the various case management interventions have multiple positive effects for individuals experiencing homelessness, including increased housing stability, increased engagement in medical and non-medical services, improved mental health status, and improved quality of life (National Health Care for the Homeless Council, 2016). In fact, several systematic reviews have been conducted comparing outcomes such as housing stability for these four models of case management interventions (de Vet et al., 2013). The findings from these systematic reviews suggest that interventions involving greater intensity and continuity of contact time between client and case manager, lower average caseloads, and direct service provision in addition to mere coordination, such as ICM and ACT, do improve several outcomes of interest, most notably housing stability (Weightman et al., 2022). The findings also suggest that case management interventions, in particular ACT, are cost-effective for individuals with complex needs, if overall cost-benefit analysis for the patient, health care system and society are taken into consideration (Weightman et al., 2022). Further, ICM has been shown to have an impact in reducing the number of days

homeless and ACT has been found to be superior to other case management interventions in changing service use patterns and maintaining housing stability (Weightman et al., 2022). From this, we can conclude that the most effective model for case management in terms of reducing the number of days spent in homelessness for persons experiencing homelessness is Assertive Community Treatment, if feasible, and Intensive Case Management, otherwise.

ACM requires a multidisciplinary team and this may not be feasible for a pilot program, such as the one proposed by the Free Guide's Outreach-Based Case Management. As a result, the focus of this literature review was aimed at ICM. From the literature, an example of an Intensive Case Management program's description and principles (in the context of a New York State program addressing the needs of mentally ill clients) has been identified and provided:

#### Program Description

The Intensive Case Management (ICM) program is a mechanism which is designed to "make the system work" for an individual client. ICM must incorporate several principles in accomplishing these objectives:

- Engaging clients who have previously chosen not to use [mental health] services by providing options that are responsive to their needs and preferences
- Reducing inappropriate [inpatient] treatment by providing whatever services or supports are necessary to prevent or resolve crises in clients' own place of residence.
- Helping to achieve their own goals concerning where and how to live.
- Helping clients to achieve their own employment goals and to make satisfying use of their leisure time

ICM services must be tailored to the circumstances, needs and desires of each individual served. A clearly specified goal should be established for every client in at least one (and probably more than one) of the above areas, and should change as progress is made or circumstances change.

#### ICM Principles

ICM services will operate according to the following principles.

1. Services are available 24 hours a day, 7 days a week, 365 days a year.
2. A low staff-to-client ratio is maintained (1:12)
3. Services are delivered in the community, not in the office.
4. Services are not time-limited, but they provide clients with what they need, for as long as they need it.
5. Responsibility is clearly defined for specific clients.
6. Nature and intensity of services vary with changing needs and circumstances.
7. Services are unique for each individual, and respond to the client's definition of his or [her] needs and desires.
8. Case managers take on an active advocacy stance for their clients and teach clients to advocate for themselves whenever possible.
9. Case managers have a strong commitment to rehabilitation and to maintaining clients in the community.

10. Case managers are skilled and experienced and are given the authority to cross boundaries between service delivery systems.
11. Ensuring access to non-mental health services and helping to develop natural support networks (including peers, family members, neighbors, etc.) are high priority.
12. Flexible funds are available to make emergency purchases of goods or services which are critical to maintaining a client in the community.
13. Case managers are willing and capable of providing services themselves if no other services are available.
14. Each client will be chosen from the Regional ICM Roster.
15. Each client's assessment must minimally contain client goals, objectives, strengths, and skill deficits.
16. Identification of resources which are required to meet the needs in the assessment process and the sources of the resources is provided.
17. A written plan will be coordinated and integrated, and the plan will be reviewed with clients.
18. A determination of the need for services, i.e., financial benefits, legal, housing, educational, etc. will be made and linkages with such services will be ensured for the client.
19. Treatment plans will be coordinated with service providers.
20. Case management records will be maintained.
21. Case managers will provide services that prevent or resolve crises in order to prevent unnecessary use of emergency rooms and inpatient services.
22. Case managers will provide or arrange for Medication Education that will help the client understand the importance of taking the prescribed medications.
23. Case managers will assist clients in learning to use fiscal [resources] such as: food stamps, scholarships, etc. and assist them if necessary and only as necessary to apply for and secure such benefits.
24. Case managers will provide or arrange for community support and education.
25. A "no reject" policy for ICM clients must be ensured, and service dollars are to be spent in a manner to guarantee full access to services by these clients.
26. Client records should be kept in a manner which allows for ease of audit and potential reimbursement.
27. Agency will participate in any ICM evaluation system.
28. Agency will provide periodic progress reports [as is required by NYS Office of Mental Health]

(Schaedle, 1999 p. 223)

For the program design and implementation of the Free Guide's anticipated Outreach-Based Case Management program, these aforementioned ICM program goals and principles can serve as a model. In addition to these goals and principles, the Free Guide can use the following criteria as a guide in its search for qualified ICM case managers. These criteria have been identified via cursory research of vacant job announcements:

- A bachelor's degree in behavior science or a human service field (e.g., Social Work, Psychology, Nursing, Rehabilitation, Education, Occupational Therapy, Physical Therapy, Recreation or Recreation Therapy, Counseling, Community Health, Child and Family Studies, Speech and Hearing, Sociology, etc.)

