Youth At-Risk of Homelessness

In The SPOTLIGHT

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AUGUST 2017
OPRE Report # 2017-52c

Varied Progress Toward Comprehensive Service Models and Evaluations

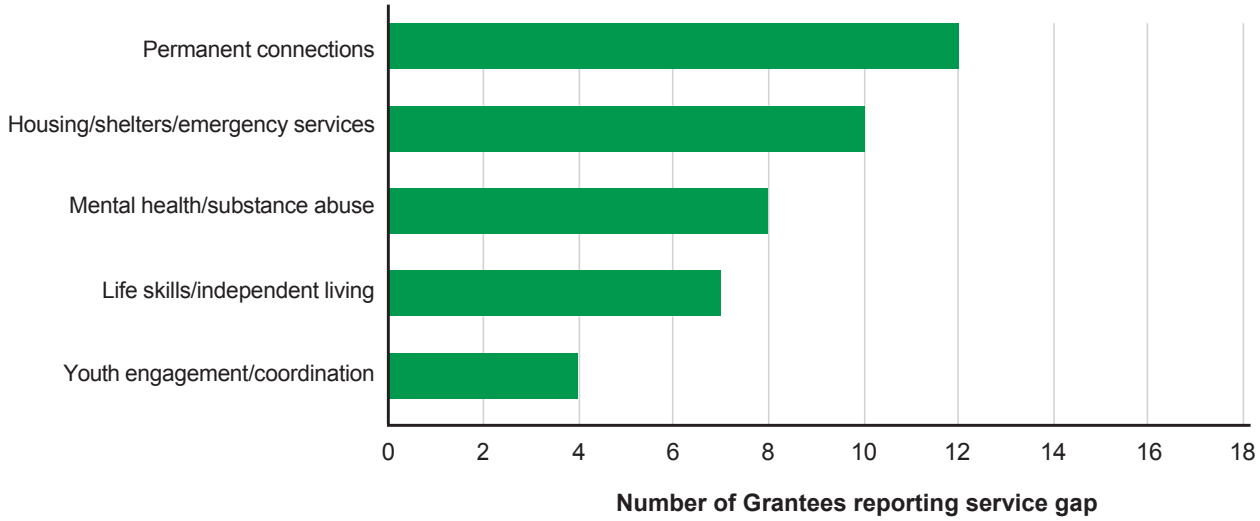
The Children's Bureau, within the Administration for Children and Families (U. S. Department of Health and Human Services) is funding a multi-phase grant program to build the evidence base on what works to prevent homelessness among youth and young adults who have been involved in the child welfare system. This program is referred to as Youth At-Risk of Homelessness (YARH). Eighteen organizations received funding for the first phase, a two year planning grant (2013 – 2015). Grantees used the planning period to conduct data analyses to help them understand their local population and develop a comprehensive service model to improve youth outcomes related to housing, education and training, social well-being, and permanent connections. Six of those organizations received funding to refine and test their comprehensive service models during the second phase, a three-year initial implementation grant (2015 – 2018).

This spotlight is part of a series that summarizes high-level themes from a process study of YARH grantees' activities and accomplishments during the two-year planning grant period. Additional details can be found in the full process study report. The information in this spotlight comes from grant applications, semi-annual progress reports submitted by YARH grantees, and two-day site visits with each grantee in January – March 2015.

YARH Phase I grantees focused on developing a comprehensive service model to prevent homelessness among youth and young adults with a child welfare history. This snapshot describes the assessments conducted by the Phase I grantees to understand the needs of at-risk youth in their communities and the services they considered to meet these needs. The service gaps identified by grantees informed the development of a comprehensive service model. As part of the planning period, grantees were also required to develop a rigorous evaluation of their comprehensive service model that would assess effects on four outcome domains: education/employment, permanent connections, housing, and social-emotional well-being.

Grantees conducted needs assessments and compared their findings to existing services to inform their comprehensive service models. Grantees used a variety of approaches to identify youths' needs and the service gaps in the community— ranging from internal discussions between planning group members to charrettes, a collaborative session during which individuals come together to brainstorm and solve a problem. The grantees gathered input on service gaps from youth, service providers, and other community stakeholders. The most common service gaps identified included services to build and support permanent connections (12 grantees) and housing services (10 grantees; Figure 1).

Figure 1. Service gaps identified by grantees



Source: Site visits.

