

SUPPORTING TRANSITIONS OF HOMELESS YOUTH: EVALUATING RESIDENTAL  
PROGRAM FRAMEWORKS, STRUCTURE AND EDUCATIONAL COLLABORATIONS

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**Title**

Supporting transitions of homeless youth: Evaluating residential program  
frameworks, structure and educational collaborations

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## ABSTRACT

With varying definitions and reports of appropriate transitions to independent living situations, it is difficult to decipher which residential models and approaches have the greatest impact on homeless youth. This project was guided by six research questions that focused on the residential structure and programming frameworks of programs serving runaway and homeless youth. Invited to participate in the study were 299 organizations operating 519 residential programs across the United States. Electronic surveys were sent to identified organizations and were followed by paper surveys. The researcher eventually received 71 completed surveys that were categorized as runaway minor and homeless youth programs. The project findings included differences between the two groups of programming including time spent with case manager (minors  $m = 156.76$  minutes / young adults  $m = 104.17$  minutes), length of stay (minors  $m = 21.47$  days / young adults  $m = 538.94$  days), and reasons for program termination including lack of follow through with case plan, unauthorized guests, and nonpayment of program fees.

Similarities found between the two groups included minimum staff requirements, programming frameworks and frequency of programming follow-up. Respondents provided qualitative insight to preferable formal educational characteristics that they had found to be beneficial to the youth that they serve. Respondents indicated that educational culture and services had the greatest impact on runaway minors and homeless youth. Respondents also provided qualitative feedback as to the differences in programming structure and frameworks required when serving street, systems and former foster youth.

Conclusions were drawn from the findings providing discussion topics of accessing collateral information and using standardized intake assessments, maintaining low-barrier admission programs, the difference between case management quality and quantity, the specialized needs of homeless youth subpopulations, program continuums and stand alone programs, and educational flexibility, services and partnerships.

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## **CHAPTER 1. INTRODUCTION**

### **Introduction and Background**

Since the introduction of the Juvenile Justice and Delinquency Prevention Act of 1974 the United States Federal government has been administering funding and overseeing residential programs that assist homeless youth. Family and Youth Services Bureau (FYSB); (2011) identified that the Runaway and Homeless Youth Act focused on supporting programs whose intent was to meet basic needs and facilitate family reunification. In 1975, 5 million dollars funded a total of 66 basic center programs. With a somewhat narrow focus of meeting basic needs and striving for family reunification, emergency shelters with compressed limits on length of stay and scarce resources struggled to find appropriate placement for those whose families were not able to support their young person's return home. In addition to young people who were not connected to families of origin, young people transitioning from foster care and the juvenile justice system had limited options when they turned 18 years old.

According to FYSB (2011) in 1988 the United States Congress outlined the Transitional Living Program for Older Homeless Youth as an Amendment to the Juvenile Justice and Delinquency Prevention Act of 1974. With a newly developed understanding of the problem, the amended law carried a heavier Positive Youth Development focus including skill building, education, employment, community involvement, mental and physical health, and transitioning young people to safe, independent living situations. Programs could maintain flexibility by recognizing the developmental stages of those who utilize the service and were discouraged from taking a no-tolerance stance on programming requirements (Collins, Hill, & Miranda, 2008; Pope, 2011). As programs developed, various models including congregate living, host homes, maternity group home models, and scattered-site programming were funded under Federal

program dollars including 207 different programs receiving \$39.3 million in fiscal year 2011 (FYSB, 2011).

During the late 1990s the Corporation for Supportive Housing began to consider the role of permanent / supportive housing with runaway and homeless youth (Stranka, Tempel, & Epstien, n.d.). Permanent supportive housing had focused on keeping the difficult to house, housed. When the model was applied to homeless youth, the focus changed to be *trans-permanent* meaning that the housing opportunity was permanent; however, the living situation was meant to be transitional. Supportive services are coupled with lease-based, income based housing with property managers overseeing the structure and supportive service providers offering programming. Programming is offered to participants in a way that does not mandate services, but rather addresses barriers to independent living while attempting to reduce harm. Harm Reduction Theory encourages program providers to limit the harm that individuals experience without creating power struggles, or marginalizing those in need of service (Kleinig, 2008; Lee & Peterson, 2009; Ritter & Cameron, 2006). Unlike emergency shelters and transitional living programs, permanent / supportive housing directly addresses the homeless status of young people by making them tenants as well as program participants.

Program outcome data are difficult to compare based on different definitions of successful transition to independence (Bartlett, Copeman, Golin, Miller, & Needle, 2004; Common Ground and Good Shepherd Services, 2009; Dworsky, 2010; Giffords, Alonso, & Bell, 2007; Kroner, 2001; Pollio, Thompson, Tobias, Reid, & Spitznagel, 2006; Rashid, 2004). In addition to the lack of standardized measures, others point out that there is personal development that transpires in a program that is not being measured (Bartlett et al., 2004; Vorhies et al., 2009). Programs operating continuums of care will experience a more seamless transition from

programming to independent living based on permanent / supportive housing options. When programs operate the housing units, barriers that youth present can be overlooked (Agnese Golden, & Tyson, 2004; Bielawski-Branch et al., 2008; Common Ground and Good Shepherd Services, 2009; Dworsky, 2010; Stranka et al., n.d.; Wilderson, Lee, & Gibson, 2007).

In addition to various programming structures, it is important to consider differences within the homeless youth population. Differences between serving systems youth and street youth have been identified by many (Agnese et al., 2004; Bartlett et al., 2004; Bielawski-Branch et al., 2008; Brown & Wilderson, 2010; Common Ground and Good Shepherd Services, 2009; Karabanow, 2002; Rashid, 2004; Stranka et al., n.d.) indicating that former foster care youth enter programming with a heightened sense of entitlement, creating difficulties for program providers in promoting self-sufficiency. Street youth generally have a better understanding of the opportunities that come with entering programming and take advantage of the options presented to them. In addition to the specialized needs of former foster care youth, programs struggle to meet the needs of youth who present with severe and persistent mental health problems (Aviles & Helfrich, 2002; Bartlett et al., 2004; Bielawski-Branch et al., 2008; Vorhies et al., 2009; Wilderson et al., 2007).

FYSB (2011) identified that in the fiscal year 2009, the Federal government awarded 48.6 million dollars to 371 basic center programs that provided shelter to 40,102 runaway and homeless youth. Youth who transitioned from the shelter environment did so to a private residence deemed appropriate at a rate of 79.8%. Transitional living programs received \$39.7 million amongst 208 programs where they provided services to 3930 homeless youth of which 73.1% transitioned to a private residence deemed appropriate. Descriptive statistics including school status at exit demonstrated that 25.6% attended school regularly, 24.0% graduated high



school, 18.9% dropped out, and 14.5% attended irregularly. Employment status at exit consisted of 36.5% of program participants were employed, 30.7% were unemployed and looking for work, 11.8% were unemployed and in school, and 9.7% were unemployed and not looking for employment. Dworsky (2010) reported programming data that consisted of a 50% transition rate to independent living, 60% high school/GED attainment, and a 31% employment rate. Giffords, Alonso, and Bell (2007) reported a rate of 87% of those discharged moving into an appropriate setting for independent living. Common Ground and Community Good Shepherd Services (2009) reported a 77% transition rate to independent living and a 75% employment rate at discharge. Rashid (2004) reported 100% rate of successful housing outcomes and employment at discharge. With varying definitions and reports of appropriate independent living situations, employment status, and educational attainment, it is difficult to decipher which residential models and approaches have the greatest impact on homeless youth.

### **Problem Statement**

There is limited understanding regarding the influence of residential structures and frameworks on safe and appropriate transitions to independent living situations for street and systems youth. Answering the following research questions will increase the understanding of the impact of programming structure and frameworks on street and systems youth.

### **Research Questions**

1. What residential programming structures and frameworks are providers using to serve homeless youth?
2. What admission requirements exist in each type of residential-based homeless youth program structure?

3. What is the relationship of weekly time spent with case manager and programming outcomes?
4. What are the differences in programming frameworks when serving street, juvenile justice, and foster youth?
5. Are there differences in outcomes among programs providing residential continuums?
6. What are preferable characteristics of community partnerships / collaborations that further educational advancement of homeless youth?

### **Significance of the Study**

This study will inform policy makers, program administrators, and scholars as to what program structures and philosophies have the greatest impact on safe and appropriate transitions to independent living situations for street and systems youth. No examples were found in the literature that evaluated multiple residential structures and approaches through a broad lens of institutional analysis.

### **Definition of Terms**

The following definitions are provided to ensure consistency and uniformity. Definitions that do not identify a source were developed by the researcher.

*Basic Center:* “provide[s] youth, up to age 18, with emergency shelter, food, clothing, counseling, and health care referrals” (Family and Youth Services Bureau, 2009, p. 2).

*Emergency Shelter:* “meet[s] basic and immediate needs: temporary housing, at least two meals per day, clothing, medical assistance, and individual and group counseling” (Family and Youth Services Bureau, 2009, p. 11).

*Foyer Model:* a type of transitional housing that requires program accreditation, and focuses on participant employment, school or vocational training, case planning, and life-skills development.

*Harm Reduction Theory:* “practical strategies that reduce negative consequences of drug use, incorporating a spectrum of strategies from safer use, to managed use to abstinence...[and] meet drug users *where they're at*, addressing conditions of use along with the use itself”(Harm Reduction Coalition, n.d.).

*Independent Living Curriculum:* Programs intended to assist young adults in acquiring or developing skills including budgeting, money management and credit, food purchasing and preparation, housekeeping, personal hygiene, and parenting skills.

*Maternity Group Home:* “teach[es] young people parenting skills as well as child development, family budgeting, health and nutrition, and other skills to promote their long-term economic independence and ensure the wellbeing of their children” (Family and Youth Services Bureau, 2011).

*Permanent / Supportive Housing:* “combines affordable housing with services that help people who face the most complex challenges to live with stability, autonomy and dignity” (Corporation for Supportive Housing, 2012).

*Positive Youth Development:* “Youth development strategies [that] focus on giving young people the chance to exercise leadership, build skills and become involved in their communities” (Family and Youth Services Bureau, 2011).

*Runaway youth:* Youth who are under the age of 18 years old who voluntarily or involuntarily left home and find themselves in need of support.

*Street youth:* Individuals under the age of 24 who have spent over three months collectively in a state of homelessness including residing at a friend's house, a friend's parent's house, an abandoned building, an automobile, on the street, and / or in a homeless shelter.

*Systems youth:* Individuals under the age of 24 who have spent over a total of one year collectively residing in a social service or juvenile justice residential environment including state hospitals, foster homes, group homes, juvenile detention facilities, and / or residential treatment facilities.

*Transitional Living Program:* "provide[s] long-term, supportive assistance to older homeless youth, ages 16-21, who cannot return to their families but are not yet equipped to live on their own...offering them housing, life skills training, counseling, and support for education and employment" (FYSB, 2009, p. 2).

### **Limitations**

Response rate of program administrators was a limitation of the study. According to Lipsey (1990) (as cited in Creswell, 2005), with a confidence level of  $p = .05$ , a power criterion of .8, and an effect size of .5, each group will need a minimum of 65 individuals for a representative sample. The three program structures (emergency shelter, transitional living, and permanent / supportive housing) would have needed a minimum of 65 responses each to conduct *t*-tests and analysis of variance measures amongst and within them. Based on relatively early stages of developing permanent / supportive housing for homeless youth, 65 respondents was difficult to obtain.

### **Delimitations**

Due to the rapid development of residential programming for homeless youth, the literature review was conducted by reviewing program research literature no earlier than a

publication date of 1999. Historical data were used to shape the historical development of residential homeless youth services. The research focused primarily on program structure and philosophy and evaluated programming outcomes. While it would further inform the study, primary stakeholder data were not sought from the target population. Primary stakeholder feedback would enhance the understanding of what the target population needs in order to be successful; however, the collection of such data fell outside of the scope of this project.

Longitudinal data were not collected, thus limiting conclusions of housing duration and stability. Programming data were collected using a researcher-developed instrument that was validated by the use of group interviews and pilot testing with a limited number of scholars and human service professionals. Additional testing and refinement of the instrument was required in order to be confident that the instrument was measuring what it was intended to, across programming structures. An assessment of community, organization, programmatic and impact on primary stakeholders required the development of an instrument that evaluated factors present in the literature.

The sample population was identified using the Family and Youth Services Bureau website listing of federally funded programs. However, there are programs functioning in the private sector that do not receive federal support and limited Google searches were conducted to identify them. In addition to a limited sample population, the purposeful sampling technique needed to connect with as many providers as possible weakens the power of inferential statistics used in this project.

### **Organization of the Study**

This study compared outcome data of identified residential programming structures and philosophies used to serve homeless youth. Chapter 1 contains the introduction, problem

statement, research questions, significance of the study, definition of terms, and limitations / delimitations. Chapter 2 contains a review of guiding homeless youth theory, emergency shelter literature, transitional living literature, transitional living comparison literature, permanent / supportive housing literature, and housing continuum literature. Chapter 2 concludes with a summary of themes from the reviewed literature. Chapter 3 includes data collection and analysis that was used for the study. Chapter 4 contains data analysis and results. Chapter 5 includes a summary of findings, conclusions, discussion, and recommendations.

## **CHAPTER 2. REVIEW OF RELATED LITERATURE**

Related literature was reviewed using electronic databases available at the North Dakota State University library system, including EBSCO, Educational Resources Information Center (ERIC), PsycINFO, PsycARTICLES, Sociological Abstracts (ProQuest), and Academic Search Premier. Social service agency reports including U.S. Department of Health and Human Services Administration for Children and Families Family and Youth Services Bureau (FYSB); The Corporation for Supportive Housing (CSH); Larkin Street Youth Services; Good Shepherd Services; The Finance Project; New England Network for Child, Youth, and Family Services; and the University of Oklahoma Outreach Runaway and Homeless Youth Training and Technical Assistance websites were used to inform programming structure, evaluation, and outcomes. Following the collection and review of related literature, the compiled literature was scanned, noting predominant themes of each author. Themes were then categorized resulting in six major components including tenants of guiding theoretical concepts, the differences in serving street and systems youth, individual barriers to accessing and maintaining services, educational and employment programming, program evaluation and outcome data, and agency / program relationships with the communities that house them.

The Review of the Related Literature chapter is divided into sections that include (a) guiding theory, (b) emergency shelter programs, (c) transitional living programming, (d) transitional living program comparison, (e) permanent / supportive housing models, (f) continuum-based residential models, and (g) summary of related literature.

### **Guiding Theory**

To understand the impact and framework of common theoretical approaches being used in residential homeless youth programs, positive youth development and harm reduction approaches were reviewed. Empowering youth by placing them in leadership positions creates

general buy-in to the overall programming process, while harm reduction techniques send a clear message to youth that program providers are concerned about their well-being but will not impose personal values regarding what is right or wrong.

### **Positive Youth Development**

Silloway, Connors-Tadros, and Marchand (2009) reviewed findings from Positive Youth Development program-level research and suggested ways in which providers can strengthen services through quality assurance and the development of partnerships and collaborations. Physical and psychological structure and safety, supportive relationships, opportunities to belong to peer group, and opportunities that focus on skill building were found to be essential components of Positive Youth Development programming. The strength-based approach of Positive Youth Development provides opportunities for youth to explore what they want to see happen as opposed to considering what negative behavior is being recommended for remedy.

Silloway et al. (2009) suggested that programs providing a Positive Youth Development framework will struggle with success unless they are part of a Positive Youth Development continuum. Secondary and tertiary stakeholders must provide a consistent theme that eliminates programming silos, streamlines policy and funding, engages key private and public partners, and constructs an environment that is supported and sustained. Through community partnerships, programs can develop shared goals and objectives, exchange information, and streamline the administrative and service delivery process.