- Four years of clinical experience in providing direct services with high-need (mentally ill, substance abuse) homeless individuals and linking these individuals to a broad range of community services
- A master's degree in a human services field may be substituted for two years of experience
- Advanced clinical skills in the engagement of high-need individuals, including motivational interviewing, suicide prevention, risk screening, trauma-informed care, person-centered care planning and interventions, and recovery-oriented approaches
- Necessary language proficiency (in the case of the Free Guide, Spanish is anticipated)
- Necessary training in intercultural competence and communication
- Strong commitment to social justice and DEI (diversity, equity, and inclusion)

According to existing literature, feelings of social isolation, often linked to poor mental and physical health, are common among people experiencing homelessness (Davis et al., 2012 p. 5). Many people experiencing homelessness report feeling that they have no one that they can turn to or trust who will understand their struggle (Davis et al., 2012 p. 4). The importance of having a social network is strengthened by the decades of research that has linked social isolation to poor health outcomes, including increased mortality (Davis et al., 2012 p. 5). For people experiencing homelessness, social isolation is an especially important risk factor, as these individuals have limited access to the information necessary to navigate chaotic social service systems (Davis et al., 2012 p. 5). To mitigate this risk, the provision of social support to these marginalized individuals is paramount. Social support can be broken down into “emotional support (caring for others), instrumental support (providing goods and services), informational support (providing needed information), and appraisal support (giving feedback, problem solving)” (Berkman et al, 2000 p. 37). These elements work together to create a social support framework which, in turn, has psychological, behavioral, and physiologic impact (Berkman et al, 2000 p. 37). In the context of case management for unhoused individuals, the role of a case manager is to fill the void left by a lack of a social network to provide social support. According to a study aimed at gathering information regarding homeless patients’ perspectives on case management, participants valued not only the instrumental and informational support but also the appraisal and emotional support. In fact, the main findings of this study were that clients identified feeling cared for through their relationships with case managers and receiving assistance with navigating medical and social service systems as the contributors to the improvements in their personal and emotional wellbeing and physical health (Davis et al, 2012). These findings demonstrate the particular importance of emotional and appraisal support, in addition to instrumental and informational support when it comes to case management programs. As is indicated by the literature evaluating the effectiveness of

ACT and ICM, person-to-person encounters, and low caseloads are factors associated with successful case management programs. Case management programs must therefore design and implement their programming in a way that is conducive to building and maintaining strong personal relationships and trust between the client and the case manager.

The quality of the relationship between a client and case manager has a great impact on the success of a client reaching their goals. The identified best practices of establishing and building a connection with clients are informed by practices such as Motivational Interviewing and Behavior Change Strategy. They include being approachable, asking questions, explaining case management services and confidentiality, showing empathy, and avoiding judgment (Homeless Solutions Policy Board, 2015).

The existing literature pertaining to the effectiveness of intentional peer support, in the form of peer-led, peer-staff, or peer-supported interventions identifies potential best practice for housing-focused case management. Given the importance of emotional and appraisal support in a relationship between a client and their case manager and the shared connection between a previously unhoused individual and clients, intentional peer support shows a lot of promise in building trust and facilitating strong personal relationships.

The case manager's rapport-building skills are critical to break through the many defensive behaviors and protective attitudes that clients develop to survive in shelters and on the streets. These behaviors—looking tough, acting with bravado, wariness of social services, maintaining a hard exterior, and letting go of social graces—make homeless clients difficult to engage and interfere with their ability to succeed in treatment or maintain stable housing. One solution to this difficulty in engaging homeless clients is through the use of peer case managers: homeless individuals who are in recovery themselves and are based in shelter care facilities. In one such setting, peer case managers proved to be as successful as degreed professionals or an intensive residential treatment program in assisting homeless individuals in the areas of substance use, housing stability, employment, and psychological functioning (Stahler et al., 1995). In addition, clients were more satisfied with the services provided by the peer case managers than by the degreed professional case managers. This finding may be explained by clients' beliefs that case managers who have experienced homelessness first-hand are more likely to provide needed services.

(Center for Substance Abuse Treatment, 2000)

This is supported by studies which have positive outcomes of such peer-supported interventions, including a reduction in days spent homeless, a reduced return to homelessness, and an overall improvement in the housing environment (Miler et al, 2020). While the research into effectiveness of peer support is currently limited, the existing research indicates that intentional peer support offers the following potential benefits:

- Benefits to peers, e.g., feeling empowered, having greater confidence, and a more positive sense of identity
- Benefits to clients, e.g., provision of emotional support and social network



- Benefits to services, e.g., added value of perspective and reduced strain on staff and resources
- Benefits to organization, e.g., increased effectiveness at engaging people into care, reduced costs if a reduction in hospitalizations and other costly interventions are realized and taken into consideration (European Federation of National Organizations Working with the Homeless, n.d.).

## **Limitations**

The limitations of this literature review are linked to the limitations and gaps presented in the existing literature.

1. There is a lack of existing research that analyzes both street outreach and case management as an integrated housing-focused intervention. Instead, much of the research analyzes these interventions as separate functions.
2. Much of the existing literature is marked by methodological limitations, such as small sample sizes.
3. There is a lack of available and reliable data among existing literature.

This is due in part to the inconsistent use of standardized data collection tools, such as the Homeless Management Information System which is the US Department of Housing and Development's mandated data collection tool. Even with ubiquitous use of the HMIS, however, a lack of available and reliable data could persist due to the difficulty in data collection when working with such a marginalized community. Many people experiencing homelessness, especially those with intersectional complex needs like mental health, substance abuse, chronic homelessness, etc., harbor distrust towards service providers for different reasons. There are also other barriers that may make data collection difficult, such as language barriers and unstable mental health conditions. Given these difficulties, data collection regarding the target population of housing-focused outreach and case management programs will likely remain a significant challenge. This poses problems for the design and implementation of programming, such as Outreach-Based Case Management programs, because funders often expect grant proposals to be based upon robust data or evidence-based research.

4. As a result of this unavailable and potentially unreliable data, much of the research fails to take into consideration the wide range of complex needs each unhoused individual may have which could have an impact on the effectiveness of a housing-focused street outreach or case management program.

## **Further Research**

Given these identified limitations and gaps within existing literature, there is a need for further research in the following areas:

1. The effectiveness and cost-effectiveness of housing-focused street outreach programs *in tandem with* housing-focused case management at reducing homelessness for unhoused communities with diverse and complex individualized needs in different areas throughout the US.
2. Innovative and adaptive data collection and analysis methods that can account for nuanced process-oriented qualitative data, such as relationship building.