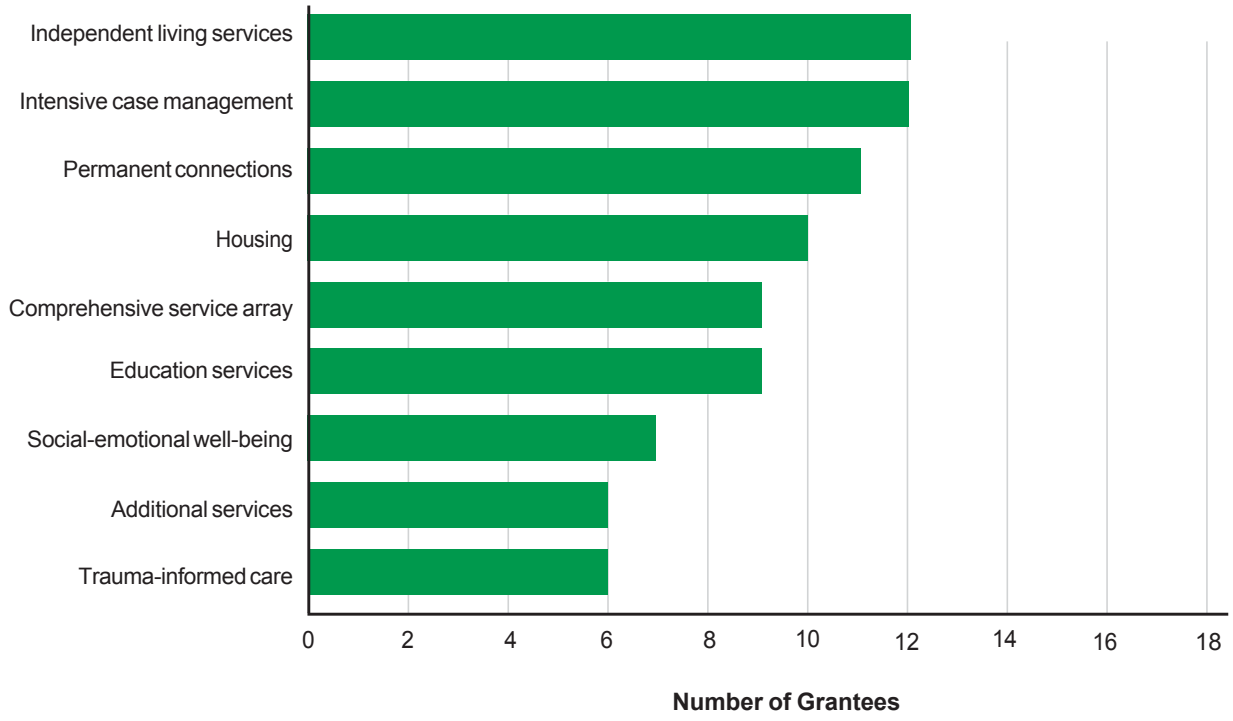
Although all grantees had started considering service needs by the time of the YARH process study team site visit, they were at various stages of defining their comprehensive service model. Five grantees had fully defined models by the time of the YARH process study team site visits. Ten had started defining their model, and three had not yet begun.

Grantees that had fully defined their comprehensive service model by the time of the YARH process study team site visits were able to turn to readiness assessments. Defining the comprehensive service model was only one of the activities grantees needed to complete in preparation for Phase II. Additionally, grantees needed to be able to demonstrate their community was prepared to implement and support the comprehensive service model and that they would be able to identify youth to participate in the comprehensive service model. Most grantees with defined models had completed their readiness assessments, whereas none of the grantees that had yet to define their model had completed the assessment. Similarly, grantees that had made more progress on their comprehensive service models were also further along in identifying their referral and selection processes.

Grantees faced problems that delayed the development of their comprehensive service model. Twelve grantees faced challenges related to data access and planning team structure, such as delays in obtaining signed memoranda of understanding and contracting difficulties. Challenges in accessing data limited the grantees' ability to develop a comprehensive service model informed by their communities. Some grantees moved forward with defining the comprehensive service model, planning to review the model once data were available. Other grantees delayed developing the comprehensive service model until data were available and analyzed. Grantees also faced challenges related to hiring new staff or maintaining involvement from partners, which limited their ability to build broad support for their comprehensive service model.

Grantees' comprehensive service models included similar services—particularly independent living services, intensive case management, and permanent connections–though they varied in detail. Each grantee that had started defining a comprehensive service model proposed a menu of services. Across grantees, menus included similar services (Figure 2). Independent living services are designed to help youth build skills needed to be self-sufficient. Intensive case management to connect youth to existing services in the community were among the most commonly considered services. Permanent connection services are designed to help identify adults who will support the youth/young adult, such as mentoring or family finding programs.