Wilson-Simmons (2007) provided a comprehensive overview of Positive Youth Development that focused particularly on definition, research findings, and funding trends in Positive Youth Development programs. Bonding with the social environment, healthy and holistic development, self-efficacy and self-determination, positive identity, support of prosocial



norms, resiliency, and spirituality were identified as key objectives of Positive Youth Development programming. Funders supporting Positive Youth Development programming were identified by foundation, and program descriptions including a mix of school-based curricula, after school programming, workforce initiatives, program evaluation, and research were reviewed. A wide range of supported programs are united in that each program provides appropriate structure, physical and psychological safety, supportive relationships and experiences, and the opportunities to build skills.

Collins, Hill, and Miranda (2008) conducted a Positive Youth Development training program over the course of 5 months with group home managers and supervisors. Recognizing the significant role that staff play in the lives of those receiving residential services in a congregate care model, Positive Youth Development, relational and task models, transition planning, and building staff and program capacity were the primary topics covered in the training. The facilitators compared Positive Youth Development with deficit-based models to demonstrate the differences in the two approaches.

Collins et al. (2008) evaluated the program using observational data, Likert-like quantitative and open-ended qualitative data questionnaires, and follow-up mail and phone surveys. The observational data produced themes of providing a framework, identifying challenges with traditional approaches, empowering through strength-based approaches, sharing best-practices, and overcoming staff resistance to change. The post-test scores showed an increase in Positive Youth Development competency and the follow-up interviews encouraged respondents to talk about what they had learned and how they were implementing what they had learned in their work.

Pope (2011) focused on using Positive Youth Development programming in various residential programming structures that serve homeless youth. Positive Youth Development programming provides a strength-based approach and lends itself to appropriate modification based on the housing structure that it is used within. “More specifically, for unaccompanied homeless youth, PYD encourages young people to not just survive but to thrive” (p. 2). Thriving includes creating opportunities, supporting youth in their transitions, and establishing social connections. Trauma-informed care, case management, mental and physical health support, and general personal development conducted in the context of Positive Youth Development provides programming structure and empowers self-directed action.

Pope (2011) provided a description of key ingredients needed for designing a Positive Youth Development program. Involving youth in the design, development, and implementation of programming strategies is essential for youth development and program success. Involving youth in an often insular process empowers youth as leaders and keeps programming relevant to those supported. Positive Youth Development programs should focus on holistic development rather than a narrow focus based on stereotypes. Programs should avoid a no-tolerance policy whenever they can. Flexible programming recognizes the developmental stages of homeless youth and provides opportunities for failure and lessons in a supportive environment. Flexible programming allows providers to take into account different developmental stages and provide structure and support that caters to various abilities.

Pope (2011) provided four Positive Youth Development compatible housing models that serve homeless youth. Community-based group homes provide a congregate model where young people are supervised by on-site staff. Advantages of traditional group home models include supervision, peer relationship development, and one on one time amongst staff and residents.

Disadvantages included crowd control issues, peer pressure, live-in negative influences, and high staff turnover. Shared houses are similar to the group home model however residents share their environment with a live-in staff member. A shared home model places a significant emphasis on staff consistency, compatibility, and longevity. Supervised apartments, or cluster apartments, provide apartment living with a live-in supervisor. Advantages of supervised apartments include positive peer to peer relationships and community access to on-site services while disadvantages include group control issues and negative influences from one group to another.

### **Harm Reduction Theory**

Kleinig (2008) focused on the ethical context and four overarching principles of harm reduction. It generally, though not always, refers to public policy that is aimed at decreasing the rate of harm by implementing preventative measures. The intended reduction of harm can be directed to an individual's actions or behaviors, direct or indirect harm to others that may be affected, and the general social cost. Although harm reduction policies can include mandatory seatbelt and helmet laws, the majority, and most contested, center around risky or harmful behavior. Harm reduction policy and practice should attempt to be ethic / value neutral towards individuals engaged in risky/ harmful behavior and the substances used in such behaviors. The focus needs to be on solutions to mitigating social problems. "Just as hammers are effective for pounding in nails, distributing needles and syringes and mandating the use of seatbelts effectively reduce the transmission of AIDS and the seriousness of vehicle accident injuries respectively" (p. 4). Policy makers and program providers need to view the underlying behavior as morality and ethically neutral; making the result free of judgment or punishment.

Roe (2005) focused on the history of harm reduction theory and policy. Within the context of harm reduction theory, two groups have emerged. One group acknowledges harm

reduction as a medical means to limit risk while the other sees harm reduction as a platform for social change. Formal harm reduction policy can be traced to the Netherlands in the 1970s where policy makers focused on the harmful effects of no-tolerance drug policy. Social problems have made harm reduction policies a primary component of containing what has been viewed as harmful, often deadly, consequences. “HIV made drug users, sex workers and street populations more worthy of attention-and therefore regulation” (p. 247).

Ritter and Cameron (2006) conducted an overview of current comparison literature of harm reduction practice. Descriptive studies, research carried out by governments, non-government organizations, and grassroots organizations were excluded from the 650 reviewed articles. Harm reduction was viewed as reducing associated harm, and not the rate of consumption. It was found that harm reduction programs that focused on alcohol risk reduction showed that the strength of the alcohol provided to the public, potential weapon use of alcohol containers, and the use of random breath testing reduced the harmful effects of violence and drunk driving. Harm reduction policy and practice for tobacco focused on making tobacco products safer to the nonsmoking public, as well as consumers. Smoking substitutes that provide nicotine, as well as limiting where people can smoke were two ways to reduce smoking harm. Injection drugs were reviewed with overdose and blood-borne viruses representing the most harm. Outreach, information and education, naloxone distribution to users and their families, clean needle distribution, and supervised injection sites were presented as effective harm reduction strategies.

Lee and Peterson (2009) explored stories of homeless substance users and their experiences with a non-abstinence-based harm reduction drop-in center. Using grounded theory design, 27 interviews were conducted with program participants and center staff. The results of

the study suggested that traditional, abstinence-based treatment models marginalize those that are content with their active usage. A predominant theme amongst the interviewed participants was that abstinence-based, 12 step programs were not beneficial and at times, increased the urges to use chemicals. Two areas were identified as contributing to feelings of marginalization in traditional treatment models including unaddressed traumatic histories and the stigmatization of being an addict or junkie. Lee and Peterson (2009) diagramed a theory of how harm reduction can lead to openness and respect which fosters self-esteem, trust and motivation for change.

Little and Franskoviak (2010) reviewed a harm reduction approach in a community center for homeless individuals in San Francisco, CA. Community-based services were provided through neighborhood community centers and a harm reduction therapy center. Noted fundamental characteristics of harm reduction programs included providing a low threshold, integrated services, and trauma informed care. Programs adhering to harm reduction programming invest in relationships, underscoring the importance of the engagement phase when learning about a new person. Drop-in groups, assessment, individual therapy, and medication evaluation and monitoring provided a format to address client needs. The programming outcomes suggested that "...about 60% are successfully managing their substance abuse, 50% no longer present in crisis, 70% have more stable mental health, 60% are taking psychiatric medications, and 60% are more stable in housing" (p. 186). It was identified that although incredibly helpful, case management is not psychotherapy and programs wanting to have an impact on those they support should provide both.

### **Emergency Shelter Programs**

Emergency shelter programs are generally the first point of contact between homeless youth and residential programming structures. Program providers are often overwhelmed when

proving basic needs as well as attempting to further the education, employment, and independent living status of those served. Emergency shelters tend to be low barrier programs whose general purpose is to keep young people off of the streets and away from continued victimization.

Aviles and Helfrich (2002) initiated a convenience sample in an emergency housing program for youth ages 14-21. The focus of the qualitative study was to investigate service needs, with an emphasis on the use, helpfulness, and barriers of identified services. One third of the sample was high school drop outs and 74% were unemployed. Youth identified transportation, depression, lack of employment, and parenting in a shelter as barriers to their independent living goals.

Attempting to identify service benefit and access, Aviles and Helfrich (2002) utilized a convenience sample that produced a total sample population of 30 individuals, 86% of whom were between the ages of 18-21. The Occupational Performance History Interview was used to guide the semi-structured individual interviews. The interview questions focused on internalized identity, productive and satisfying behavior patterns, and the influence of environment on adaptation. Once initial service themes were identified, primary categories of service were developed including service availability, access of service, barriers to service, and lack of available services.

Aviles and Helfrich (2002) noted that services were provided on and off-site. Service categories including education, employment, transportation, medical and mental health care, and family unification were noted as the major areas and tended to be similar across residential programming for homeless youth. Perhaps the most important referred to “an inability to access transportation to *get places* impacts this youth’s ability to job search, which ultimately prohibits him from obtaining employment” (p. 334).

Aviles and Helfrich (2002) suggested that transportation barriers encourage providers to develop on-site services for shelter participants. In addition to transportation itself, one study participant provided perspective of being referred to service sites with a piece of paper and minimal directions on how to access the service as a systemic barrier. The participant was further quoted stating that another program participant showing her the way in somewhat of a buddy system was comfortable and beneficial.

Providing an overview of service barriers, Aviles and Helfrich (2002) split barriers into internal and external categories. Internal barriers included instability of mental health, lack of self-esteem, and difficulty in trusting others. External barriers included lack of employment opportunities, staff approach / philosophy, and parenting in the shelter system. Internal and external barriers such as low self-esteem and lack of employment share interdependence with one aggravating the other. The primary identified service deficit was accessible childcare for parenting shelter youth. Participants identified the difficulty in pursuing school, employment searches, and active employment without access to childcare.

Aviles and Helfrich (2002) presented multiple suggestions for enhancing service diversity and delivery. “Although many services are available to youth, lack of trust compounded with limited access to case managers discourages youth from actively seeking needed services such as transportation, education, and employment” (p. 336). It was concluded that there was a need for life skills education, mental health counseling, and accessible childcare for youth residing in emergency shelter.

Pollio, Thompson, Tobias, Reid, and Spitznagel (2006) examined longitudinal outcomes of those utilizing a runaway/homeless youth shelter. In addition to assessing the impact of shelter programming, specific outcomes including runaway behavior, family relationships, education,

employment, sexual and chemical health, and self-esteem were reviewed. Eleven agencies serving runaway/homeless youth in Missouri, Iowa, Nebraska, and Kansas provided program outcome data for evaluation.

With a focus on service outcomes, Pollio et al. (2006) administered and collected interviews performed by agency staff at 6 weeks, 3 months, and 6 months post-discharge. The interviewers collected participant data including demographic information, runaway behavior, family relationships, sexual and chemical health, school behavior, and self-esteem. Intake data collected served as baseline information. Missing data proved to be problematic as substantial attrition created difficulty in carrying out the longitudinal study. *T*-tests were used to compare baseline with all variables, at all follow-up points.

Pollio et al. (2006) found that the population was primarily runaway with a mean age of 15 years old. Marijuana usage was reported by 94% of respondents who indicated that they had used the substance over the course of their lifetime and 36% reported that they had previously contemplated suicide. Baseline data demonstrated that 88% had previous recent contact with their families. The follow-up produced findings of a decrease in the overall runaway episodes but an increase in days on the run in the 6 month follow-up. Family contact and support increased throughout the follow-up sessions. All three follow-up sessions demonstrated a decrease in current substance use though no significant differences were noted between the 6 week and 6 month follow-up regarding proportion of chemical use. Findings regarding the frequency of negative school events were inconclusive. Employment baseline and follow-up data showed an increase of those employed. Sexual activity showed a significant increase at the 6 month follow-up relative to baseline and data regarding self-esteem was incomplete and inconclusive.



Emergency shelter services were found by Pollio et al. (2006) to have positive short-term effects but lacked long-term impact. Three primary patterns were noted. First, some domains did not improve over time including school and sexual behavior. Second, runaway behavior, substance use, and family interaction showed improvement over all measured time periods. Third, some domains showed an increase in the short-term but diminished over time including employment and self-esteem. Limitations identified included the lack of a control group, lack of generalization based on sampling strategy, limited time used in the study, and interviewing bias that may have been introduced by agency staff while collecting data.

Pollio et al. (2006) indicated that the findings have a direct impact on practice in that short-term services do assist young people in accomplishing short-term objectives. Given the short-term benefit that many find following their transition from emergency shelter, aftercare services are paramount in assisting young people maintain their momentum towards change. Aftercare services should be offered to the family in addition to the young person given the rate at which runaway youth maintain contact with their families. Future research should include an examination of organizational and environmental factors on programming outcomes to further understand ecological factors involved when providing service to runaway/homeless youth.

Karabanow (2002) conducted an in-depth evaluation of shelter culture using observational methods, agency archival materials, and interviews with front-line shelter staff, upper-level managers and executives. Two shelters were chosen for review and varied in age, size and location. The researcher coded the two shelters CH and YWS, CH was the first shelter reviewed. Due to its programming expectations of early curfews, dress codes, rigid planning and assessment, and anti-abortion stance, CH is viewed as being more conservative in nature; promoting itself as rescuing misguided teens from the dangers of the streets. YWS was the

second shelter reviewed. YWS holds the philosophy that street youth culture has strengths and promotes a client's right to self-determination rather than molding model citizens.

In reviewing the evolution of both the CH and YWS, Karabanow (2002) focused on program development and organizational structure through the early years, middle years, and present day. CH and YWS struggled for acceptance and support through operation site, political support, and financial backing when they first emerged on the human service scene.

Misalignment with the formal sector including the Children's Aid Society (CAS), law enforcement, and other social service agencies made it difficult for the homeless youth providers to develop collaborative networks. Building collaborative relationships was viewed by both organizations as a crucial component of comprehensive service delivery. Allowing young people to be lazy or unproductive seemed to be the theme that both providers were forced to defend by justifying programming expectations. Justified programming expectations then lead to criticisms that services provided were no more than a band-aid that failed to address the core problems with runaway and homeless youth. Both shelters acknowledged that the early years were spent providing emergency driven services to street youth through crisis centers.

Karabanow (2002) presented an overview of both operations through what was referred to as the middle years. CH and YWS experienced organizational turmoil in the forms of staffing changes and morale issues, legal and financial issues, and allegations of mistreatment of those served. CH experienced a reduction in the number of youth served primarily due to market competition and extended welfare benefits. Both programs began attempting to reach out to more clients and encouraged longer stays. In an attempt to expand their client base, both programs experienced an increase in referrals from the CAS and the criminal justice system, producing a client basis that came with higher needs including deficiencies in mental and chemical health.

Determining that the needs of youth who sought assistance exceeded the services provided, external relationships with those that could serve the population's specialized needs became the focus.

Karabanow (2002) provided an overview of CH and YWS in present day. During the mid 1990s social service programs in Canada experienced significant cuts to financial support. Both organizations were overwhelmed with an increase of those needing services and short-falls in operating budgets. CH and YWS restructured their emergency shelter programs to resemble longer-term group home style environments, transforming them from the first step in a continuum to the last stop. The programs also experienced a shift in their populations from hardcore street youth to systems youth who presented additional challenges to a financially stressed system. Based on principles of organizational survival, CH and YWS shifted their focus from providing emergency, crisis shelter to providing longer term, therapeutic services. In addition to a change in programming philosophy, the clientele changed from street youth to systems youth highlighting the challenges that organizations face when financial and political climates force agencies to redevelop their missions, program philosophies, structure, and target populations.

Walsh, Shier, and Graham (2010) visited 17 emergency shelters for homeless youth in three countries to determine the impact of surrounding ecological factors on the success of shelter support services. Data were collected by conducting one-to-one interviews with shelter directors. Shelter structure varied from residential homes, to group home / residential treatment facilities, to transitional / supportive housing, to dormitory style housing with a majority of facilities serving less than 10 people. Telephone interviews consisting of open-ended questions

allowing for follow-up guided the data collection methodology. Data were coded and analyzed using ethnography and phenomenology to determine themes.