### **Implications for Outreach-Based Case Management**

Housing-focused outreach and case management are two interventions that work to achieve the same goal of reducing homelessness. These interventions include activities that overlap and diverge. As is evident from this literature review, street outreach and case management offer promising outcomes, in terms of the effectiveness of improving homelessness, in terms of avoiding community opposition, and in terms of cost-effectiveness. In addition, the existing research suggests that more intensive case management models, such as Intensive Case Management, are more effective at meeting and maintaining the housing needs of clients. Intensive Case Management is characterized by a low client-to-case manager workload, a comprehensive client-centered approach, and an ongoing (as opposed to time-limited) coordination of services. These findings have particularly important implications for grant proposals, program design, and program implementation for housing-focused outreach and case management programs. These findings imply that the *quality* of service provided by an outreach-based case manager is more effective than the *quantity* of clients reached. Given these findings and the pervasive lack of available financial resources to address homelessness, an Outreach-Based Case Management program rooted in Intensive Case Management principles shows much promise as a viable, effective, and cost-effective solution for reducing homelessness in the Santa Cruz County community.

The existing literature surrounding these interventions indicates the importance of relationship building between a client and a case manager to fill the void of a lack of social network, to provide social support and, ultimately, to create a sense of belonging which is an established need of Maslow's hierarchy of needs. This component of street outreach and case management is a necessary building block of identifying clients' needs and goals, meeting their needs, and achieving their goals. Without this, getting a client to engage in services to return to a life of dignity and to reenter the community will be an elusive target. To operationalize these best practices into its Outreach-Based Case Management, The Free Guide could benefit from designing and implementing its program according to Intensive Case Management principles. This includes recruiting ICM outreach-based case managers

who have the necessary academic credentials, such as a bachelor's in human or social services (preferably a master's in human or social services) as well as the experience necessary for working with such marginalized community members that have complex and intersectional needs. Next, The Free Guide would benefit from designing its training and program in an intentional manner that incorporates an emphasis on emotional and appraisal support and builds trust building mechanisms into the program. More specifically, The Free Guide would benefit from using behavior change strategy, motivational interviewing, trauma-informed care, and crisis management to inform its program design and implementation.

To ensure that The Free Guide has the necessary data to conduct analyses, monitoring, and evaluations regarding its services, it is recommended that The Free Guide integrate robust data collection into its program design and implementation. It is recommended that The Free Guide use the Homeless Management Information System (HMIS) mandated by the US Department of Housing and Urban Development. This will connect The Free Guide's target population into the larger community and nationwide database and will, in turn, contribute to further research and program development. The Free Guide is encouraged to build additional monitoring and evaluation mechanisms, especially process-oriented mechanisms such as surveys, focus groups, and interviews, that are not included in the HMIS to strengthen its programming.

Street outreach and case management include overlapping interpersonal components. These interventions also face the similar challenge of quantifying their success from a process-oriented perspective. The nuanced best practices of outreach and case management, such as building trust and establishing a personal connection, are hard to quantify according to dominant evaluation frameworks. In addition, data collection is further complicated by the fact that its target population is often distrustful of service providers and reluctant to engage and provide information. Therefore, The Free Guide could benefit from researching and exploring more nuanced qualitative data collection methods that could, in turn, inform potential monitoring processes, potential process evaluations, and adaptation and learning mechanisms.

With the importance of relationship building and trust building in mind, it is recommended that The Free Guide consider peer-led, peer-support, or peer-staff interventions. As the literature indicates, empowering and integrating peer advocates—in other words, previously unhoused individuals—offers a lot of promise in terms of benefits to the peer, client, program, and organization. To integrate peer support into its programming, it is recommended that The Free Guide make sure that its peers are properly supported, trained and compensated for the work that they are doing.

## Conclusion

Homelessness remains an important issue throughout the entire US, and Santa Cruz County is not exempt from this reality. Existing programming has failed to address current homelessness and failed to mitigate the risks of increases in homelessness due to several reasons, including a lack of available resources and housing, distrust felt within the homeless community towards homeless services, community opposition towards homeless services, such as the creation of homeless shelters, and larger structural issues, such as gentrification and policies that prohibitive to expanding housing. The Free Guide Santa Cruz has proposed the design and implementation of an outreach-based case management program. Outreach-based case management for people experiencing homelessness represents an innovative approach that could provide a solution to these factors. To determine the promise of such a program, a review of the existing research and literature pertaining to housing-focused street outreach and case management was necessary. Therefore, a literature review was conducted to answer the following question: *What is the effectiveness and cost-effectiveness of outreach-based case management and what are the most effective and evidence-based best practices of outreach-based case management in addressing homelessness and maintaining housing stability?* This literature review has attempted to answer this question through an analysis of systematic reviews of existing literature, qualitative and quantitative research, and colloquial literature based on their relevance to street outreach and case management for unhoused individuals. The purpose of this literature review was to inform the Free Guide Santa Cruz and other homeless service providers on the current evidence-based best practices for tackling homelessness via outreach-based case management. Due to a lack of research and literature at the intersection of outreach and case management, this literature review explores these homeless services as two separate functions, i.e., street outreach and case management. In this literature review, a definition and understanding of street outreach, its effectiveness, and its evidence-based best practices were established. Next, a definition and understanding of case management, its effectiveness and its evidence-based best practices are included. This literature review concludes with an analysis with a discussion on limitations, opportunities for further research, and the implications for Free Guide's proposed Outreach-Based Case Management program.

