

NARRATIVE DESCRIPTION

1. Summary/Introduction:

The following are the goals we originally stated in our application and progress to date:

1. To educate homeless youth in the University District (U-District) about available health-related resources. The goal would be to provide several ways for the youth to acquire these resources – written literature, Internet access promoting specific websites, and trainings in SYM's Drop-in Center.

A. SYM created a brochure for youth listing appropriate medical/dental resources in the area. These are places where youth can access free health care. The brochure included a map as well as Metro bus routes so youth could navigate without difficulty. This brochure was made available at SYM's administrative office, SYM's Drop-in Center, and at University Presbyterian Church's (UPC) kiosk where youth frequently inquire about services and resources. (See attachment 1 for copy of brochure)

B. SYM purchased a computer system (including a wireless card, printer, and portable/locking computer cabinet) to be used by homeless and street-involved youth in SYM's programs to access health-related information. This computer is available during our drop-in times as well as during other programming in the Center. The computer contained a side bar on the Internet home page which allowed youth to select relevant topics. (See attachment 2 for copy of websites promoted on the computer)

C. SYM provided a brief training for SYM volunteers about the computer and other health-related resources so that they could share with the youth. Additionally, SYM staff members promoted and advertised the computer resource with youth as they felt appropriate.

2. To assist U-District service providers (who provide services to homeless youth) learn more about available resources for the youth. Additionally, we would want every service provider to post and display pertinent information for youth to utilize.

A. SYM staff shared about the new computer resource and the way youth could access information at two monthly service provider meetings where all direct service staff come to share and learn from one another. This group, the University District Service Providers (UDSP) Alliance, is active in promoting and distributing resources to the youth we serve. The trainings by SYM staff not only distributed information but also used this group to gather data regarding best practices for informing youth about new resources.

B. SYM created 15 large posters that were distributed to all area service providers working with homeless youth. These posters described SYM's new computer resource as well as encouraged youth to ask for more information if they had health-related questions.

3. To identify and train youth leaders to share health-related resources to other youth not utilizing current services to better educate those youth who are underserved.

SYM staff trained and prepared several youth leaders to distribute health-related resources to other homeless youth. Participants were given backpacks with brochures and flyers about the resources available at SYM. Youth participating received incentives for this project which included long-distance phone cards, gift cards to area stores, and bus tickets.

2. Geographic region/number of counties:
Seattle's University District located in King County.

3. Collaborations/Partnerships:
SYM partnered with the 45th Street Clinic, University of Washington's School of Nursing, UDSP Alliance and Partnership for Youth during this project. We worked with two interns from the Masters of Nursing Program (UW) and they assisted us create, distribute, and analyze data from a health-questionnaire survey at the beginning of our project.

We collaborated with the 45th Street Clinic to double check our survey before distributing it to the youth as well as shared our progress and resources available with the outreach staff at the 45th Street Clinic.

We worked with all the UDSP Alliance member agencies to promote this project. Over 8 different organizations make up this Alliance (see udsp.org for more information).

4. Training: No formal trainings took place during this project other than promoting the program at existing meetings (UDSP, SYM direct service volunteers, and with youth advocates).

5. Training sites:
N/A

6. Exhibits:
N/A

7. Resource materials:
Health resources brochure – see Attachment 1
Outline of Internet sites for youth on computer – see Attachment 2
Computer access and Internet services/resources flyer – see Attachment 3
Survey to homeless youth – see Attachment 4
Health resources poster – too big to attach.

8. Web sites:
N/A

9. Document delivery and reference services:

N/A

10. Approaches and interventions used:

N/A

11. Evaluation:

Based on the goals and objectives of this project (see answers to questions 1 and 14), I believe SYM accomplished everything we set out to do regarding this project.

Over the past 6 months, we have hosted over 250 different youth and almost all of these youth have had the opportunity to see and utilize the health-related promotional materials and computer center at SYM. We have had approximately 30 youth sit down and use the computer during our operating hours and all report it was a positive experience. In reviewing our sign-up sheet and action log, it appears that most of the youth have spent time looking at sites that were posted as resources on the computer. There were some youth who printed materials out and others who asked volunteers to explain some of the ways they could find resources not already linked to the Internet resource.

Based on past experience regarding rolling out new resources and services to youth, I believe that we will continue to see an increase in the number of youth using SYM's new computer and Internet resources as word spreads about the service. Additionally, as volunteers develop deeper relationships with the youth and the trust level grows, we will see more and more youth accessing medical assistance and resources.

12. Problems or barriers encountered:

The only barriers we encountered during this project were getting the youth/clients to distribute flyers and brochures in a timely manner and a delay in rolling out our new computer system. Working with clients can sometimes be difficult because of their sporadic attendance at planned programming times and the difficulty of reaching them by traditional methods such as phone and email communication.

Regarding our computer roll-out, we had some difficulty working with the parameters of UPC's computer network. We were able to get those issues resolved but it took longer than anticipated. We rolled out the computer about a month later than we had anticipated.

13. Continuation plans:

We will continue to promote and use the computer and written resources in our Youth Programs. We plan to expand the number of hours that we are open to accommodate youth using the computer for research both about health-related topics and to work on personal projects in a quiet atmosphere.

Additionally, we hope to further use youth to distribute and promote the health resources at SYM. With more and more youth sharing their medical concerns with staff and volunteers, we feel that this resource, coupled with our ability to provide general medical and hygiene supplies at no cost, will expand the support and resources that youth need to be safe and healthy while they find themselves on the streets.

14. Impact:

We created a survey and distributed it to homeless youth accessing SYM services. Using the information gathered, we created education and training objectives to meet as many needs as possible.

Youth have access to a computer and the Internet in SYM's Drop-in Center four days a week. SYM promotes the identified websites on the "favorites" bar. Youth sign up for computer time and are encouraged to use available resources as needed.

We have a set of resources that include written materials and Internet sites that are available to youth, youth advocates/trainees, service providers and community members. Large posters have been distributed throughout the service provider community to communicate what resources are available at SYM. Literature is creatively housed around the computer location in our Drop-in Center.

A group of 3 homeless youth were identified to serve as mentors to help educate others about the resources available at SYM and area clinics including 45th Street Clinic and Country Doctor. These youth advocates were given information and materials to pass out and had appropriate guidelines on how and where to distribute the resources.

Area service providers were trained and educated about current resources for youth (printed materials and websites related to healthy living). These service providers also posted and promoted information at their individual locations.

15. Recommendations for improvement:

None

16. Responses to follow-up questions (attached):

If answers to the follow-up questions are contained elsewhere in your report, indicate where they are located.

FOLLOW-UP QUESTIONS

1. Were your original project goals and objectives met? If not, why not?

Yes, please see question 1.

2. What significant lessons were learned which would be of interest or use to others conducting outreach projects? Which strategies were the most effective in implementing the project?
 1. Partnering with other agencies to distribute and market new resources and programs is critical. Clients attend a variety of services and it is unrealistic for one organization or agency to think they can reach everyone.
 2. Partner with clients to distribute information as well. Word of mouth is often the best way to market and promote a resource.

3. If you were to start all over again, what, if anything, would you change about your goals, project plans, etc.?

Nothing, I think we were very realistic about what we could and could not accomplish through this project.

4. What advice or recommendations would you give to anyone considering a similar outreach effort?
 1. Have a plan in place about how to accomplish the goals with a realistic timeframe.
 2. Utilize interns if at all possible so not to overload existing staff with additional work.
 3. Be flexible when working with youth or your primary population served by the project. It takes time to educate clients about new services or resources.