In reviewing factors that affect the success of programming, Walsh et al. (2010) found that program administrators identified positive relationships with the general community as a primary factor. A strong relationship with the community impacted clients' perceptions of being part of the larger community. In order to address factors of *NIMBYism* (not in my back yard) respondents emphasized the importance of enforcing curfews to control the negative byproducts of loitering and illegal substance use and distribution.

Walsh et al. (2010) discovered that shelter directors found that the message sent to the community regarding the shelter's purpose allowed for greater buy-in from community members. Shelter directors identified the fine line between identifying the vulnerability of the population supported and maintaining their confidentiality. Respecting the privacy of shelter residents was considered in decisions for the shelter's physical presence. Operating a shelter that blends into the neighborhood and not advertising the facility through signage were examples of how providers remained cognizant of a physical structures' impact on privacy. Internal factors including sleeping arrangements and housing structure provided a platform for shelter administrators to identify the pros and cons of various models and to recognize that the type of programming and specific target populations influence how physical structures are set up. In addition to programming structure, general service delivery methods were examined and individual client needs were viewed as paramount when providing service to homeless youth.

Walsh et al. (2010) evaluated the interconnection between community, built environment, and service delivery. Program administrators indicated that physical structure influenced how program participants evaluated the program's value of dignity and worth including privacy and

aspects of autonomy. Community relationships had an impact on the social inclusion and interaction. Community events including neighborhood barbeques were identified by program administrators as a way to promote social interaction amongst program participants, staff, and the greater community.

When the specific community problem was identified and agreed upon, Walsh et al. (2010) concluded that program administrators successfully engaged the larger community. Providers were able to localize the social problem, provide education and advocacy, and act as a problem-solving member of the community. By engaging the community, program providers can practice with confidence knowing that energy can be focused on providing solutions to agreed upon social problems rather than defending the need for their services.

Armaline (2005) evaluated the role of internal and external controls including social control, power, and rules in an emergency shelter environment while distinguishing different types of institutions. Total institutions including prisons, detention centers, and mental institutions maintain control by limiting the experiences of those who reside in the institution. Quasi-total institutions including schools and emergency shelters maintain control by implementing strict boundaries, routines, and evaluation of behavior as a means of controlling those who reside in the institution. The negotiation, disregard, and manipulation of rules and boundaries by residents and staff was reviewed and analyzed.

Collecting information regarding the daily life of youth in a homeless shelter Armaline (2005) openly conducted observation and qualitative analysis over the course of 9 months as a graduate student. Feminist methodology guided the project, placing a heavy emphasis on those in power, marginalized populations, and reflective analysis. Observational data presented attributes that coincided with quasi-total institutions including cameras, an intake desk, the overall building

structure, and window placement of the shelter. The staffing of the 14 bed shelter included three direct care staff and one program coordinator on-staff at all times. Longevity of stay was displayed by the extent to which a resident's room was personalized.

Armaline (2005) noted that a primary theme of shelter policy and programming was providing a structured environment. The shelter utilized a level system as a way of allowing, or restricting, privileges. The level system board was a large whiteboard that publically displayed each resident's current level. The structure of the program was primarily enforced to maintain the safety of those residing in the shelter. The enforced structure presented a problem for those living in the shelter as contact with friends and family was limited by the level system. Those who did not maintain the highest level were not allowed to have phone contact with friends.

Recognizing that personal experiences contribute to general outlook, Armaline (2005) concluded that providing structure did not alone address the events that residents experienced prior to being admitted to the shelter. It was argued that the lack of structure was not what was contributing to being poor and disenfranchised. Residents of the shelter often expressed frustration with being silenced or written off by the system that was supposed to empower them. Armaline (2005) argued that socioeconomic factors contributed to the situations of residents more than their personal behaviors. By focusing on behavior and achieved levels, residents were delivered a clear message that they were ultimately responsible for their current situation.

### **Transitional Living Programs**

Transitional living programs carry a heavier burden than emergency shelters by having a stronger focus on transitioning young people to independent living situations through the development of independent living skills. In addition to a stronger focus on independent living, transitional living programs serve youth over a longer period of time and provide creative and

diverse programming that can focus on employment, education, biological, mental, and dental health, cooking, housekeeping, money management, and self sufficiency regarding transportation and general problem solving.

Van Wormer (2003) focused on application demographics, mental and physical disorders, rate and source of income, and seasonal variation in application numbers of the transitional living programming at Life House in Duluth, MN. The original sample population included 132 applications made in a one year period by youth under 21 to the transitional living program. Van Wormer (2003) included the collection of demographics, source of income, mental and physical disorders, and seasonal variation of need from applicant data. The mean age of those applying to the transitional living program was 18.1, with a majority of those being white females. It was found that 72.1% of those applying to the transitional living program reported no physical or mental health disorders with the most frequently reported being mental health disorders (11.6%). A majority reported no monthly income in a range of \$0 to \$1200 a month with a mean income of \$265.50. No variation in rate of application was found by season.

Compiling qualitative data retrieved from the applications of a sample of 25 individuals, Van Wormer (2003) identified lack of financial sustainability in the home of origin, kicked out / pushed out, substandard housing, couch surfing, living on the streets, and physical abuse as reasons for seeking transitional living programming. According to staff at Life House, the most widely utilized services at the agency were emergency financial assistance, general assistance, and food stamps. Self-report on applications, staff interviews, and small sample size were identified as limitations of the study. The findings of reasons for seeking transitional living programming were consistent with other literature reviewed. It was reported that of the smaller

sample population, all were turned away from the program based on lack of available beds, demonstrating a significant unmet community need in Duluth, MN.

Brown and Wilderson (2010) compared two groups of transitional living program participants who had transitioned out of the foster care system. The programs differed in that one was specifically for youth transitioning out of the foster care system while the other was more general in focus. Although the two groups of programming participants were similar in foster care backgrounds, the programs differed in that one served as homeless prevention and the other served as homeless intervention.

Larkin Street Youth Services in San Francisco, CA provided transitional living programming data for Brown and Wilderson (2010). Two of the nine programs operated by Larkin Street Youth Services focus on homeless prevention, working with the state of California to “provide housing, counseling, employment training, and case management to youth aging out of the foster care system who are referred by the Independent Living Skills Program (ILSP)” (p. 1465). The formal relationship with the state and the experiences, or lack thereof, of the population seeking services creates a different type of service delivery model.

Brown and Wilderson (2010) sampled 145 youth seeking transitional living programming through homeless prevention and 146 youth seeking transitional living programming through homeless intervention over the course of three years. “This study examines several aspects of the youth’s initial presentation, including housing at intake; last stable living situation; substance abuse history; mental health concerns; and psychiatric service utilization” (Brown and Wilderson, 2010, p. 1466). Housing stability was considered following admission and differences between intervention and prevention groups.



Brown and Wilderson (2010) found “that the problems faced by youth in Larkin Street’s homelessness prevention programs are not as acute as those in homelessness intervention programs in terms of experienced literal homelessness and risk factors associated with homelessness” (p. 1469). In the prevention programs, a planned transition between the foster care system and the transitional living program created a more stable environment for the young adults receiving services. “In contrast, the youth in Larkin street’s homelessness intervention programs are older and have already spent some time managing the transition from foster care to adult independent living before entering Larkin Street’s housing programs” (p. 1469). Youth involved in the homelessness intervention programs showed higher risk that was present during their time in foster care as well as following their transition out of foster care.

The present study points to the fact that many of these youth have very unstable histories: data on the foster care histories of these youth reveal that youth in the homelessness intervention programs had more placement instability and more placements in group care than those accessing prevention programs. (p. 1470)

Brown and Wilderson (2010) concluded that youth who left foster care, and did not participate in facilitated transition, experienced more risk factors than those who did participate in facilitated transitions.

Recommendations made by Brown and Wilderson (2010) included a review of how independent living programming is provided to foster care youth, understanding the different risk factors of foster youth, and how transitional living programs and independent living programs work together to facilitate the transition from ILP’s to TLP’s. Brown and Wilderson (2010) looked at the complex issue of providing services to former foster youth and how Larkin Street’s transitional living programs offer options to former foster in need of supportive services.

Programming structure that is intended to meet the specific needs of an individual population provides insight to other service providers in how to structure programs.

Brown and Wilderson (2010) presented a format for other providers and scholars to consider individual needs and how services can be structured to address those needs. The dual focus of prevention and intervention demonstrates a responsibility that should be inherent in transitional living programs. Meeting the shelter / housing needs of high-risk youth prior to the potential trauma that exists with even one night on the street provides a safe transition from foster care to supervised independent living. Having a comprehensive continuum of programming allows practitioners to address the specialized needs of the populations that they serve.

Rashid (2004) presented a comprehensive approach to evaluating transitional living programs regarding length of stay, money saved by participants, independent living skills, length of employment, outcomes of employment training, and housing outcomes following discharge. The evaluation model was used for evaluating one transitional living program that served former foster care youth in San Francisco, CA. Program documentation was used as the primary data source presenting 30 former foster care youth who had utilized the program between 1996 and 2000. The initial sample was reduced to 23 after it was determined that seven had stayed in the program for less than two months, limiting their ability to fully engage with programming.

The mean length of stay in the program was 7.3 months, as determined by Rashid (2004). Upon admission, youth were asked to invest six months in the program. The range of 23 who were included in the sample was 4 months to 18 months. During their time in the program, participants were required to submit 30% of their net income for rent which was then put aside as savings that was returned to the participants upon discharge. “After adjusting for inflation, the

mean amount of money saved by the sample was \$2364 ( $SD = \$1805$ ) at year 2001 levels” (p. 243). The range of savings was \$185 to \$6103. “A simple linear regression illustrated that the longer youth resided in the program, the more money they saved upon exit ( $p = .002$ )” (p. 244). As a result of the savings program, 70% of the sample participants left the program with over \$1100 to assist them with security deposits and first month’s rent.

Rashid (2004) evaluated the development of independent living skills (ILS) by using an assessment instrument designed specifically for homeless youth populations which included items that “measure knowledge of personal health and hygiene, money management, food and nutrition, and housing search” (p. 244). The results of the assessment conducted upon intake, length of time in programming, and money saved were analyzed using an analysis of covariance.

It was found that there was no significant difference between youth who had ILS at entry into the program and those who did not ( $p = 0.403$ ) in terms of relationship between how long they stayed in the program and how much money they had saved upon exit. (p. 244)

It should be taken into consideration that these findings are based on inferential statistics amongst a sample of 23 and are based on an instrument that has not been tested for reliability or validity. However, these findings do call into question the emphasis placed on independent living skills as a determinant of independent living. In addition to the threats to stable research methodology, it should be noted that foster care youth receive independent living skills training during their time in foster placement. It is possible that the lack of impact of independent living skills on length of stay and money saved may be a result of redundant information that did not allow for the scaffolding of new knowledge.

Focusing on length of employment as a factor of evaluation, Rashid (2004) found that although not a requirement for all programs, the transitional living program evaluated requires

legitimate, full-time employment throughout the participants' length of stay. "Only 13% ( $n = 3$ ) of the sample was employed at entry to the program compared with 100% employed at exit" (p. 244). Due to the employment requirement, length of employment mirrored the length of stay. Employment seemed to be the obvious bridge to independent living, producing participant saving accounts and sustaining obligations such as rent and utilities.

Reviewing the organizations' comprehensive education and employment program, Rashid (2004) identified that the program included a 3 week, 3 hour per day education schedule. Participants who attended the course reviewed potential career options, job search techniques, and basic work habits. Following every week of training, participants were awarded a stipend. A graduation ceremony was held at the completion of the three week training. During the training, participants met with an employment coordinator who assisted participants in accessing one of the 50 collaborating employers who were willing to assist programming participants with their independent living goals by offering employment. "Before the inception of Hire Up, residents had to find employment on their own, without the support of the Job Ready Certification class, an Employment Development Coordinator, or a career mentor" (p. 245). Of the 23 individuals involved in the sample, 13 participated in Hire Up and 10 did not. In addition to assistance with locating and obtaining employment, it was found that those who participated in the Hire Up program experienced significantly higher wages than their nonparticipating counterparts.

Rashid (2004) explored the housing outcomes of the sample population. "Housing outcomes were assessed by documenting the type of housing youth exited to at discharge, including own housing, with family, with friends, another transitional living program, homeless, incarcerated, or unknown housing situation" (p. 245). Transitional living programs seek to produce independent living individuals through successful programming outcomes. "Successful

housing outcomes included living in independent, stable, and permanent housing or reunifying with family” (p. 245). Given the comprehensive service model, 100% of those included in the sample population transitioned to a successful housing outcome. Even more impressive was that at the six month follow up point, 90% were still living within the context of successful housing situations.

It is important to take into account the small, nonrandom sample, as well as the use of a non-validated assessment tool. The results of this study rely heavily on inferential analyses that are not generalizable. However, Rashid (2004) constructed a comprehensive method to evaluate transitional living programs. With attention given to education, employment, programming fee structure, and housing outcomes, it is clear that programs experiencing success must provide comprehensive services to meet the diverse needs of their target population.

Vorhies et al. (2009) evaluated the outcomes of comprehensive education, employment and mental health stabilization programming within a transitional living program for pregnant and parenting foster care youth with severe mental illness. The sample population included 25 program participants who participated in programming. Participant behavior was tracked monthly using descriptive statistics as well standardized testing results.

Utilizing the results from four different validated assessment tools, Vorhies et al. (2009) included psychiatric symptoms, child abuse potential, parenting opinions, and parenting stress throughout the program evaluation. In evaluating the impact of programming on psychiatric symptoms, child abuse potential, and parenting stress, it was determined that there was no significant change in behavior. Given the lack of impact of programming on psychiatric symptoms and parental stress, it should be noted that a small sample size and absence of programming description limits the generalizability of the study.

Vorhies et al. (2009) noted that “the consistent increase in school enrollment for the duration of the study suggests that the programmatic changes instituted (i.e. school and employment incentive program) is effective in keeping mothers in school” (p. 122). Incentivizing independent living goals that advance education or employment indicated that young people, possibly more so with former foster care youth, need an aspect of immediate gratification when working towards what can be viewed as large, overwhelming goals.

Vorhies et al. (2009) presented a method to evaluate programming within a transitional living program that serves a specialized population. Though the process was well thought out and comprehensive, it is unknown if the findings will remain following discharge. Transitional living programs serve to be a brief transition point to those who are escaping or evading homelessness. It is unclear whether the skills obtained through programming remained when young people transitioned to independent living situations. The findings regarding the impact of incentives are encouraging and should be explored further in future research.

Provided guidance to the use of validated assessment tools in pre-post program evaluation, Vorhies et al. (2009) concluded that transitional living programs themselves have little impact on personal values and mental health stability. Program administrators can take these findings into consideration and recognize that comprehensive psychiatric services should be provided by highly trained professionals and focus on addressing issues by making proper referrals to the specialists who address acute barriers.

### **Transitional Living Program Comparison**

When reviewing the structure and frameworks of transitional living programs, it is apparent that programs differ dramatically in both structure and theoretical framework. Individual programs determine who they will serve, how they will serve, and what constructs are

utilized to determine individual and program success. When such diversity of structure and frameworks exists, it is important to consider how programming differences impact those that receive services.