## References

- Applied Survey Research. (2019). Santa Cruz County Homeless Census & Survey Comprehensive Report 2019. Watsonville. Retrieved April 4, 2022, from <https://housingmatterssc.org/wp-content/uploads/2019/08/2019-PIT-Count-Full-Report.pdf>
- Berkman, L. F., Glass, T., Brissette, I., & Seeman, T. E. (2000). From social integration to health: Durkheim in the new millennium. *Social science & medicine (1982)*, 51(6), 843–857. [https://doi.org/10.1016/s0277-9536\(00\)00065-4](https://doi.org/10.1016/s0277-9536(00)00065-4)
- Center for Substance Abuse Treatment (2000). Comprehensive Case Management for Substance Abuse Treatment. Treatment Improvement Protocol (TIP) Series, No. 27. HHS Publication No. (SMA) 15-4215. Rockville, MD: *Center for Substance Abuse Treatment*.
- Cohen, R., Yetvin, W., & Khadduri, J. (2019, January 7). Understanding Encampments of People Experiencing Homelessness and Community Responses: Emerging Evidence as of Late 2018. US Department of Housing and Urban Development Office of Policy Development and Research.
- Davis, E., Tamayo, A., & Fernandez, A. (2012). “Because somebody cared about me. that's how it changed things”: Homeless, chronically ill patients’ perspectives on case management. *PLoS ONE*, 7(9). <https://doi.org/10.1371/journal.pone.0045980>
- de Vet, R., van Luijtelaa, M. J. A., Brilleslijper-Kater, S. N., Vanderplasschen, W., Beijersbergen, M. D., & Wolf, J. R. L. M. (2013). Effectiveness of case management for Homeless Persons: A systematic review. *American Journal of Public Health*, 103(10). <https://doi.org/10.2105/ajph.2013.301491>
- Donley, A. M., & Wright, J. D. (2012). Safer outside: A qualitative exploration of homeless people's resistance to homeless shelters. *Journal of Forensic Psychology Practice*, 12(4), 288–306. <https://doi.org/10.1080/15228932.2012.695645>
- Homeless Action Partnership. (n.d.). Housing for a Healthy Santa Cruz: A Strategic Framework for Addressing Homelessness in Santa Cruz County. Santa Cruz. Retrieved April 4, 2022, from [https://homelessactionpartnership.org/Portals/29/hap/pdf/2021\\_HousingForHealth-Framework.pdf](https://homelessactionpartnership.org/Portals/29/hap/pdf/2021_HousingForHealth-Framework.pdf)
- Homeless Solutions Policy Board. (2015). *Case Management: Breaking the Cycle of Homelessness. Guidelines, Roles, and Responsibilities for Housing Focused Case Management and Collaboration with Community Providers*. Dayton, Ohio.
- Lee, W., & Donaldson, L. P. (2018). Street Outreach Workers’ understanding and experience of working with chronically homeless populations. *Journal of Poverty*, 22(5), 421–436. <https://doi.org/10.1080/10875549.2018.1460737>
- Macan, T., PhD., Cunningham, J., M.A., Lemming, M. R., M.A., & Calsyn, R. J., PhD. (2008). Case management and outreach: Similarities and differences in worker tasks. *Care Management Journals*, 9(2), 51-62. Retrieved from <http://proxy.miis.edu.ezproxy-miis.middlebury.edu/login?url=https://www-proquest-com.ezproxy-miis.middlebury.edu/scholarly-journals/case-management-outreach-similarities-differences/docview/197982448/se-2?accountid=12457>
- Maslow, A. (2022, January 5). *Maslow's hierarchy of needs*. PSYCH-MENTAL HEALTH HUB. Retrieved May 14, 2022, from <https://pmhealthnp.com/pmhnnp-topics/maslows-hierarchy-of-needs/>

- Miler, J.A., Carver, H., Foster, R. *et al.* (2020) Provision of peer support at the intersection of homelessness and problem substance use services: a systematic 'state of the art' review. *BMC Public Health* 20, 641. <https://doi.org/10.1186/s12889-020-8407-4>
- Miller, W. R., & Rollnick, S. (2013). *Motivational interviewing: Helping people change*. The Guilford Press.
- Moulton, S. (2013). Does increased funding for homeless programs reduce chronic homelessness? *Southern Economic Journal*, 79(3), 600-620. Retrieved from <http://proxy.mis.edu.ezproxy-mis.middlebury.edu/login?url=https://www-proquest-com.ezproxy-mis.middlebury.edu/scholarly-journals/does-increased-funding-homeless-programs-reduce/docview/1490677595/se-2?accountid=12457>
- Federation of National Organisations working with the Homeless. (n.d.) *Peer support: A tool for recovery in homelessness services*. Retrieved April 4, 2022, from [https://www.feantsa.org/download/peer\\_support\\_policy\\_paper2951723577548485776.pdf](https://www.feantsa.org/download/peer_support_policy_paper2951723577548485776.pdf)
- State of Homelessness: 2021 edition*. National Alliance to End Homelessness. (2021, August 16). Retrieved May 14, 2022, from <https://endhomelessness.org/homelessness-in-america/homelessness-statistics/state-of-homelessness-2021/>
- Schaedle, R. W. (1999). *Critical ingredients of intensive case management: Judgments of researchers/administrators, program managers and case managers* (Order No. 9924848). Available from ProQuest Central; ProQuest Dissertations & Theses Global. (304498257). Retrieved from <http://proxy.mis.edu.ezproxy-mis.middlebury.edu/login?url=https://www-proquest-com.ezproxy-mis.middlebury.edu/dissertations-theses/critical-ingredients-intensive-case-management/docview/304498257/se-2?accountid=12457>
- Olivet, J., Bassuk, E., Elstad, E., Kenney, R., & Jassil, L. (2010). Outreach and Engagement in Homeless Services: A Review of the Literature . *The Open Health Services and Policy Journal*, 3(2010), 53–70. Retrieved April 4, 2022.
- Phillips, R. and Parsell C. (2012) The Role of Assertive Outreach in Ending 'Rough Sleeping', AHURI Final Report No.179 (Melbourne: Australian Housing and Urban Research Institute).
- Weare, C. (2021). Housing outcomes for homeless individuals in street outreach compared to shelter. *Journal of Poverty*, 25(6), 543–561. <https://doi.org/10.1080/10875549.2020.1869664>
- Weightman, A. L., Kelson, M. J., Thomas, I., Mann, M. K., Searchfield, L., Hannigan, B., Smith, R. J., Willis, S., & Cordiner, R. (2022). Protocol: Exploring the effect of case management in homelessness per components: A systematic review of effectiveness and implementation, with meta-analysis and thematic synthesis. *Campbell Systematic Reviews*, 18(1). <https://doi.org/10.1002/cl2.1220>

## APPENDIX C: CASE STUDIES

These case studies have been included to assist in understanding the context of evaluations for homeless service providers. These have been included for educational purposes. Notes have been included beneath the link to each case study.