Figure 2. . Services considered by grantees



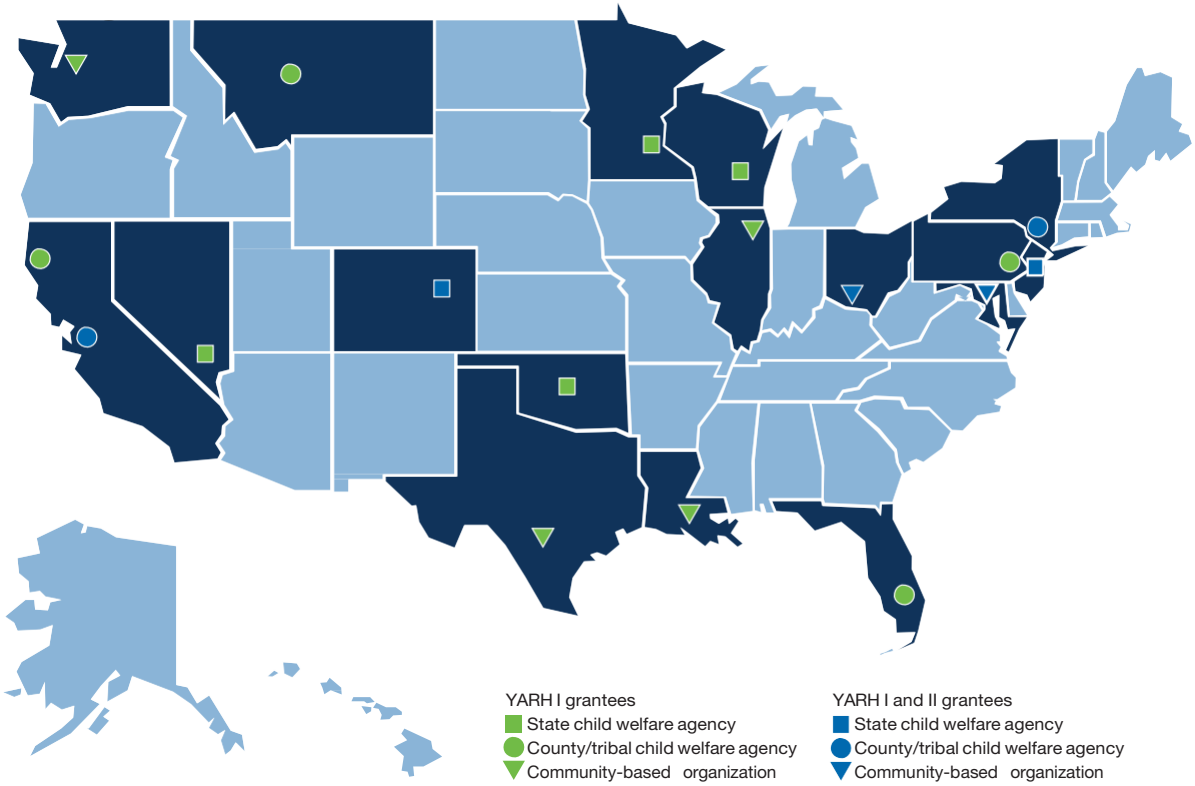
Source: Site visits.

The comprehensive service models that grantees developed sometimes varied by target population. Of the 15 grantees with at least partially-defined models, 3 proposed distinct services for the different target populations. Other grantees designed comprehensive service models predicated on individualized services for youth or young adults, thus the basic comprehensive service model remained the same across populations.

Grantees also varied in the progress they had made in developing evaluation plans and in the evaluation processes they considered using. Grantees were making evaluation plans at the time of the site visits. Twelve discussed their plans during the site visit, but most were not far along in the process. The plans were incomplete because their comprehensive service models were not yet finalized.

Although most grantees were still in the process of developing evaluations plans, nine were considering randomized control trials (RCTs) and three were considering other approaches. YARH's Phase II funding requirements were unknown at the time of the site visits and this probably made grantees more likely to consider RCTs because they are considered the most rigorous standard of evaluation. Although RCTs were under consideration for some grantees, eight expressed logistical or ethical concerns because an RCT would mean that some youth would not receive planned services. Eleven grantees also discussed challenges they anticipated related to their evaluation plans and using randomization, including the ability of an evaluation to detect a difference in outcomes between intervention and comparison groups. A few grantees were considering alternatives to randomization, such as phased implementation and matching.

The YARH grantees represent a diverse array of geographic areas and organizations. The Phase I grantees are located in 17 states across the nation. They include state child welfare agencies, county child welfare agencies, and community-based organizations. The Phase II grantees are located in 6 states and include state child welfare agencies, county child welfare agencies, and community-based organizations.



This publication was funded by the Office of Planning, Research and Evaluation under Contract Number HHSP23320095642WC/HHSP23337053T. The ACF Project Officers were Maria Woolverton and Mary Mueggenborg. The Mathematica project director was Matthew Stagner.

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