Bielawski-Branch et al. (2008) conducted a year-long evaluation of eight, rural transitional living programs in the state of Vermont. Strengths and weaknesses of programs were identified and programmatic approaches were evaluated. Data were collected by interviewing 14 staff across eight transitional living programs. “Discussions focused on a description of each TLP’s service model; program strengths and weaknesses; local issues that affect each program and youth population; gaps in service; and trends over time” (p. 7). The report was structured with a background / introduction on transitional living programs and the current state of services and a declining youth population in Vermont. The individual programs reviewed followed a consistent format of program overview, strengths, and challenges / gaps. Additional youth services, findings and recommendations followed the individual program reviews.

Identifying multiple strengths in their review of eight transitional living programs, Bielawski-Branch et al. (2008) highlighted that transitional living program staff demonstrated an energetic, resourceful, creative philosophical approach towards working with homeless youth. It was noted that although many transitional living programs experience limited funding, many of the coordinators have held their positions for many years, giving merit to their commitment and dedication. Faced with a consistent lack of resources, staff are creative in their approach to assisting youth in accomplishing their goals. Bielawski-Branch et al (2008) recognized the impact that staff have on programming outcomes and asserted that “they [staff] constitute the TLP system’s greatest resource” (p. 64).

Bielawski-Branch et al. (2008) identified staff's eagerness to learn about new models and approaches while valuing holistic, strength-based programming. Staff expressed interest in learning about new models and approaches that demonstrate effectiveness with homeless youth, as well as learning new ways to strengthen their volunteer base and build stronger bridges with the private sector as a way of solidifying employment for TLP participants. "Many TLP staff stressed the importance of considering "the whole person" in their work with youth, noting the importance of developing plans and creating opportunities that touch all areas of their clients' lives" (pp. 64-65).

Extensive, collaborate efforts made by transitional living programs with social service, employment, education, and housing programs were identified by Bielawski-Branch et al. (2008) as a programming strength. On and off-site referrals were discussed recognizing that larger agencies would have more in-house programming options available for program participants. The importance of service brokering was identified as a required aspect of programming. Staff must possess a full awareness and understanding of what other providers can offer their clients.

Identifying common program challenges, Bielawski-Branch et al. (2008) noted the lack of funding being the most significant. With programs carrying the burden of meeting the extensive needs of those they serve, programming costs tended to exceed available funding. "Staff assess client needs; work with clients on short- and long-term life plans; assist with crises; connect youth with medical and mental health services, education, and employment; and usually help subsidize housing and other basic purchases" (p. 65). In addition to the lack of adequate funding, programs were limited in their fundraising efforts based on scarce human resources and lack of formal fundraising and program expertise. Given the rise in housing cost and limited access to living-wage jobs, the private sector is a crucial component to assisting young people in



attaining independent living status. Assuming an advocacy role, program providers can benefit their clients by fighting for additional affordable housing, encouraging employers to take a chance on the population, and supporting expansion of public transportation.

Bielawski-Branch et al. (2008) noted transportation and difficulty in covering the entire catchment area as challenges to transitional living programs. Public transportation tended to access only some areas of a community within certain time periods. “But even where there are buses, they cannot meet the needs of individuals working late or odd hours” (p. 66). Many transitional living programs do not advertise to their entire catchment area due to fear of being overwhelmed with referrals. Youth living in rural communities are often overlooked and do not receive services.

Varying program criteria, lack of continuum structure, and lack of articulated vision was identified by Bielawski-Branch et al. (2008) as the major gaps within, and between programs. With variance in admission requirements, it can be unclear as to what is expected of young people when researching or entering a program. Programs can set their own parameters of who they will serve and how they will serve them making programming cumbersome and non-standardized. A lack of a comprehensive shelter / housing continuum means that programs cannot appropriately meet the needs of those they serve. “An incomplete continuum of care means that some youth- those with urgent housing needs and those with special needs, for instance- cannot be adequately served by the TLP system” (p. 66). In meeting the day-to-day programming obligations, programs struggle to develop comprehensive continuum options and formal evaluation methods.

Bielawski-Branch et al. (2008) noted the difficulty in serving special needs youth through transitional living programs.

Specific groups- for instance, pregnant and parenting teens, young people who are coping with a developmental disability, mental illness, or substance abuse, and youth transitioning from DCF custody- are already served by TLP's, though TLP's are not necessarily the ideal place for them. (p. 68)

In addition to specialized populations, programs tend to lack the specialized structure needed to offer support. "Programs vary in their ability to handle these specialized populations, which often need a creative, intensive, multi-tiered, youth-tailored, community approach" (p. 68).

Bielawski-Branch et al. (2008) recommended establishing clear visions and missions, defining success, strengthening the volunteer base, enhancing collaborative efforts, and diversifying funding. The recommendations addressed gaps in service while building on program strengths. Given the difficulty in attaining the recommendations, program providers tended to be overwhelmed with need, creating a dynamic of meeting basic needs and intervening in crisis situations. Additional funding and assistance with strategic planning would allow many programs to meet the extensive needs of those they support and enhance an environment that promotes the independence of transitioning youth.

Bartlett, Copeman, Golin, Miller, and Needle (2004) evaluated four New England Transitional Living Programs' intake requirements, program expectations, resident and staff challenges, program services, community services, and measures of success and found that "the pool of youth served is one of the most important variables influencing TLP outcomes" (p. 40). Many programs are designed to cater to a specific subset of homeless youth. Programs can be high or low barrier programs meaning the admission criteria can be attainable to all who apply or only some which can significantly affect participant outcomes. One may assume that a high barrier program would report high outcomes of transitioning individuals to independent living

situations based on programming requirements that place youth in a more advantageous position before even entering into the program. Low barrier programs may face the adverse effect. By taking anyone and everyone who applies, low barrier programs may be faced with issues that may include unmet mental health needs, unemployment, and lack of education.

Bartlett et al. (2004) identified that high and low barrier programs develop common referral sources based on how they address the needs of the referred youth. Child welfare workers and therapeutic foster care providers may see that an individual who is rapidly approaching adulthood may be literally homeless if another situation is not produced. Transitional living programs can serve as homeless prevention and intervention. When used as an intervention, street youth may see the efforts that the program is putting forth in a different light than those who have not spent a night on the street and are accustomed to the human service system being obligated to meet their needs. “Staff from all four agencies said that “system” youth are extremely difficult to serve because of learned attitudes of dependence and entitlement” (p. 41).

Recognizing that agency culture has an effect on programming outcomes, Bartlett et al. (2004) identified how agencies differ in their approach towards working with homeless youth. Agency philosophy, values, and approach influence the overall agency culture. When an agency is promoting the development of spiritual, emotional, social and other interpersonal factors, it is difficult to measure “success”. In addition to lack of measurement, “when an agency measures indicators for which no official yardstick exists, many small successes are bound to go unrecognized except by the program and the young people themselves” (p. 40). Development and measurement of such factors will be based on programming philosophy which will determine the merit and worth of such factors.

Bartlett et al. (2004) suggested that availability of services, both on-site and in the community influences programming outcomes. Programs that offer a variety of services on-site possess “the ability to provide services in such a way [that] saves the program the considerable trouble of having to utilize a scattershot service system within the larger community” (p. 40). When the program is structured in a way that program participants are required to seek services outside of the programming structure “...youth forced to navigate the services outside of the agency will be better prepared to cope if they get kicked out of the program, or when they otherwise exit” (p. 40). Both programming structures have good intentions for assisting program participants with personal and independent living goals. Individual capability and limitation regarding social skills, access to transportation, personal accountability, and determination to transition out and be self sufficient must be taken into consideration as having an effect on the drawbacks and strengths of programming service structure.

Providing recommendations for better understanding and evaluating transitional living programs, Bartlett et al. (2004) highlighted the need for comprehensive intake and longitudinal outcome data. Because programs are not using the same scale of measurement, “success” is something that the program dictates. Comparing one program to another without taking into consideration the referral sources, admission requirements, availability and location of services, and what happened to youth following their exit from the program leaves considerable room for concerns regarding how well those in need of services are being served.

Bartlett et al. (2004) also suggested that evaluation of programs include ways to address the “indicators of success currently in use [that] fail to capture the incremental achievements of program residents” (p. 43). The individual accomplishments of program participants outside the scope of independent living skills are often overlooked, providing little incentive for residents to

explore the passion that will in turn drive the desire to achieve independent living status. The delicate balance of structuring quantifiable measures of success with qualitative attributes including confidence, outlook and attitudes towards mainstream society is a duality that many programs try to maintain.

Kroner (2001) provided a comprehensive overview and comparison of 10 transitional living programs across the United States. Programs were reviewed considering history, types of housing options available, staffing, funding, program and client needs, program and client strengths, staff recommendations and problems, and how programs measure success. With a qualitative format, a thorough transitional living programming comparison was conducted providing a format for researchers and program evaluators to follow. For the purpose of this review, program strengths and needs, client strengths and needs, accessed education curriculums, client involvement in program development, and how programs measure success will be included.

Program strengths and needs as sought by Kroner (2001) produced four major themes including staff, program structure, community collaborations, and program philosophy. Programs provided positive feedback regarding staff including a team approach, direct access to staff, and low turnover. Program structure included housing continuums including scattered-site options and life skills training. Benefits of Community and collaborations were represented by programs housed in safe communities, and collaboration with providers of education and employment. Program philosophy included references towards flexibility in case planning, individual and group counseling, and life skills training. Program needs included themes of lack of funding, inability to serve those over the age of 21, limited employment opportunities, lack of transportation, and a public perception of client delinquency.

Kroner (2001) compiled views of client strengths and needs with strengths centering around client involvement in case planning. Client needs produced three major themes including personal issues, social problems, and limited resources and services. Client personal issues included identification of undocumented legal status, attitudes towards saving and finances, cognitive limitations and learning disabilities, personal hygiene, property damage and lost keys, marginal independent living skills, parenting youth, criminal behavior, lack of engagement of systems youth, and mental health issues. Social limitations included loneliness, alliances amongst dysfunctional youth, crowd control issues, unwillingness of clients to work with staff, and lack of peer and adult support. Limited resources and services included limited housing options, medical assistance, youth maintaining living arrangements following transition, and transportation.

Information regarding client involvement in program development and accessed independent living curriculums was reviewed. Kroner (2001) found that client involvement in program development consisted primarily of micro examples including transition coordination, case planning, solicited feedback, and program delivery. In general, programs identified that clients were involved with developing their own case plans by establishing goals and objectives and assisted in the coordination of finding housing and moving. One program reported that clients were involved in delivering the independent living curriculum by teaching content and preparing meals. Of the programs that participated in the study, none identified client involvement in agency strategic planning, policy drafting, or organizational program development and/or evaluation. Independent living curricula included individual program developed curricula, the *Daniel Memorial Independent Living Assessment, Making it on Your Own*, and *Teaching Family Model*.

Kroner (2001) produced categories of how programs measure their success as programs, organizations, and members of a larger community. Programmatic success included examples of attaining independent living goals and objectives, achieving employment, furthering education, obtaining and maintaining housing, developing positive peer relationships and other support systems, and decreasing poor decisions and delinquent behavior. Successful organizational and community status was identified by acknowledging feedback from the community and continued referrals to the program. Programs acknowledged similar strengths and weaknesses providing a framework for program development and evaluation.

### **Permanent / Supportive Housing**

Permanent / supportive housing approaches residential services differently than emergency shelter and transitional living programs in that youth in supportive housing programs are tenants, holding legal rights to the property in which they reside. In addition to eliminating the homeless status through lease agreements, supportive housing is less likely to place programming expectations and time constraints on program residents, providing a good option for those transitioning from other residential program structures.

Agnese, Golden, and Tyson (2004) focused on post-TLP options for those leaving transitional living programs by interviewing five agency directors and one housing expert. Five key areas were focused on including lack of affordable housing, low wages and few benefits, lack of family support, lack of resources for young adults, and additional barriers including mental health problems, substance abuse, and developmental disabilities. Programming models and funding sources were reviewed and recommendations regarding program evaluation and information sharing were made.

In reviewing post-TLP housing models, Agnese et al. (2004) focused on five programs providing post-TLP housing. Of the five programs reviewed, all of them appeared to be using a permanent and supportive housing model to provide post-TLP housing options. The programming structure allows agencies to access federal dollars from the Department of Housing and Urban Development (HUD), foundation grants, and private donations. By strengthening the continuum of care for those leaving transitional living programs, service providers could address many barriers that young people face when leaving programming.

Agnese et al. (2004) identified three primary concepts that act as barriers for young people transitioning out of transitional living programs. Prejudice, poor housing quality, and “real-skills” deficits were identified as barriers that can dramatically limit a young person’s successful transition. Prejudice and poor housing quality can be addressed by programming that offers post-TLP housing options. These barriers are community based and attempting to address them without a housing option may have little impact on a young person’s likelihood of transitioning. “Real-skills” deficits are more congruent with skills that can be taught through transitional living programming. As pointed out by the authors:

Homeless young adults, particularly those who grew up in the foster care system, often are “real-skill deficient.” If they are disconnected from their families, they lack access to financial and emotional support; they may have less education and no experience of part-time employment in high school. Furthermore, they may never had [sic, have] had roommates, and therefore have no experience knowing how to share housing. (p. 23)

Developing continuum concepts takes into consideration that transitional living programs are merely part of the solution to addressing the programming needs of transitioning youth. Programs that do not offer housing options to transitioning youth are falling short in addressing



barriers that Agnese et al. (2004) identified in their research. In addition to the identified barriers, criminal histories, lack of credit or rental history, and lack of employment needed to support independent living can hamper one's ability to achieve independent living.

In addition to offering practitioners program continuum and housing development strategies, Agnese et al. (2004) provided two recommendations. Evaluation of post-TLP's would provide feedback to providers as to the effectiveness of a comprehensive service delivery. Evaluation was recommended by pointing out that evaluations are only effective if they enhance "cooperation among homeless young adult service agencies across the country by encouraging conversation and sharing of information among those agencies" (p. 27).

Agnese et al. (2004) identified that even with comprehensive transitional living programming, it is unrealistic to suggest that these programs provide all skills necessary to live independently without continued support. Providers who understand and utilize a continuum approach to offering residential programming to homeless youth identify permanent / supportive housing models as a strong option for individuals transitioning from transitional living programs.

Stranka, Tempel, and Epstein (n.d.) of The Corporation for Supportive Housing provided a framework for providing supportive housing to homeless youth. Six major sections were presented including the need for supportive housing, funding and legislation, an overview of existing models, recommendations, conclusions, and case studies of identified programs. Given the relationship between emergency shelter, transitional living programs and permanent / supportive housing, the need for programming, funding, and legislation will not be reviewed.

Recognizing the differences in characteristics and housing needs, Stranka et al. (n.d.) identified needs amongst system and non-system youth. System youth were identified as those leaving the child welfare/ foster care system, residential treatment facilities, and the juvenile

justice system. Non-system youth were categorized as runaways, throwaways, precariously housed, and those that left their homes voluntarily. Recognizing that the two groups have different expectations of various social service systems, Stranka et al. (nd) concluded that this may not require different program delivery methodologies.

Stranka et al. (n.d.) provided an overview of independent living programs, permanent or *trans-permanent* housing, the Foyer model, and permanent / supportive housing for youth with special needs. Independent living programs were identified as residential programs that offer residential services to homeless and former foster care youth. Recognizing the differences between transitional living programs and permanent supportive housing, Stranka et al. (n.d.) offered the following:

Primarily, it is the differences in funding, target population, number of youth served, level of supervision required, and physical design (i.e. scattered site vs. congregate) that distinguish one program from another. While Transitional Living Programs (TLP's) are recognized models of service provision that, in many ways, look like supportive housing, they have age and time limits, in addition to funding constraints that hinder their capacity to meet the needs of older youth/young adults who have already emancipated from care.  
(p.19)

Permanent or *Trans-Permanent* Supportive Housing Programs were identified by Stranka et al. (n.d.) as lease-based housing for youth that provide opportunities for the development of independent living skills. With few providers offering permanent housing to homeless youth populations, the lack of established best practices makes it difficult to address the issues that providers are facing including lack of motivation, peer pressure, chemical use / abuse, and general tenancy issues. Stranka et al. (n.d.) identified the Foyer model that has long been

established in France, Ireland, and England. Foyers provide case management, life skills education, and job training / placement to young people who have been assessed and assigned to high, medium, and low levels of functioning. The level system allows providers the opportunity to address the needs of each client in a manner that is developmentally appropriate to their cognitive and emotional state. New York City's Housing and Preservation Department funded the first Foyer model in the United States. In addition to the Foyer model, Permanent / Supportive Housing projects for special needs youth were identified as another way that homeless youth providers are recognizing the specific needs of homeless youth subpopulations.