### [Co-Location of Health Care Services for Homeless Veterans: A Case Study of Innovation in Program Implementation](#)

- When it comes to the implementation of any program, specifically innovative programs, building a coalition of decision makers is essential
  - These decision makers were chosen based on their expertise and authority over the resources needed in this innovative program
- *Goals for evaluation*- to ensure that services were offered in an appropriate and timely manner to clients.
- Social work research staff developed a three-year longitudinal comprehensive program evaluation and a periodic monitoring process that reviewed the chart of each patient.
- The monitoring information was reported to a weekly operations meeting of clinic managers who used the trending data to identify problem areas, make corrective adjustments in staffing and programming, and assess the impact of the adjustments.

### [Harder-Company-Permanent-Supportive-Housing-for-Homeless-Families-Initiative-Evaluation-Findings-Joelle-Greene.pdf \(usc.edu\)](#)

- 9 month evaluation of “Permanent Supportive Housing for Homeless Families Initiative
- Key takeaways should be included in the executive summary
- Evaluation team worked in partnership with organization to establish a shared understanding of the evaluation’s purpose, design and methods
- *Goals for the evaluation*- describing the implementation of the program, generating information that can be used to inform policy and program implementation decisions related to serving homeless families; providign lessons learned that can be used for ongoing program improvement and to inform the broader family homelessness field
- Included a methods section that analyzed qualitative and quantitative data collected, and secondary data sources. Quantitative secondary data sources included information from the Homeless Management Information Systems (HMIS) and client-level program data on families served.
- Mixed methods approach is important because it provides both breadth and depth of data, which supports the identification of preliminary outcomes as well as lessons learned about implementation.
- Data included: family interviews (client interviews), staff focus groups (captures information about program implementation, early success and challenges encountered by staff and clients. Duration of focus groups was up tp 75 minutes); triangulation of finding across methods (quantitative analysis)

- Data was also collected regarding the types of families assisted by the program
- Impact on Program Participants: comments from interviews with clients

#### [MONITORING AND EVALUATION OF A MULTI-AGENCY RESPONSE TO HOMELESSNESS](#)

- Using both qualitative and quantitative data as well as a literature review to give relevant context to the issue.
- Used 5 research questions to help guide the evaluation. Questions range from: what service outcomes do programs achieve, to what are the possible factors that influence Non profit services and service outcomes that are not in compliance with McKinney-Vento Homeless Assistance Act goals and objectives?
- *Goals for evaluation:* to understand the effectiveness of Non profit organizations and the use of funding based upon McKinney-Vento Homeless Assistance Act (MVHAA) criteria and program directors' knowledge of these criteria.

#### [showdocument \(monterey.ca.us\)](#)

- Community needs assessment is necessary for the community served which assesses poverty-related needs, available resources, feasible goals and strategies, and that yields program priorities consistent with standards of effectiveness established for the program.
- Coordinates evaluations according to ROMA (Results-Oriented Management and Accountability) principles and ROMA cycle therefore evaluations conducted during the assessment, planning, implementation, results and outcome stages are based on community needs and impact.
- Subcontractors are used for the evaluation.

#### **Additional Resources:**

#### [What Gets Measured, Gets Done: A Toolkit on Performance Measurement for Ending Homelessness \(2008\)](#)

- Provides examples and explanations of basic evaluation tools including information on building a Performance Measurement System, explaining the benefits of performance measurements for resource allocation, and measuring program outcomes.

#### [The Homeless Hub](#)

- A web-based research library and information center representing an innovative step forward in the use of technology to enhance knowledge mobilization and networking regarding issues of homelessness and reduction research.



## APPENDIX D: ADAPTATION & LEARNING – COLLABORATION & ORGANIZATIONAL ASSESSMENT TOOLS

### 1. Effective Meeting Agendas:

*How and Why to Use a Meeting Agenda* | MIT Human Resources.

<https://hr.mit.edu/learning-topics/meetings/articles/agendas>.

Jay, Antony. "How To Run a Meeting." *Harvard Business Review*, 1 Mar. 1976. *hbr.org*,

<https://hbr.org/1976/03/how-to-run-a-meeting>.

*The Power of You to Truly Make Meetings Work* | Steven Rogelberg | TEDxUNCCharlotte -

YouTube. <https://www.youtube.com/watch?v=Oeoy3zCgTHU>.

### 2. Gantt Charts:

This tool helps teams to plan work around deadlines, properly allocate resources, and maintain a bird's eye view of projects. They depict, among other things, the relationship between the start and end dates of tasks, milestones, and dependent tasks.

*Project Management in Under 5: What Is a Gantt Chart?* - YouTube.

<https://www.youtube.com/watch?v=fB0wsdmV3Sw&feature=youtu.be>.

### 3. KMO model

This tool looks at knowledge, motivational, and organizational factors within a program and provides a structured method to identify all the elements necessary for an organization to achieve some sort of success, including new initiatives that need to be implemented or an improvement that needs to be made. Knowledge, Motivation, and Organizational factors are all necessary to achieve and sustain organizational performance. One task of leaders and managers is to ensure all the necessary pieces are in place so the organization can perform at expected levels.

#### ***Example of KMO Worksheet:***

This worksheet represents an initial exposure to the KMO performance improvement process, and relies on your accumulated familiarity with and assumptions about the specific scenario you are using. The generalized process is outlined here:

1. Identify an organizational goal or performance problem that the organization would like to solve.
2. Make initial analysis to inventory the KMO components needed to achieve the goal or solve the performance problem.
3. Use this inventory as a checklist to determine what required parts are present and those that are missing.
4. Make plans to implement missing KMO items required to achieve the goal or solve the performance problem.

#### **Organizational goal or performance problem:**

Identify the goal you will analyze. This can be fixing something that isn't working fully, or implementing something new where many or most components might be missing.

#### **Required Knowledge, Motivation, and Organizational factors:**

Category	(A) Describe required components	B) Present or missing
<b>Knowledge factors</b>		
Facts		
Concepts		
Procedures		
Metacognitive		
<b>Motivational Factors</b>		
Active Choice		

Persistence		
Mental Effort		
<b>Organizational Factors</b>		
Organization's culture ("Cultural Model")		
Organization's tangible resources ("Cultural Setting")		
<b>Improvement Plan</b> The improvement plan addresses the gaps, deficiencies, and weaknesses identified in each category when comparing the needed items (A) with what was found present or missing (B). The plan can start as a narrative explanation and grow into a more well-developed project plan with milestones, resources, specific deliverables, etc.		

## Definitions:

### Knowledge Factors

**Factual-** The basic facts or elements one must know to be acquainted with a discipline and solve problems.

**Conceptual-** Interrelationships among elements within a larger functioning structure.

**Procedural-** How to do or discover something. Process for using skills and methods.

**Metacognitive-** Knowledge of cognition and awareness of one's own cognition. Self-monitoring.

### Motivational Factors

**Active choice-** Situations where one has intent, but does not take action.

**Persistence-** The likelihood that an individual will continue work to reach a goal.

**Mental effort-** Failure to utilize knowledge to solve problems.

### Organizational Factors

**Cultural model-** Shared mental attitudes within the organization. Expectations, norms, not tangible items: they way we do things.

**Cultural setting-** Specific and tangible, visible representations of how and why tasks are completed. Systems and support resources provided to meet the objective.

#### 4. 360 Degree Feedback

This is a multisource instrument to get feedback about performance and potential areas of improvement from different stakeholders involved in the program.

*360 Degree Feedback in a Nutshell | AIHR Learning Bite - YouTube.*

<https://www.youtube.com/watch?v=MaT4weXbezW>.

*360 Degree Feedback - YouTube.*

<https://www.youtube.com/watch?v=IN4YVzX8kUk&feature=youtu.be>.

#### Example 360 Degree Feedback Evaluation Form:

<b>“EMPLOYEE” SELF-EVALUATION FORM</b>	
Please complete the questions listed below and return to your supervisor prior to your performance evaluation. As you complete the form, consider your own personal performance as it relates to your current job duties and expectations. This form can be used to generate discussion about general aspects of the “job”.	
Name: _____	Date: _____
Title: _____	Department: _____
Review Period: _____	
<b>A. JOB DEFINITION</b>	
1. List the expectations for the review period and assess how well you have succeeded in meeting each expectation.	
2. Which position responsibilities do you view as most important? Why?	
3. Have there been any special circumstances that have helped or hindered you in doing your position this year? If yes, what were the circumstances and how did they affect your work?	
<b>B. ACCOMPLISHMENTS</b>	
1. List your most significant accomplishments or contributions during the review period. How do these achievements align with the goals/objectives established at the start of the period?	

2. What changes in duties or priorities did you face during the review period and how did you handle them?
3. Describe professional development activities that have been helpful since the start of this position .
4. What activities have you initiated, or actively participated in, to encourage camaraderie and teamwork among your colleagues? What was the result?

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### **C. GOAL SETTING**

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1. Describe areas you feel require improvement in terms of your professional capabilities. List the steps you plan to take and/or the resources you need to accomplish this.
2. What are your goals for the coming year and what actions will you take to accomplish these goals?
3. What could your supervisor/manager do to support you in doing your job and accomplishing these goals?
4. What else would help you to do your job better and provide greater job satisfaction?

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### **D. DEVELOPMENT PLANNING**

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1. What kinds of professional development activities would you like to do during the coming year?
  2. What support or information do you need to complete these activities?
  3. What would help you enhance your performance (training, equipment, etc.)?
  4. What are your expectations for the coming evaluation period?
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### OVERALL RATING

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How would you rate your overall performance for this review period?

1. ☐ Outstanding
2. ☐ Exceeds Expectations
3. ☐ Meets Expectations
4. ☐ Below Expectations
5. ☐ Unsatisfactory

**Thank you for taking the time to complete the Employee Self-Assessment.**

**Supervisors:** Attach completed Self-Assessments to the Employee's Performance Appraisal and return to HR.

## APPENDIX E: PROGRAM PROCESS QUESTIONS

Question Focus	Process Question	Indicators	Means of Collection
Project Purpose	To what extent are clients satisfied with their experience in Free Guide's Outreach-Based Case Management program?	On a scale of 1 (not satisfied) -10 (very satisfied)	Client Survey
	What are the consequences of program participation?	Open-ended question	semistructured interview/focus group

Question Focus	Process Question	Indicators	Means of Collection
Outcomes	How many clients were reached by other services outside of Free Guide?	# of clients reached by other social service providers based in Santa Cruz County*	Collected from client intake survey
	Why did clients choose to not engage with other services?	Open-ended question and answer	Semi-structured Interview/Focus Group
	Why did clients choose to not engage with FG?	Open-ended question and answer	Semi-structured Interview/Focus Group
	How were clients reached? (phone, walk-up)	# of clients reached by phone, by walkup, through other means	Case manager records