Stranka et al. (n.d.) concluded that there are two primary reasons for moving forward on Permanent / Supportive Housing for homeless youth. First, there is overlap between at-risk youth and homeless adults. Second, the cost that homelessness requires is immense and preventive strategies require far less funding. In addition to limiting the cost of youth homelessness, policy makers and providers can assist youth in further developing employment, education, and life skills.

Common Ground and Community Good Shepherd Services (2009) provided a comprehensive report on the use of the Chelsea Foyer for homeless and former foster youth. Program development and implementation, program overview and evaluation, and utilized funding were reviewed. Common Ground and Community Good Shepherd Services provided housing services for 165 young people between the ages of 18 and 25 through 40 units of permanent / supportive housing. The Foyer Model is a housing model that assists young people in transitioning to adulthood. Developed in the United Kingdom, Foyers vary based on specific community needs; however, basic tenants include (a) community living for low, medium, and high needs residents, (b) education, employment, personal development, (c) an agreed upon

Action Plan between program and resident, (d) a focus of prevention of youth homelessness, and (e) the length of stay is time-limited. Common Ground and Community Good Shepherd Services co-developed the Foyer program in New York City with two primary foci regarding the replication of UK Foyers which included promoting the developmental and transitional aspects of programming and financing the project with public funds.

Common Ground and Community Good Shepherd Services (2009) set out to address barriers that young people face when transitioning to independence with little adult support. Participants receiving programming are required to be employed 20 hours a week, engaged in an education or training program, participate in skill development classes, and pay about 30% of their income to rent. Within the first five years of operation, Chelsea Foyer at Christopher achieved 77% transition to stable housing and 75% employment at discharge. Longitudinal data demonstrated that 84% of program participants were in stable housing and 91% maintained employment following one year of discharge. Recognizing former foster youth as being at a heightened risk, Chelsea Foyer at Christopher has implemented a peer mentoring program where former, now stable, homeless youth work with former foster youth on employment, education, and general life skills. By coupling homeless and runaway youth with former foster youth, the two groups teach each other about the limits of entitlement and the realities of street life.

Understanding the social needs and developmental stage of those supported, Common Ground and Community Good Shepherd Services (2009) embraced a philosophy that consists of supported transition to independent living, developmentally-appropriate environment, and a supportive social context including peer mentoring. The programming structure includes an application process, an established action plan, programming fees that equal 30% of tenant earnings, a 20 hour per week work requirement, enrollment in school or vocational training, a

plan to secure stable housing, attendance of four monthly life skills workshops, and attendance of two monthly case management meetings. The program is staffed by case managers and independent living coordinators to ensure 24/7 coverage.

Common Ground and Community Good Shepherd Services (2009) provided program intake and outcome data. Those served ranged in ages 18-23, 51% had attained a high school diploma or GED, and 66% were employed at intake. The program reports that 77% of those transitioning out of programming did so to stable housing situations and 75% were employed. The program conducts longitudinal data collection regarding the living situations of those that transition out of the Foyer. Of those that successfully transitioned, 84% had maintained housing and 91% indicated that they had maintained employment on a 12 month follow-up survey. It was concluded that the most important aspects of operating the Chelsea Foyer at the Christopher included funding, stakeholder buy-in, understanding developmental needs of those supported, and developing clear expectations and channels of communication.

### **Residential Continuum Models**

Continuum models allow providers to acutely meet the needs of those served by coupling their current developmental stage with an appropriate program option. Continuum models tend to range from fairly structured to relatively independent. Various residential models under one organization or collaboration provide opportunities for youth to advance or regress without fear of being removed from the only program structure and framework available.

Wilderson, Lee, and Gibson (2007) presented a comprehensive housing model for homeless youth. The areas of focus included programming services and structure, youth subcultures, biological, social, medical needs, and the backgrounds and social dynamics of those applying to Larkin Street Youth Services. Difficulty meeting basic needs, lack of education and

employment, physical, behavioral, and mental health problems, substance abuse, and systemic barriers were identified in limiting a homeless youths' ability to receive services as issues that residential programs need to take into consideration when providing services for homeless youth. With backgrounds and barriers identified, a comprehensive continuum was presented as a way to combat the many struggles that homeless youth experience.

Wilderson et al. (2007) suggested that “the central tenet is that housing is the key to stabilization” (p. 14). Larkin Street Youth Services uses housing as an intervention, recognizing that shelter / housing is crucial for the stabilization of homeless youth who have been existing in survival mode. A continuum model allows providers to assess the individual needs and place young people in living situations that accommodate those needs. Life skills are developed through individual and group work centered on bill payment, money management, residence searches, home maintenance, and cooking. Independent living skills are essential to the success of transitioning young adults. Residential programming provides a conducive setting that allows young people the opportunity to practice foreign, and often intimidating responsibilities. In addition to teaching skills, a harm reduction approach is used to minimize the harmful effects of substance abuse. Harm reduction acknowledges that chemical use / abuse carries with it an array of risky behaviors. Service providers work with young people to mitigate those behaviors through reflective, non-judgmental support.

Emergency housing, transitional housing, congregate housing, scattered site housing, and supportive housing were identified by Wilderson et al. (2007) as vital components of a housing continuum. Through emergency housing programming, youth can access shelter and case management services for up to four months with the primary focus being on a housing plan following emergency shelter. Larkin Street Youth Services provides three types of transitional

housing including congregate, scattered site and supportive housing. “The three types differ from each other in terms of supervision level, expectations, and rent payment” (p. 15).

Congregate housing models were presented by Wilderson et al. (2007) as “...the traditional group home model of transitional housing” (p.15). With an 18 month time limit, youth are supervised 24 hours a day with a heavy emphasis on connecting individuals to education and employment programs. Residents pay 30% of their income in rent which is returned to them upon transition from the program. Due to the varying programming structure in transitional living programs, practitioners can match the individuals’ need with program service and structure. The congregate model allows practitioners the opportunity to serve high need individuals.

Scattered site housing was presented by Wilderson et al. (2007) as “...a reduced level of staff supervision and greater opportunity for youth to practice independent living within a supportive safety net” (p. 15). Larkin Street Youth Services sublets apartments to those in need of transitional living programs. Individuals pay 30% of their income as rent which gradually increases to fair market value. Upon exit, youth are provided the opportunity to take over the lease, thus paying an amount close to what they paid during the end of their stay. Scattered site programming provides an opportunity for youth to experience real life, independent living situations while remaining in the comfort of supportive programming.

Wilderson et al. (2007) presented a supportive housing model that requires individuals to be involved with employment, education or treatment, with 50% of legitimate income going towards rent. With individuals staying up to two years, there is an emphasis on connecting individuals to community providers. Supportive housing provides an option for those transitioning out of transitional living programs.

Wilderson et al. (2007) reviewed Larkin Street Youth Services' two specialized housing programs for special needs populations. The housing program for HIV-positive youth requires the agency to carry a Residential Care Facility license. In addition to HIV-positive youth, behavioral needs populations are served within the agency's specialized housing programs. Specialized programs are provided with congregate and scattered site programs providing support and supervision to those requiring programming outside of independent living skills.

Education and employment, behavioral health, HIV prevention, and medical care were identified by Wilderson et al. (2007) as essential supportive services. Larkin Street Youth Services understands the service needs of the population it services which yields creative programming approaches, meeting individualized needs. Specialized positions with acute training, coupled with unique programming approaches such as presenting day labor opportunities provide support and service to which many programs can only refer clients. By providing support and services on-site, Larkin Street Youth Services can address barriers including transportation, social stigma, and the disconnection that is created when programming services are referred rather than provided.

Wilderson et al. (2007) acknowledged the importance of community partnerships, recognizing that there are supportive services that must be provided within the context of collaboration. Specific programming collaborations seek to mitigate the rate of homelessness amongst former foster youth, address the needs of LGBTQ youth, and support youth with significant behavioral needs. Residential support and "intensive case management across the continuum of housing options provides the support and guidance needed to overcome additional barriers to self-sufficiency" (p. 17).



Giffords, Alonso, and Bell (2007) focused on one transitional living program continuum that displayed promising results of transitioning young adults to independent living situations. The program, referred to the agency as Walkabouts, provide transitional living programming to individuals 16-21 years of age. The program is defined by three programming phases including assessment, independent living goals establishment and attainment, and termination to guide a young person through the transitional living program. Programming structure including, Walkabout and Walkabout II provide program participants with different programming structures.

“Walkabout agrees to provide room and board for up to 1 year, counseling services, vocational and educational planning, information and referral, and advocacy” (Giffords et al. 2007, p. 146). Services provided within programming were the focus with programming structure identified minimally, including a reference to 24 hour supervision and residential staff positions.

Walkabout II is offered with less formal structure and supervision, requiring more responsibility on the part of the program youth. The residents are required to purchase and prepare their own food, maintain their own schedules, and pay “rent” to their own bank accounts. The original program assists youth in acquiring life skills, whereas Walkabout II enables youth to apply these skills. (p. 147)

The continuum structure allows service providers to advance or retract a program participants’ place in programming, providing a more comprehensive service delivery, and having a positive impact on rates of transition to independent living situations. During the program year 2005, the Walkabout program achieved a rate of 87% of those discharged moving into an appropriate

setting for independent living. These data are coupled with Walkabout II which “achieved a 100% success rate in both indicators and overall program goal” (p. 149).

Giffords et al. (2007) concluded that interdisciplinary case management is a key element in assisting young people’s transition to independent living status. Social workers, behavioral counselors, and employment counselors provide a continuum of services that can address the barriers that young people experience. Professionals create data sets and utilize assessment tools to further develop programming. Assessment tools provide feedback, serve as a foundation for program evaluation, and inform program providers as to the rate of transition to independence.

Dworsky (2010) focused on programming structure, requirements, staffing, program fees, and outcomes of three transitional housing models. The Continuum of Housing Options, Sanctuary Model, and Foyer Model were compared. Lighthouse Youth Services Continuum of Housing Options offers services to parenting and pregnant teens as well as those who are transitioning from the foster care system. “Most program participants are placed in semi-structured scattered-site apartments rented from private landlords where they are visited by program staff at least once a week” (p. 18). Licensed social workers provide on-call services and maintain daily phone or face-to-face contact with youth. With an emphasis on independent living skills, the program uses the Ansell Casey Life Skills Assessment in addition to other assessment data. Youth who use the transitional living program receive a weekly stipend and take more responsibility for their bills as the duration of stay increases.

Highlighting their continuum approach to residential services, Dworsky (2010) noted that Lighthouse Youth Services Continuum of Housing Options offers various housing options for the youth that they serve. The scattered-site apartments are at the most independent end of the continuum; supervised living and emergency shelter is also offered providing the agency with

options based on the needs of the individual seeking housing. The program serves as a final option for pregnant and parenting teens, former foster youth, and young people transitioning from juvenile justice placements. What could be viewed as high-need populations served, Lighthouse Youth Services Continuum of Housing Options has experienced a 50% transition rate to independent living, 60% high school/GED attainment, and a 31% employment rate.

Dworsky (2010) reviewed Teen Living Programs' Sanctuary Model which presents masters-level clinical case managers who work with youth to develop an "...Individual Action Plan which includes their goals in the areas of educational and vocational achievement, positive recreational interests and life skills training" (p. 19). Independent living classes, assistance with employment, and an on-site clinic assist young people in staying healthy and focused. Staffed 24 hours, Belfort House "...provide[s] residents with a safe and communal atmosphere in which they can heal from whatever trauma they may have experienced as a result of being homeless" (p. 19).

Including the Chelsea Foyer Model in the program review, Dworsky (2010) identified the approach as "a transitional housing program for young people aging out of foster care" (p. 19). Unique in the United States, "...the Chelsea Foyer one of only two such programs in the U.S., and is the first to be fully accredited by the U.K. Foyer Federation" (p. 19). The focus of this model is employment and community involvement. The program recognizes the give and take that individuals experience with their communities and promotes that relationship. Case management and workshops are intended to support the goals of those residing in the program with independent living counselors on-site during late afternoons and overnights. Dworsky (2010) identified that common strength among The Continuum of Housing Options and the Sanctuary Model is the continuum of housing options for young people. By offering emergency

shelter, staffed communal living, and scattered site apartments, program providers are able to meet the needs of program applicants and appropriately support them within an effective context.

## **Summary of Related Literature**

### **Guiding Theory**

Positive Youth Development implies basic tenants that are viewed differently by researchers and providers. Security and safety, supportive relationships, acceptance of a peer group, and skill building opportunities (Solloway, Connors-Tadros, & Marchand, 2009) as well as bonding with the social environment, healthy and holistic development, self-efficacy and self-determination, positive identity, and support of prosocial norms (Wilson-Simmons, 2007) were presented as aspects of Positive Youth Development that support and encourage youth. Positive Youth Development provides opportunities for program providers and primary stakeholders to evaluate and develop programs collaboratively (Pope, 2011). Programs can maintain flexibility by recognizing the developmental stages of those who utilize the service and are discouraged from taking a no-tolerance stance on programming requirements (Collins, Hill, & Miranda, 2008; Pope, 2011).

Harm Reduction Theory encourages program providers to limit the harm that individuals experience without creating power struggles, or marginalizing those in need of service (Kleinig, 2008; Lee & Peterson, 2009; Ritter & Cameron, 2006). Harm Reduction Theory grew out of a movement in the Netherlands in the 1970s and can be seen in social policy and program approach in the United States (Roe, 2005). Though at times controversial, Harm Reduction programming can produce encouraging results when used in the right setting, with the right population (Little & Franskoviak, 2010).

## **Primary Stakeholders**

The differences between serving systems youth and street youth were highlighted extensively (Agnese et al., 2004; Bartlett et al., 2004; Bielawski-Branch et al., 2008; Brown & Wilderson, 2010; Common Ground and Good Shepherd Services, 2009; Karabanow, 2002; Rashid, 2004; Stranka et al., n.d.) indicating that former foster care youth enter programming with a heightened sense of entitlement, creating difficulties for program providers in promoting self-sufficiency. Street youth generally have a better understanding of the opportunities that come with entering programming and take advantage of the options presented to them. In addition to the specialized needs of former foster care youth, programs struggle to meet the needs of youth who present with severe and persistent mental health issues (Aviles & Helfrich, 2002; Bartlett et al., 2004; Bielawski-Branch et al., 2008; Vorhies et al., 2009; Wilderson et al., 2007). Providers have recognized special needs populations and have structured programming to cater to those needs (Vorhies et al., 2009).

Subpopulations that seek residential intervention experience many barriers while doing so. Many individuals come from a family of origin that has lived in poverty for decades. With lack of employment and education (Agnese et al., 2004; Armaline, 2005; Aviles & Helfrich, 2002; Bartlett et al., 2004; Rashid, 2004; Van wormer, 2003) program applicants face multiple barriers upon admission. Admission to a program can at times be a luxury in itself (Agnese et al., 2004; Aviles & Helfrich, 2002; Van wormer, 2003) given that there are far more individuals seeking service than there are beds. Lack of transportation was a barrier that was identified as limiting goal attainment (Aviles & Helfrich, 2002; Bartlett et al., 2004; Bielawski-Branch et al., 2008) while program providers consider how on and off-site services will be delivered to the target population.