Question Focus	Process Question	Indicators	Means of Collection
Inputs	To what extent are the case managers qualified for intensive case management (BSW, trauma-informed care, crisis management, harm reduction motivational interview, years of experience, necessary language skills)?	# case managers trained/qualified in the characteristics needed for intensive OBCM	Recruiting process for case managers, Resumes and supplemental internal training records
	What are the demographics of the clients served by the program? (language, gender, ethnicity, nationality, mental health, age, veteran status, immigration status, physical/mental health condition, number of years lived on the street, number of children living on the street)	N/A	Client intake survey
	What are the operational costs of the program?	% of financial budget that is allocated to OBCM program	Financial records
	In what ways do Santa Cruz homelessness policies support or hinder Free Guide's Outreach-Based Case Management?	N/A	Case manager records
	How do our relationships with partners help facilitate the implementation of Outreach based case management? ( service providers, community organizations, donors, volunteer providers)	N/A	Meeting notes and information shared by partners

Question Focus	Process Question	Indicators	Means of Collection
ACTIVITIES	Where does Free Guide post its job vacancies for OBCM Intensive Case Managers?	# of locations where job vacancies are posted	Recruiting information
	How do recruited case managers hear about the vacant positions at Free Guide?	# of locations where job vacancies are posted*	Interview questionnaire
	To what extent was the hiring process effective at clearly establishing expectations for the outreach case management role?	On a scale of 1 (not effective) to 10 (very effective)	Case manager interview
	What are the barriers in getting clients to engage with services?	N/A - Qualitative data	Semi-Structured Interview/Focus Group
	To what extent is Free Guide training case managers to meet the needs of the target population?	On a scale of 1 (not qualified) -10 (very qualified) how qualified are case managers to meet the needs of clients	The Free Guide OBCM Trainees
	To what extent are the identified best practices (motivational interviewing, low caseload, six-stage crisis management, trauma-informed care, harm reduction) put into practice?	On a scale of 1 (not used) -10 (frequently used) how frequently do case managers use "best practices" while interacting with clients	Case manager notes/program end review
	To what extent are the identified best practices (motivational interviewing, low caseload, six-stage crisis management, trauma-informed care, harm reduction) helpful for case managers to engage with clients?	On a scale of 1 (not helpful) -10 (very helpful) how helpful is for case managers to use best practices when engaging with clients	Case manager notes/survey
	To what extent are the identified best practices (motivational interviewing, low caseload, six-stage crisis management, trauma-informed care, harm reduction) contributing to overcoming clients' distrust towards engaging with services?	On a scale of 1 (not effective) -10 (very effective) how effective is the use of "best practices" at achieving the desired outcomes when engaging with clients	Case manager notes/ survey
	For what reasons did clients choose to engage or not engage in services provided by other homeless service providers?	For what reasons did clients choose to engage or not engage in services provided by other homeless service providers?	Client intake survey
	For what reasons did clients choose to engage or not engage in Free Guide's Outreach-Based Case Management services?	For what reasons did clients choose to engage or not engage in Free Guide's Outreach-Based Case Management services?	Client Survey
	Which services did clients increase their understanding of?	N/A Qualitative Data	Semi-Structured Interview/Focus Group
	What types of service referrals are made to clients?	N/A Qualitative Data	Client/CM Survey



## APPENDIX F: TRAINING RESOURCES

<p><b>Motivational Learning</b></p> <p>Motivational interviewing is a clinical approach that helps people with mental health and substance use disorders make positive behavioral changes to support better health. The approach upholds four principles— expressing empathy and avoiding arguing, developing discrepancy, rolling with resistance, and supporting self-efficacy (client’s belief they can successfully make a change).</p>	<p><a href="https://kognito.com/blog/motivational-interviewing-in-social-work-an-evidence-based-co">https://kognito.com/blog/motivational-interviewing-in-social-work-an-evidence-based-co</a></p> <p><a href="https://motivationalinterviewing.org">https://motivationalinterviewing.org</a></p> <p><a href="https://psychwire.com/motivational-interviewing/resources">https://psychwire.com/motivational-interviewing/resources</a></p>
<p><b>Harm-Reduction</b></p> <p>Harm reduction practice is an approach for substance abuse treatment that involves a set of techniques that are negotiated by the client and provider around the outcomes that he or she is most likely to achieve. The focus of this practice is to reduce the risky behaviors and negative consequences of substance abuse, and it neither condemns nor condones any behavior.</p>	<p><a href="https://harmreduction.org/our-work/training-capacity-building/online-training-institute/">https://harmreduction.org/our-work/training-capacity-building/online-training-institute/</a></p> <p><a href="https://harmreduction.org/about-us/principles-of-harm-reduction/">https://harmreduction.org/about-us/principles-of-harm-reduction/</a></p>
<p><b>Trauma-Informed Care</b></p> <p>Trauma-informed care requires social workers to recognize the signs of trauma, acknowledges the impact of trauma, identifies paths to address the effects of trauma experience, and actively prevents people from experiencing further trauma. Rather than solely focusing on problematic behaviors, trauma-informed social workers aim to understand what happened to people that caused those behaviors in the first place. They take their clients’ personal</p>	<p><a href="https://ca.ctrinstitute.com/free-on-demand-workshop/?type=workshop">https://ca.ctrinstitute.com/free-on-demand-workshop/?type=workshop</a></p> <p><a href="https://www.childwelfare.gov/topics/responding/trauma/caseworkers/">https://www.childwelfare.gov/topics/responding/trauma/caseworkers/</a></p> <p><a href="http://trauma-informed-california.org/resources/">http://trauma-informed-california.org/resources/</a></p>

histories, vulnerabilities and triggers into consideration and tailor treatment to each individual's complex, nuanced needs.	
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## APPENDIX G: STAKEHOLDER MATRIX

	Stakeholder Type	Evaluation State					
	Interests	Planning	Design	Implementation	Review	Recommendations	Use
External Stakeholders	<b>Stakeholder 1:</b> Unhoused population in Santa Cruz	Participation: Program recipients	Participation: Informed and consulted	Participation: Consulted	Participation: Informed	Participation: Informed and consulted	Participation: Informed and consulted
	<b>Interests:</b> Providing personal input on how being unhoused has impacted them	Plan: Ensure that unhoused population are aware of their participation in the collection of data	Plan: Ensure that they are aware of what data is being procured, and how it impacts their life	Plan: Procure data from unhoused population through storytelling, surveys, and interviews.	Plan: Keep unhoused population informed on results while reviewing	Plan: Informed and feedback solicited if they are interested in the programmatic findings and how it can impact their lives and community	Plan: Feedback utilized
	<b>Stakeholders 2:</b> Santa Cruz County/Government Constituencies	Participation: Delegated power	Participation: Delegated power	Participation: Delegated Power	Plan: Informed	Participation: Delegated Power	Participation: Delegated Power
	<b>Interests:</b> Providing legal means and limitations	Plan: Include as a means to influence policy	Plan: Abide by laws and regulations	Plan: Keep government informed of program implementation	Plan: Review data and make legal reforms accordingly	Plan: Review recommendations and make informed policy decisions based on findings	Plan: Use results to enact policy changes, follow recommendations
	<b>Stakeholder 3:</b> Santa Cruz Community Members	Participation: Informed	Participation: Informed and consulted	Participation: Organize community engagement meeting	Participation: Informed	Participation: Informed and feedback solicited	Participation: Informed and feedback solicited
	<b>Interests:</b> Providing input on perception of program	Plan: Create questions and involvement in program design	Plan: Ensure that they are aware of what data is being procured, receive feedback on design	Plan: Assist with program implementation and communicating with larger community about needs of unhoused population	Plan: Provided accessible data	Plan: Informed and feedback solicited	Plan: Feedback utilized, use results to enact changes in community
	<b>Stakeholder 4:</b> Other Homeless Service Providers in Santa Cruz	Participation: Informed	Participation: Informed	Participation: Informed	Participation: Informed	Participation: Informed	Participation: Informed
	<b>Interests:</b> Community engagement facilitation and resources	Plan: Provide data and most effective methodologies	Plan: Ensure that they are aware of what data is being procured	Plan: Collect data from NGOs, communicate with other stakeholders to express their support for new program	Plan: Offered findings upon completion	Plan: Should make recommendations based on the evaluation	Plan: Follow recommendations

<b>Stakeholder 5: Donors</b>	Participation: Partnerships	Participation: Partnerships	Participation: Partnerships	Participation: Partnerships	Participation: Partnerships and Informed	Participation: Partnerships and Informed
<b>Interests:</b> financial resources	Plan: Share completed evaluation	Plan: Keep informed on project design	Plan: Keep informed on project implementation and incorporate feedback	Plan: Send findings upon completion	Plan: Inform donors of results and recommendations	Plan: Share results so they can determine funding
<b>Stakeholder 6: Emergency Services (Safety Enforcement)</b>	Participation: Informed and active participants	Participation: Informed and active participants	Participation: Informed and active participants	Participation: Informed and active participants	Participation: Informed and feedback solicited	Participation: Informed and active participants
<b>Interest:</b> working towards ensuring safety and security of all Santa Cruz residents	Plan: Involvement in design and implementation	Plan: Ensure that they are aware of data being collected, receive feedback on program design	Plan: Assist with program implementation if needed	Plan: Utilize findings in building awareness about unhoused population in Santa Cruz	Plan Informed of results and provide feedback	Plan: Follow recommendations

Internal Stakeholders	<b>Stakeholder 1: Facilitators and Administration</b>	Participation: Informed	Participation: Informed and Consulted	Participation: Informed and consulted	Participation: Informed	Participation: Informed	Participation: Informed
	<b>Interests:</b> Providing inputs on implementation processes	Plan: Active participants in implementation and the evaluation	Plan: Measuring performance and ensuring that they are aware of the data being collected	Plan: Provide feedback, implement and coordinate project	Plan: Providing final product	Plan: Develop recommendations based on program implementation and performance results.	Plan: Informed of how recommendations were used
	<b>Stakeholder 2: The Free Guide Volunteers</b>	Participation: Informed	Participation: Informed and Consulted	Participation: Informed and consulted	Participation: Informed upon request	Participation: Informed upon request	Participation: Informed upon request
	<b>Interests:</b> Community impact and observations	Plan: Receive information	Plan: Send data/design of evaluation	Plan: Provide feedback on project, assist with implementation	Plan: Assist with review	Plan: Improved communication for community members	Plan: Informed upon request of recommendations made
	<b>Stakeholder 3: Peer Advocates</b>	Participation: Informed and Consulted	Participation: Informed and Consulted	Participation: Informed and consulted	Participation: Utilizing data to improve advocacy efforts	Participation: Informed and consulted	Participation: Informed
	<b>Interests:</b> Observations about the response to homelessness in Santa Cruz	Plan: Participating in interviews and data extraction	Plan: Ensure that they are aware of data being collected	Plan: Informed of project implementation and feedback solicited	Plan: Offer findings upon completion of review	Plan: Improve awareness on strategies and action implementation	Plan: Informed upon request of recommendations made

## APPENDIX H: SAMPLE CLIENT SATISFACTION SURVEY

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### Client Satisfaction Survey

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1. On a scale of 1 (not satisfied) to 10 (very satisfied) to what extent were you satisfied with the experience in The Free Guide's Outreach-Based Case Management program?
2. Why did you choose to engage with The Free Guide's services?
3. What services did you increase your understanding of?
4. What types of service referrals did your case manager make for you?
5. How many other social services providers were you approached by?
6. Why did you choose not to engage with the services of other providers?
7. What did you like most about your case manager?
8. Were there practices that helped build trust in the relationship with your case manager?