## **Programming and Structure**

Education including life-skills development and formal study, as well as employment/training were primary facets of residential service delivery (Dworsky, 2010; Giffords et al., 2007; Rashid, 2004; Vorhies et al., 2009; Wilderson et al., 2007). Furthering the educational attainment and employment status of those involved with programming places them in a stronger position when transitioning to independent living situations. Differences in short and long term objectives amongst emergency shelter, transitional living, and permanent / supportive housing were outlined indicating that one measure of success will not work across all programs. Each program has a unique structure and serves the specific needs of the community in which they are located.

Outcome data are difficult to compare based on different definitions of successful transition to independence (Bartlett et al., 2004; Common Ground and Good Shepherd Services, 2009; Dworsky, 2010; Giffords et al. 2007; Kroner, 2001; Pollio et al., 2006; Rashid, 2004). In addition to the lack of standardized measures, others point out that there is personal development that transpired in a program that is not being measured (Bartlett et al., 2004; Vorhies et al., 2009). Programs operating continuums of care will experience a more seamless transition from programming to independent living based on permanent / supportive housing options. When programs operate housing units, barriers that youth present can be overlooked (Agnese et al., 2004, Bielawski-Branch et al., 2008; Common Ground and Good Shepherd Services, 2009; Dworsky, 2010; Stranka et al., n.d.; Wilderson et al., 2007).

## **Community Need**

Programs are to address the problems and community needs that are specific to their location (Karabanow, 2002; Walsh, 2010). Community engagement in problem solving, funding,

and volunteering has a great impact on the success of residential program (Walsh, 2010). Program administrators should consider the physical structure and external appearance when considering the needs of the target population (Armaline, 2005). When the community engages and recognizes the problem, program providers can use their time to evaluate and develop programming, advocate for the population's needs, and continue to strengthen community collaborations that are needed to provide comprehensive programming.

## **CHAPTER 3. METHODOLOGY**

### **Problem Statement**

There is limited understanding regarding the influence of residential structures and frameworks on safe and appropriate transitions to independent living situations for street and systems youth. Answering the following research questions will increase the understanding of the impact of programming structure and frameworks on street and systems youth.

### **Research Questions**

1. What residential programming structures and frameworks are providers using to serve homeless youth?
2. What admission requirements exist in each type of residential-based homeless youth program structure?
3. What is the relationship of weekly time spent with case manager and programming outcomes?
4. What are the differences in programming frameworks when serving street, juvenile justice, and foster youth?
5. Are there differences in outcomes among programs providing residential continuums?
6. What are preferable characteristics of community partnerships / collaborations that further educational advancement of homeless youth?

### **Major Sections of Methodology**

The major sections of Chapter 3 include (a) Problem Statement, (b) Research Questions, (c) Population and Sample, (d) Instrumentation, (e) Data Collection, and (f) Data Analysis.

### **Population and Sample**

Homeless youth residential programs were identified as the population. Program administrators / coordinators were asked to complete surveys regarding the programs they



operated. Programs were identified using the U.S. Department of Health and Human Services Administration for Children and Families website, programs identified in the review of related literature, and Google searches of emergency shelters, transitional living programs, and supportive housing programs for homeless youth. A master list of program providers was compiled creating a total population of those identified for the purposeful sample. The final sample population included of 284 identified providers operating 519 programs.

### **Agency Data**

Ninety five agencies from 41 (82%) states reported descriptive agency data. Agencies ranged in years of providing services from the year 1852 to 2010. Private, nonprofit organizations made up a majority of responders with 89 (93.7%), 4 (4.2%) were faith-based, 2 (2.1%) were Community Action Agencies, and 0 reported being for-profit organizations. Respondents were instructed to report number of employees working at their local agency and not the overall organization. Agencies ranged in number of employees from 3 to 500. Of the 95 organizations, 15 (15.8%) reported being under a larger organizational umbrella and 49 (51.6%) of respondents reported that their agencies held accreditation. Total youth (12 – 24 years old) served in one year through all programming ranged from 12 to 12,000. Annual agency budgets ranged from \$400,000 to \$29,000,000 with an average annual budget of \$4,930,158.38. Agency youth services were identified and respondents were asked to report if the services were provided by their agency onsite, a collaborating agency onsite, referred offsite, or not referred or provided. Data showed *all that apply* meaning that some agencies reported providing one service through multiple methods. Tables 1 -3 provide descriptive information including medical services, independent living services and runaway / homeless youth services.

Table 1

*Frequencies of On and Off-Site Medical Services Provided by Primary and Partner Agencies*

Service Provided	On-site				Off-site			
	Primary		Partner		Referred		Not Referred	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Mental Health Counseling ( <i>n</i> = 95)	63	66.3	20	21.1	43	45.3	0	0.0
Medication Monitoring ( <i>n</i> = 94)	57	60.6	10	10.6	33	35.1	6	6.4
Mental Health Clinic ( <i>n</i> = 93)	22	23.7	12	12.9	69	74.2	1	1.1
Chemical Health Counseling ( <i>n</i> = 93)	19	20.4	8	8.6	68	73.1	6	6.5
Day Treatment ( <i>n</i> = 94)	18	19.1	2	2.1	60	63.8	22	23.4
Nursing Assessments ( <i>n</i> = 93)	16	17.2	16	17.2	48	51.6	19	20.4
Medical Clinic ( <i>n</i> = 95)	8	8.4	17	17.9	78	82.1	2	2.1

*n* included all agencies that provided program service information. Respondents were asked to check all that applied.

Table 2

*Frequencies of On and Off-Site Independent Living Services Provided by Primary and Partner Agencies*

Service Provided	On-site				Off-site			
	Primary		Partner		Referred		Not Referred	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Transportation Assistance ( <i>n</i> = 95)	77	81.1	9	9.5	24	25.3	5	5.3
Cooking Classes ( <i>n</i> = 92)	59	64.1	9	9.8	21	22.8	13	14.1
Parenting Classes ( <i>n</i> = 94)	57	60.6	12	12.8	40	42.6	1	1.1
GED Prep / Testing ( <i>n</i> = 95)	24	25.3	10	10.5	70	73.7	2	2.1
Site-based Schooling ( <i>n</i> = 95)	19	20.0	13	13.7	58	61.1	14	14.7
Employment / Day labor ( <i>n</i> = 94)	18	19.1	8	8.5	63	67.0	16	17.0
Childcare ( <i>n</i> = 93)	16	17.2	4	4.3	65	69.9	14	15.1
Representative Payee Services ( <i>n</i> = 92)	7	7.6	2	2.2	40	43.5	45	48.9

*n* included all agencies that provided program service information. Respondents were asked to check all that applied.

Table 3

*Frequencies of On and Off-Site Runaway / Homeless Youth Services Provided by Primary and Partner Agencies*

Service Provided	On-site				Off-site			
	Primary		Partner		Referred		Not Referred	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Emergency Shelter ( <i>n</i> = 94)	82	87.2	3	3.2	14	14.9	1	1.1
Transitional Living Programming ( <i>n</i> = 95)	72	75.8	3	3.2	21	22.1	6	6.3
Street Outreach ( <i>n</i> = 95)	63	66.3	9	9.5	12	12.6	16	16.8
Drop-in Services ( <i>n</i> = 92)	54	58.7	6	6.5	16	17.4	19	20.7
Supportive Housing ( <i>n</i> = 93)	49	52.7	3	3.2	36	38.7	11	11.8
Safe Place Site ( <i>n</i> = 92)	48	52.2	2	2.2	17	18.5	26	28.3
Property Management ( <i>n</i> = 91)	22	24.2	7	7.7	27	29.7	39	42.9
Safe Zone Site ( <i>n</i> = 90)	17	18.9	2	2.2	23	25.6	52	57.8

*n* included all agencies that provided program service information. Respondents were asked to check all that applied.

### **Program Data**

The sample population consisted of 284 identified providers operating 519 programs (*n* = 519) including 307 (59.2%) basic centers / emergency shelters, 198 (38.2%) transitional living programs and maternity group homes, and 14 (2.7%) permanent / supportive housing programs. Following two methods of data collection, the recruitment efforts produced 71 completed surveys, creating an overall response rate of 25%. Programs designed to serve runaway minors included 38 (53.5%) while programs serving homeless young adults included 33 (46.5%). Returned program surveys (*n* = 71) included 43 (60.6%) basic centers / emergency shelters, 24 (33.8%) transitional living programs and maternity group homes, and 4 (5.6%) permanent / supportive housing programs producing a sample that represents the overall population of programs serving runaway minors and homeless young adults.

## **Instrumentation**

The instrument used for this project was informed by the reviewed literature, developed and field tested by the researcher, and disseminated to the target population. The instrument was developed under the four major constructs found in the reviewed literature that included guiding theory, primary stakeholder differences, program and structure, and community and was condensed into three sections including *Program Structure / Philosophy, Program Intake and Outcome Data*, and *Agency Structure and Community Involvement*. There was a total of 45 items on the survey consisting of check boxes (nominal data), fill in the blank (nominal, ordinal, interval, and ratio data), and short answer responses (qualitative data) that sought to answer the six proposed research questions. With a focus on program structure and outcomes, field testing was carried out using a blended approach of Fowler (2006) and Patten (2001). Fowler (2006) recommended interviewing 20 to 50 individuals while focusing on readability, consistency in responses, and accuracy of responses. Patten's (2001) four step process included an open instrument review process, "think-alouds" with individuals who will not be included in the study, receiving feedback from 10 individuals who are similar to the sample population, and conducting an in-depth item analysis with 25 or more respondents who will not take part in the main study.

A four-part pilot test consisted of three group interview sessions and the dissemination of the instrument for feedback. The survey instrument was reviewed in July, 2012 by a group of four subject matter experts who were brought together by the researcher for a group interview process. The group reviewed the survey and discussed each question. The group provided feedback on how to expand questions to collect more detailed information. The instrument was revised and sent back to each group member for confirmation on recommended changes. The instrument was then emailed to the second group that consisted of a blend of scholars engaged in

survey research and subject matter experts involved in scholarly activity. The five member group provided feedback on content clarification and construct expansion. The survey recommendations and changes were then discussed via phone call with each committee member. Finally, the survey was sent to members of the research committee for feedback and recommendations. The committee provided feedback regarding layout, question choices, and question sequence. Edits were made to the instrument and reviewed by the researcher and advisor prior to the piloting process.

During October 2012, the survey instrument was piloted by including 15 human service professionals practicing within the roles of agency administrators, program coordinators, and direct care workers in the Fargo-Moorhead metro area. Pilot participants were organized into three groups of five individuals with each group representing practitioners of various levels. Each group contained two members from the same organization to determine if one individual could skip agency background information and go right to the program data section.

Pilot participants were sent an email outlining the reasons for the pilot process as well as the six established research questions. Participants were informed that provided data did not need to be factual because the pilot was intended to determine the accuracy of software program operation and data transfer, as well as the clarity of instructions, questions, and answer choices.

Feedback from pilot participants and corrections included the following:

1. General spelling errors were identified. The instrument was scanned extensively by the researcher and spelling errors were corrected.
2. Question #37 allowed only one column to be checked. If a respondent checked

*probably does not* for the first question in the series, a response of *probably does not* could not be checked for any following questions. The ranking was changed so that the same response could be checked for multiple questions.

3. Question #34 regarding the preferable characteristics of formal education systems was reported by three individuals to be unclear. The word *the* was added to *preferable characteristics* making the subject of the sentence stronger.

In addition to corrections made due to participant feedback, the researcher made the following corrections to the survey instrument:

1. The informed consent letter was made the first page of the survey rather than an attachment to the invitation email.
2. The report dates on the outcome section were changed from calendar year 2011 or fiscal year 10-11 to calendar year 2011 or fiscal year 11-12.

In addition to small adjustments to the survey instrument, the pilot process demonstrated that respondents did not read instructions in the invitation email very clearly. The invitation email was revamped to include *HELP HOMELESS YOUTH!* at the heading of the email in hopes to engage respondents from the beginning.

The reliability of the instrument was considered in the pilot testing. Participants in the pilot test were asked to evaluate the instrument for clarity of each question that appeared on the instrument. Because questions on the instrument directly related to program structure and approach, program administrators' reporting of perception or viewpoints was sought using primarily qualitative approaches.

## **Data Collection**

A request for exempt status was submitted to the North Dakota State University Institutional Review Board (IRB), and the project was deemed as not human subject research and thus, not requiring board approval. Data collection methods used for this project included two separate processes. An initial email was sent to respondents indicating that additional emails would be sent to them inviting them to participate in the study by clicking on the embedded SurveyMonkey link. The sample population received three emails inviting them to participate in the study before a paper invitation letter, survey and return envelope was mailed to them via United States Postal Service. Figure 1 highlights the data collection steps taken and the number of surveys that each step produced.

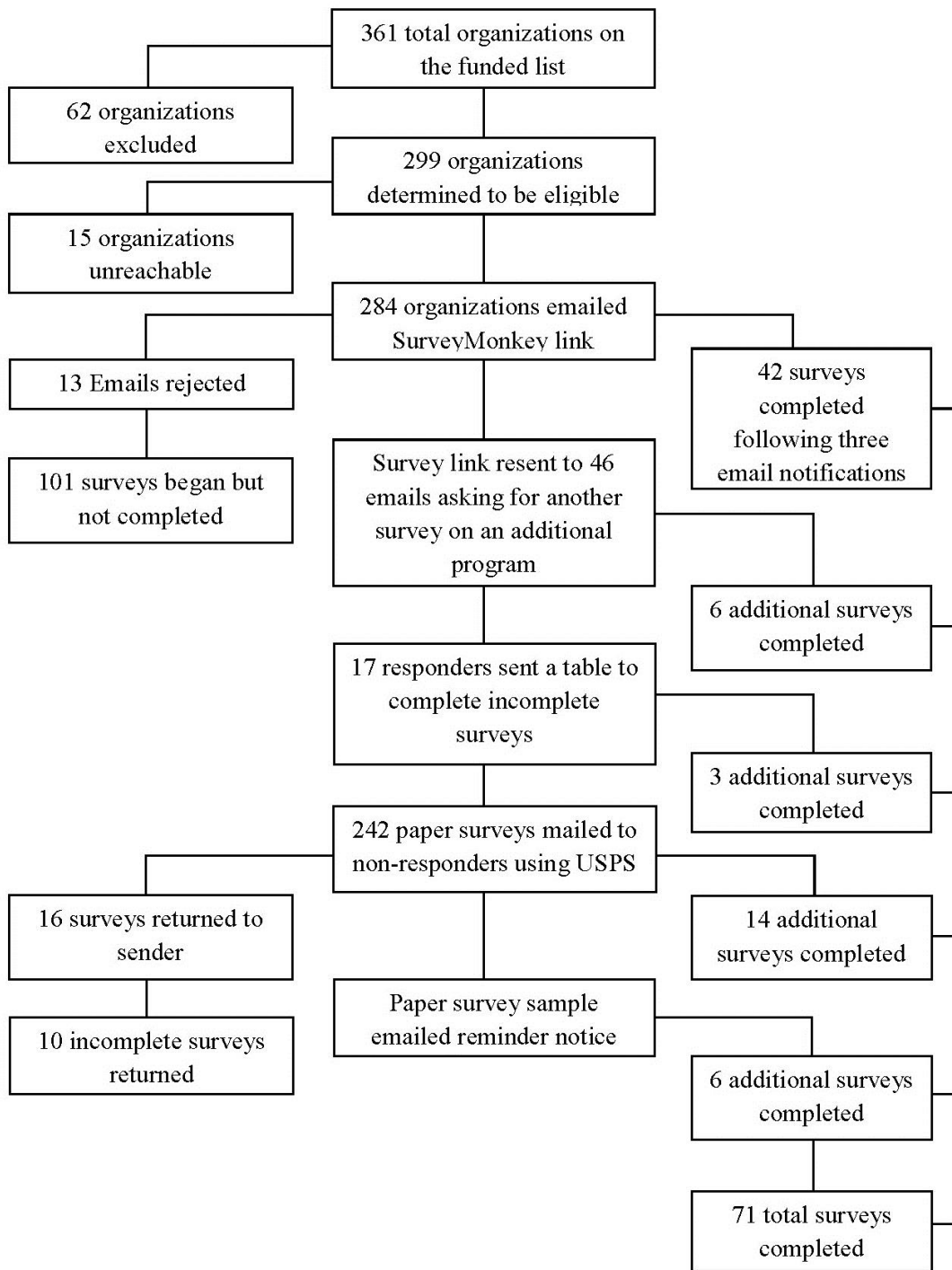


Figure 1. Survey Response Flow Chart



## **Data Analysis**

Programs were split into two groups including programs serving runaway minors and programs serving homeless young adults. Runaway minor programs were categorized by programs that served youth ages 0 to 21 and identified as runaway shelter, shelter care or emergency shelter. Programs that served ages 0 to 25 and identified as an emergency shelter, transitional living program, maternity group home or supportive housing project were categorized as programs serving homeless young adults. Emergency shelters serving 14 years old and older were placed in the young adult category.

Programming outcomes for both runaway minors and homeless young adults were tiered 1 -3. Tier 1 (favorable outcomes) included transitioning to their own apartment, returning home, adopted, transitioning to college, Job Corps or other vocational program, and transitioning to supportive housing program. Tier 2 (acceptable outcomes) included moving in with friends and entering into a transitional living program, emergency shelter and treatment facility. Tier 3 (unacceptable outcomes) included transitioning to the street, jail and unknown transitions.

Research question one regarding the residential programming structures and frameworks of program providers produced nominal data including categories identified in Positive Youth Development and harm reduction approaches. Research question two, admission requirements existing in each type of residential-based homeless youth program structure, produced nominal data (categories). Time spent with case managers (research question three) produced continuous data measured in minutes per week. Research question four sought to determine the differences in programming frameworks when serving street, juvenile justice, and foster youth and was investigated using a qualitative approach of open-ended questions. Residential program continuum outcome data, (question five), produced comparable ratio data in each of the

identified categories. Question six requested qualitative data by asking open-ended questions regarding preferable characteristics of community collaborations / partnerships that further educational advancement.

For questions one, two, three, and five, IBM SPSS was used to analyze data produced by the administered surveys. Questions one and two produced ranked data and were analyzed using frequency distributions and measures of central tendency. Questions three and five produced continuous data. Correlational relationships were examined in question three which focused on time spent with case manager and programming outcomes. Question five was addressed using inferential statistics with  $\alpha = .05$  which determined significance of analysis of variance testing (programming continuums on outcomes). Questions four and six required open-ended questions that focused on effective programming frameworks used when working with street, juvenile justice, and foster youth, as well as the collaboration amongst providers that further educational advancement. Open coding was used to investigate themes that emerged by compiling all qualitative responses and placing them into categories. Once categories were established, themes were established by identifying similar responses.

## **CHAPTER 4. RESULTS**

### **Introduction**

Chapter Four will present the findings of the collected data under the categories of (a) Problem Statement, (b) Research Questions, (c) Findings, and (d) Summary. The findings section will discuss all findings as they relate to each research question.

### **Problem Statement**

There is limited understanding regarding the influence of residential structures and frameworks on safe and appropriate transitions to independent living situations for street and systems youth. Answering the following research questions will increase the understanding of impact of programming structure and frameworks on street and systems youth.

### **Research Questions**

1. What residential programming structures and frameworks are providers using to serve homeless youth?
2. What admission requirements exist in each type of residential-based homeless youth program structure?
3. What is the relationship of weekly time spent with case manager and programming outcomes?
4. What are the differences in programming frameworks when serving street, juvenile justice, and foster youth?
5. Are there differences in outcomes among programs providing residential continuums?
6. What are preferable characteristics of community partnerships / collaborations that further educational advancement of homeless youth?

## **Findings**

### **Residential Program Frameworks and Structures**

Given what was found in the literature review and based on these findings, a majority of information and tables are split between two groups including runaway minor and homeless young adult providers. After providing overall agency information, respondents were asked to report on one of their residential programs. Programs ranged in operation years from 1 year of service to 50 years of service with an average of 21.1 years of operation. Respondents indicated that 65 (67.0%) of programs carried a license to provide residential services, most of which were issued by a state department of human service or children's services. Programs serving runaway minors reported that 53 (100%) programs were staffed at all times when clients were on site while programs serving homeless young adults reported that 31 (67.4%) of programs required staff on site. Information provided in Table 4 shows the frequency of each programming type. Programming type indicates how programs are identified and certain assumptions can be made based on the residential programming type including length of stay and target population. When runaway minors and homeless young adult populations are divided, distinct separation exists in programming type with emergency shelter demonstrating overlap.

Programming Structure relates to the physical environment. The residential programming structure is a primary programming aspect that influences the levels of independence, security and autonomy that program participants experience. Programs that serve runaway minors tend to be staffed in a single structure while programs that serve homeless young adults use a variety of program structures as shown in Table 5. Building security and number of overall beds are indicated in Tables 6 and 7.

Table 4

*Frequencies of Runaway Minor and Homeless Young Adult Residential Programming Types*

Program Type	Runaway / Minor		Homeless / Young Adult	
	<i>n</i> = 53	%	<i>n</i> = 46	%
Runaway Shelter	28	52.8	0	0.0
Emergency Shelter	22	41.5	6	13.0
Shelter Care	4	7.5	0	0.0
Transitional Living Program	0	0.0	33	71.7
Supportive Housing	0	0.0	4	8.7
Maternity Group Home	0	0.0	3	6.5

*n* included all programs that provided framework and structure information.

Table 5

*Frequencies of Runaway Minor and Homeless Young Adult Residential Programming Structures*

Program Structure	Runaway / Minor		Homeless / Young Adult	
	<i>n</i> = 53	%	<i>n</i> = 46	%
Congregate / Group Home	49	92.5	22	47.8
Host Home	4	7.5	1	2.2
Supervised Apartment	0	0.0	12	26.1
Unsupervised Scattered Site	0	0.0	9	19.6
Unsupervised Apartment	0	0.0	2	4.3

*n* included all programs that provided framework and structure information.

Table 6

*Frequencies of Runaway Minor and Homeless Young Adult Residential Programming Structure Security*

Program Structure Security	Runaway / Minor		Homeless / Young Adult	
	<i>n</i> = 53	%	<i>n</i> = 45	%
Locked from Inside	40	75.8	28	62.2
Not Locked	9	17.0	12	26.7
Lock Both from Inside and Outside	2	3.8	2	4.4
Locked from the Outside	2	3.8	1	2.2

*n* included all programs that provided framework and structure information.

The researchers calculated the standardized difference between the residential bed means. The effect size regarding number of beds was small ( $d = .0897$ ).

Table 7

*Runaway Minor and Homeless Young Adult Measures of Central Tendencies of Residential Beds*

	Range	<i>SD</i>	Mean	Median	Mode
Runaway / Minor ( <i>n</i> = 38)	4 - 120	25.86	18.63	11.00	8
Homeless / Young Adult ( <i>n</i> = 31)	4 - 60	15.19	20.58	18.00	6

*n* included all programs that provided framework and structure information.  $d = -.0897$

The researchers calculated the standardized difference between the residential time limit means. The effect size regarding residential time limit was large ( $d = -3.5$ ).

Table 8

*Runaway Minor and Homeless Young Adult Measures of Central Tendencies of Programming Time Limits by Days*

	Range	<i>SD</i>	Mean	Median	Mode
Runaway / Minor ( <i>n</i> = 34)	14 - 30	4.24	21.47	21.00	21
Homeless / Young Adult ( <i>n</i> = 31)	21 - 720	214.16	538.94	540.00	540

*n* included all programs that provided framework and structure information.  $d = -3.5$

Respondents were asked about the minimum requirements for frontline staff. Front-line staff included anyone who had direct contact with program participants but do not provide professional independent living education or case management. Table 9 highlights the difference and similarities between programs serving runaway minors and homeless young adults. An *other* answer choice was provided creating three additional categories including 23 years old, work experience, health / drug screen and practice certification.

Table 9

*Runaway Minor and Homeless Young Adult Frequencies of Minimum Requirements for Frontline Program Staff*

Requirement	Runaway / Minor		Homeless / Young Adult	
	<i>n</i> = 52	%	<i>n</i> = 45	%
Criminal Background Check	42	80.8	44	97.8
CPR / First Aid	36	69.2	34	75.6
Drivers License	33	63.5	33	73.3
21 years Old	32	61.5	25	55.6
High School Diploma	31	59.6	25	55.6
18 Years Old	11	21.2	8	17.8
Bachelors Degree	8	15.4	16	35.6
Associates Degree	8	15.4	3	6.7
Work Experience	6	11.5	2	4.4
Health / Drug Screen	2	3.8	2	4.4
Practice Certification	1	1.9	1	2.2
23 Years Old	1	1.9	0	0.0

*n* included all programs that provided framework and structure information. Respondents were asked to check all that applied.

Staff who provided case management or independent living education were considered professional staff. Respondents provided information regarding minimum requirements for employment. An *other* answer choice was provided creating two additional categories including practice certification and health / drug screen.

Table 10

*Runaway Minor and Homeless Young Adult Frequencies of Minimum Requirements for Professional Program Staff*

Requirement	Runaway / Minor		Homeless / Young Adult	
	<i>n</i> = 53	%	<i>n</i> = 46	%
Bachelors Degree	42	79.2	32	69.6
Criminal Background Check	41	77.4	39	84.8
Drivers License	39	73.6	35	76.1
Professional Experience	34	64.2	27	58.7
CPR / First Aid	33	62.3	32	69.6
High School Diploma	8	15.1	6	13.0
Masters Degree	7	13.2	5	10.9
Associates Degree	4	7.5	5	10.9
Professional License	4	7.5	3	6.5
Health / Drug Screen	2	3.8	1	2.2
Practice Certification	0	0.0	1	2.2

*n* included all programs that provided framework and structure information. Respondents were asked to check all that applied.



Respondents were asked about programming fee requirements in their residential programs as an aspect of programming structure. Programs that provided service to homeless young adults ( $n = 44$ ) were asked about program fees of which 21 (47.7%) indicated that program fees were required of program participants. A majority of those that indicated that program fees were collected reported that a percentage of take-home pay was collected and often returned to program participants upon transition out of programming. When an actual percentage was indicated 11 respondents indicated a range of 10% to 50% was collected with an average of 29.1% being collected. Respondents that provided an actual dollar amount consisted of four respondents providing a range of \$75 to \$150, with an average of \$106.25 without a frequency of collection indicated.

In addition to how a program is structured, the method in which the program was delivered to the target population was considered programming frameworks. As shown in Table 11, Therapeutic models, philosophies and approaches were presented and respondents were instructed to check all that applied to the program on which they were reporting. An *other* answer choice was provided creating two additional categories including motivational interviewing and independent living curriculum. Respondents were also asked to identify all requirements youth had to adhere to in order to remain in the program; those responses are highlighted in Table 12.

Table 11

*Runaway Minor and Homeless Young Adult Frequencies of Residential Programming Frameworks*

Program Framework	Runaway / Minor		Homeless / Young Adult	
	<i>n</i> = 51	%	<i>n</i> = 44	%
Case Management	48	94.1	41	93.2
Positive Youth Development	48	94.1	39	88.6
Family Counseling	42	82.4	14	31.8
Individual Therapy	40	78.4	30	68.2
Harm Reduction	40	78.4	29	65.9
Group Therapy	35	68.6	27	61.4
Volunteerism	35	68.2	27	61.4
Educational Tutoring	33	64.7	22	50.0
Peer Mentoring	26	51.0	15	34.1
Trauma Focused Therapy	13	25.5	14	31.8
Classroom Curriculum	7	13.7	11	25.0
Housing First	7	13.7	11	25.0
12 Step Programming	1	2.0	1	2.3
Motivational Interviewing	0	0.0	3	6.8
Independent Living Curriculum	0	0.0	2	4.5

*n* included all programs that provided framework and structure information. Respondents were asked to check all that applied.

Table 12

*Runaway Minor and Homeless Young Adult Frequencies of Programming Requirements*

Programming Requirement	Runaway / Minor		Homeless / Young Adult	
	<i>n</i> = 50	%	<i>n</i> = 44	%
None	28	56.0	4	9.1
Chores / Cleaning	19	38.0	35	79.5
Continued Education	14	28.0	33	75.0
Independent Living Classes	6	12.0	25	56.8
Employment	0	0.0	31	70.5

*n* included all programs that provided framework and structure information. Respondents were asked to check all that applied.

Respondents were asked to provide qualitative examples of how they had implemented Positive Youth Development frameworks into programming. Responses were split between those providing information on runaway minor programs and those providing information on homeless young adult programs. Themes that were found when reviewing all responses centered on individual case planning, program delivery, organizational involvement and community engagement.

The strongest theme found in the qualitative responses was individual case planning. Respondents gave examples of program participants being heavily involved in the assessment process, individual goal setting and assessment of personal outcomes. Respondents highlighted an increased level of program investment when individuals could coordinate and provide input into their case plan. The bond that is created by coordinating with youth as partners was identified indicating that youth are the experts on their personal realities and program providers are experts on navigating the system.

Examples of program delivery included scheduled activities, meal planning and menu development, program rules and expectations, facilitation of house meetings, and participation on advisory boards. Respondents indicated that giving this level of influence to the target population limited the amount of power struggles experienced in programming. In addition to mitigating the conflict over how the program is delivered, the further development of independent living skills was an implicit benefit to allowing youth to contain more program control as many of the activities required planning, coordination and evaluation. Organizational and community involvement were identified, however not at the rate of individual cases planning and program delivery. Respondents identified the primary way in which organizational involvement was accomplished was by having youth on their board of directors. Community involvement was carried out by volunteerism and participation in community meetings.

Respondents were asked to identify all of the ways in which terminations from residential programs were determined. Table 13 identifies the frequency of each program termination in the runaway minor and homeless young adult categories. Program termination refers to incidences when termination from programming is not initiated by the client.

Table 13

*Runaway Minor and Homeless Young Adult Frequencies of Decisions of Terminations from Programming*

Termination Type	Runaway / Minor		Homeless / Young Adult	
	<i>n</i> = 44	%	<i>n</i> = 38	%
Program Director Decision	23	52.3	27	71.1
Treatment Team	19	43.2	16	42.1
Staff Group Decision	18	40.9	30	78.9
Outside Entity / Referral Source	8	18.2	4	10.5
Three Strike Rule	3	6.8	7	18.4
Peer Review Panel	0	0.0	2	5.3

*n* included all programs that provided framework and structure information. Respondents were asked to check all that applied.

Program follow-up refers to the methods used by organizations to follow up with clients after transitioning from residential programs. Table 14 indicates the method of follow up and Table 15 identifies the frequency at which follow-up data is collected.

Table 14

*Runaway Minor and Homeless Young Adult Frequencies of Program Follow-up by Type*

Follow-up Type	Runaway / Minor		Homeless / Young Adult	
	<i>n</i> = 40	%	<i>n</i> = 34	%
Phone	34	85.0	27	79.4
Aftercare Programming	28	70.0	23	67.6
Email	12	30.0	22	64.7
Survey	11	27.5	10	29.4
FaceBook	9	22.5	19	55.9
Data Not Collected	3	7.5	3	8.8

*n* included all programs that provided framework and structure information. Respondents were asked to check all that applied.

Table 15

*Runaway Minor and Homeless Young Adult Frequencies of Program Follow-up Intervals*

Follow-up Interval	Runaway / Minor		Homeless / Young Adult	
	<i>n</i> = 40	%	<i>n</i> = 32	%
1 Week	11	27.5	7	21.9
2 Weeks	7	17.5	2	6.3
1 Month	20	50.0	11	34.4
2 Months	7	17.5	3	9.4
3 Months	25	62.5	16	50.0
6 Months	23	57.5	18	56.3
9 Months	8	20.0	5	15.6
1 Year	11	27.5	12	37.5
Data Not Collected	3	7.5	6	18.8

*n* included all programs that provided framework and structure information. Respondents were asked to check all that applied.

### **Residential Program Admission Requirements**

Research question 2 focused on the admission requirements in each type of residential-based homeless youth program structure. Admission requirements informed the researchers as to how clients were referred and admitted into programming. Different programming structures and frameworks maintained varying requirements for program admission. As shown in Table 16, respondents were asked to identify all admission requirements that exist in their program. An *other* answer choice was provided creating four additional categories including not homicidal or suicidal, experiencing a family crisis, shelter system referral and escaping domestic violence.

Table 16

*Runaway Minor and Homeless Young Adult Frequencies of Residential Program Admission Requirements*

Requirement	Runaway / Minor		Homeless / Young Adult	
	<i>n</i> = 53	%	<i>n</i> = 46	%
Homeless / Runaway	41	77.4	37	80.4
Violence Free Criminal History	11	20.8	10	21.7
Foster Care Referral	8	15.1	1	2.8
Family Crisis	7	13.2	0	0.0
Sobriety	6	11.3	7	15.2
Juvenile Justice Referral	5	9.4	1	2.8
Not Homicidal / Suicidal	2	3.9	1	2.8
History of Foster Care	2	3.8	4	8.7
Mental Health Disorder	2	3.8	2	4.3
State Issued Identification	1	1.9	13	28.3
Pregnant / Parenting	1	1.9	6	13.0
Current, Legitimate Employment	0	0.0	3	6.5
Lease / Sublease	0	0.0	3	6.5
Financial Deposit	0	0.0	2	4.3
Escaping Domestic Violence	0	0.0	1	2.8
Shelter System Referral	0	0.0	1	2.8
Treated Mental Illness	0	0.0	1	2.8
Diploma / GED	0	0.0	0	0.0
HIV Positive	0	0.0	0	0.0
Housing Readiness Training	0	0.0	0	0.0

*n* included all programs that provided framework and structure information. Respondents were asked to check all that applied.

Respondents were asked if standardized assessment tools were used during the intake process. Table 17 shows whether or not assessment tools were used at intake, tool type, and number of tools used in runaway / minor and homeless young adult residential programs. Percentages of assessment tool type were calculated using the number of providers using one tool plus providers using multiple tools.

Table 17

*Runaway Minor and Homeless Young Adult Frequencies of Standardized Intake Assessment Tools*

	Runaway / Minor		Homeless / Young Adult	
	<i>n</i> = 53	%	<i>n</i> = 46	%
Standardized Tools Not Used	29	54.7	14	30.4
Standardized Tools Used	24	45.3	32	69.6
Tool Type Not Indicated	7	29.2	4	12.5
One Tool Type Identified	13	54.2	19	59.4
Multiple Tool Types Identified	4	16.7	9	28.1
Mental Health	7	41.2	11	39.3
Independent Living Skills	5	29.4	18	64.3
Education	5	29.4	1	3.6
Service Prioritization	3	17.6	2	7.1
Family	5	29.4	0	0.0

*n* included all programs that provided framework and structure information. Respondents were asked to check all that applied.



## Time Spent with Case Manager

Research question 3 focused on the influence of weekly time spent with case manager on programming outcomes. Table 18 demonstrates the frequency of program participant meetings with their case managers. Respondents were asked to indicate on average, the amount of time each program participant meets with their case manager. Table 19 highlights the amount of time program participants spend with their case manager per week in minutes.

Table 18

### *Runaway Minor and Homeless Young Adult Frequencies of Case Management Meeting Intervals*

Meeting Interval	Runaway / Minor		Homeless / Young Adult	
	<i>n</i> = 47	%	<i>n</i> = 43	%
Daily	6	12.8	1	2.3
Daily (Monday – Friday)	13	27.7	2	4.7
Twice per Week	15	31.9	12	27.9
Once per Week	13	27.7	24	55.8
Once Every Two Weeks	0	0.0	4	9.3

*n* included all programs that provided framework and structure information.

The researchers calculated the standardized difference between means of time spent with case manager. The effect size regarding time spent with case manager was small ( $d = .0556$ ).

Table 19

### *Runaway Minor and Homeless Young Adult Measures of Central Tendencies of Time Spent with Case Manager per Week in Minutes*

	Range	<i>SD</i>	Mean	Median	Mode
Runaway / Minor ( <i>n</i> = 51)	30 - 600	110.00	156.76	120.00	120
Homeless / Young Adult ( <i>n</i> = 42)	0 - 300	71.78	104.17	90.00	60

*n* included all programs that provided framework and structure information.  $d = .0556$

The influence of weekly time spent with case manager on programming outcomes was determined by using correlational analysis. Case manager time was converted to minutes of face-to-face time spent on average with clients per week as reported by respondents. Potential outcomes were tiered 1 – 3 represented by favorable (Runaway minor providers = 75.8%, Homeless youth providers = 68.1%), acceptable (Runaway minor providers = 18.9%, Homeless youth providers = 28.4%) and unacceptable (Runaway minor providers = 5.3%, Homeless youth providers = 4.3%). Using 2 tailed correlational analyses, percentages were produced for each tier by dividing specific outcomes within the tier by total transitions for programming. Correlations were tested between these outcome variables and time spent with case manager. No significant correlation was found between time spent with case manager and programming outcomes ( $r = .012$ ).

### **Street, Justice and Foster Youth Programming**

Research question 4 sought to identify the differences in serving street, juvenile justice and foster youth in residential programming. The following narrative highlights the themes that were presented for each subpopulation.

**Street youth.** Suggested programming frameworks and structure for serving street youth included trauma-informed, non-judgmental services in a safe, low-barrier environment. Trauma-informed care was identified as a framework of importance when serving street youth with clinical services being the accompanying structure. Examples of clinical service structure were mental health professionals and sanctuary models of residential service. Respondents highlighted a non-judgmental approach as being important when serving street youth. Respondents indicated that providers who provide a non-judgmental intake process have an easier time building rapport with street youth. In addition to providing non-judgmental services, respondents suggested that

meeting clients *where they are at* also included making sure that basic needs had been met prior to beginning a formal intake process. Examples of basic needs included food, clean clothing and access to laundry facilities. Safe low-barrier programming was identified and described as programs that did not require much on the front end of services. One program suggested that program participants need only to be sober and not homicidal or suicidal in order to be admitted into programming.

**Juvenile justice youth.** Participants reported that juvenile justice youth were provided wrap around services similar to foster youth with a behavioral philosophical approach, in a semi-rigid structure. Respondents reported that a wrap around framework consisting of multiple providers including probation officers, mental health professionals and case workers sharing common goals for the program participant was an effective model when serving juvenile justice youth. In the collected responses, the focus of service tended to be behavioral and cognitive meaning that respondents highlighted the need to assist juvenile justice youth in developing enhanced skills and consider consequences and rewards of choices. A semi-rigid structured environment was identified as an effective practice including 24 / 7 supervision, drug testing, using court orders and probation officers as leverage, and clear rules regarding behavior.

**Foster youth.** Respondents indicated that foster youth required more support than their street youth counterparts. Programs provided additional support through individual programming, home-like settings with mentors, and involvement of community service providers. Respondents indicated that foster youth tended to be more immature and required individualized programming that focused on skill building that focuses on transitioning foster youth to independent living. One respondent indicated that foster youth often held an *attitude of entitlement and having a psychological dependency on the state*. Much like the juvenile justice

youth, respondents highlighted the importance of community provider involvement. A congregate living structure was identified as an effective structure allowing foster youth to gain a sense of home-like atmospheres. The use of staff as peer mentors was highlighted as an effective practice that addressed foster youth’s distrust of human service practitioners.

### Programming Outcomes

Research question 5 considered the influence of programming continuums on programming outcomes. Respondents were asked to determine the likelihood of program termination by behavior on a 5 point Likert-like scale. Using an independent samples *t*-test, the differences between programs serving runaway minors and homeless young adults included program fees, case plan follow through and having unauthorized guests, as shown in Table 20.

Table 20

*Runaway Minor and Homeless Young Adult Mean Differences of Termination from Programming by Behavior*

Behavior	Group		<i>t</i>	<i>p</i>	<i>d</i>
	R / M	H / YA			
Fighting / Physical Altercations	3.69 (.874)	3.77 (1.04)	0.38	.705	-.0839
Drug / Paraphernalia Possession	3.34 (0.96)	3.62 (1.07)	-1.22	.225	-.2764
Under the Influence of Drugs / Alcohol	3.02 (0.93)	2.64 (0.96)	1.84	.070	.4033
Nonpayment of Program Fees / Rent	1.10 (0.37)	1.86 (1.08)	-4.11*	.000	-.9634
Lack of Follow Through with Case Plan	2.34 (0.99)	3.13 (0.80)	-3.92*	.000	-.8750
Unauthorized Guests	2.90 (1.19)	3.03 (0.80)	-0.54	.589	-.1271
Damage to Property	3.14 (0.93)	3.51 (0.87)	-1.88	.063	-.4097

*n* included all programs that provided program termination information using a five-point, Likert-like scale. \* *p* ≤ .05, Standard Deviation appear in parentheses below means.

The influence of residential continuums on programming outcomes was analyzed using one way ANOVA. Agencies were categorized using identifiers 1 – 3 which represented the number of residential options offered to runaway and homeless youth. Emergency shelters, transitional living programs and supportive housing programs served as the continuum categories and programs were given a one if they offered only one of these options and a three if they offered all three options. Potential outcomes were tiered 1 – 3 represented by favorable, acceptable and unacceptable. Differences in percentages of tiered outcomes among the 3 program continuum levels were tested. An ANOVA was used to analyze the data. Organizations operating one program ( $n = 18$ ), two programs ( $n = 21$ ) and three programs ( $n = 24$ ) demonstrated no significant difference with favorable outcomes ( $p = .128$ ).

### **Preferred Educational Characteristics**

Research question 6 sought to identify the preferable characteristics of community partnerships / collaborations that furthered the educational advancement of homeless youth. Preferable characteristics of educational providers produced three primary themes including philosophy / approach, collaboration, services / programs. Runaway minor and homeless young adult program respondents were reviewed and analyzed separately. Themes produced by the two groups were consistent with each other except respondents of homeless young adult programs placed greater emphasis on higher education accessibility. Programs serving homeless young adults identified higher education accessibility and programming as benefitting those served. Upward Bound programming, workforce investment programs and lower-barrier community colleges were identified as options for homeless youth to pursue higher education.

The philosophy / approaches that were identified as being preferable were that of support, flexibility and advocacy. Respondents indicated that due to the interrupted education histories of

those served, educational programs that can be creative and assist program participants regardless of the educational stage is of benefit to runaway and homeless youth providers. Respondents indicated that educational providers that were willing to advocate for the educational advancement of those served produced greater results for runaway and homeless youth. Respondents indicated that a collaborative approach was favorable. Service providers stated that frequent progress meetings helped participants, providers and educators remain focused on the overall educational goals. Though this was identified in both runaway minor and homeless young adult programs, the runaway minor respondents placed a heavier emphasis on educational collaboration.

Services and programs included benefits that existed outside of classroom and curricula. McKinney-Vento homeless liaisons were overwhelmingly identified as a benefit to runaway and homeless youth. In addition to actual role, homeless liaisons were given credit for assisting homeless youth providers with helping coordinate school attendance by offering transportation, food and referrals to other professionals who could assist young people attain an independent living status.

### **Summary**

The majority of programs indicated that they operated in a congregate structure that was locked from the inside. The numbers of beds in runaway minor and homeless young adult programs were similar with runaway minor programs averaging 18.63 and homeless young adult programs averaging 20.58. Time limits in programming varied dramatically between groups with runaway minors averaging 21.47 days and homeless young adult programs averaging 538.94 days. The top three requirements for frontline staff in both groups were the completion of a criminal background check, CPR / First Aid certification and possession of a driver's license.

The top four requirements of both groups for professional staff were possession of a bachelor's degree, completion of a criminal background check, CPR / First Aid certification and possession of a driver's license. Case management provided through Positive Youth Development frameworks was the most common framework within both groups. Phone calls and aftercare programming was a commonality between groups with follow-ups at one month, three months and six months being the most common.

Runaway minor and homeless young adult programs differed in several ways. Homeless young adult programs required more chores, continued education and independent living curriculum than runaway minor programs. Programs serving homeless young adults relied more heavily on program directors and staff group decisions when terminating clients from programming. Requirements for admission to runaway minor programs highlighted family crisis while admission to homeless young adult programming focused on the possession of state issued identification and being pregnant or parenting. Programs serving homeless young adults reported a higher use of standardized assessment tools with independent living skill assessment being the most prevalent. Frequency of case manager meetings for runaway minor programs were more evenly distributed while a majority of programs serving homeless young adults reported meeting weekly. In addition to differences in meeting frequency, runaway minor programs averaged 52.59 more minutes a week of face to face time with case managers than their homeless young adult counterparts. Programming continuums and time spent with case managers were found to have no significant correlation with programming outcomes while nonpayment of programming fees, lack of follow through with independent living plan and having unauthorized guests were found to be significant differences in programming termination.

Programming frameworks and structure utilized when serving street youth centered around trauma-informed, non-judgmental services in a safe, low-barrier environment. Participants reported that juvenile justice youth were provided wrap around services similar to foster youth with a behavioral philosophical approach, in a semi-rigid structure. Programs serving foster youth provided additional support through individual programming, home-like settings with mentors, and involvement of community service providers. Preferable characteristics of educational providers produced three primary themes including philosophy / approach, collaboration, services / programs. Runaway minor and homeless young adult respondents were reviewed and analyzed separately. Themes produced by the two groups were consistent with each other except respondents of homeless young adult programs placed greater emphasis on higher education accessibility.



## **CHAPTER 5. SUMMARY, CONCLUSIONS, DISCUSSION, AND RECOMMENDATIONS**

### **Summary**

#### **Problem Statement**

There is limited understanding regarding the influence of residential structures and frameworks on safe and appropriate transitions to independent living situations for street and systems youth. Answering the following research questions will increase the understanding of the impact of programming structure and frameworks on street and systems youth.

#### **Research Questions**

1. What residential programming structures and frameworks are providers using to serve homeless youth?
2. What admission requirements exist in each type of residential-based homeless youth program structure?
3. What is the relationship of weekly time spent with case manager and programming outcomes?
4. What are the differences in programming frameworks when serving street, juvenile justice, and foster youth?
5. Are there differences in outcomes among programs providing residential continuums?
6. What are preferable characteristics of community partnerships / collaborations that further educational advancement of homeless youth?

## **Guiding Theory**

Positive Youth Development implies basic tenants that are highlighted by researchers and incorporated by providers. Security and safety, supportive relationships, acceptance of a peer group, and skill building opportunities (Silloway, Connors-Tadros, & Marchand, (2009) as well as bonding with the social environment, healthy and holistic development, self-efficacy and self-determination, positive identity, and support of prosocial norms (Wilson-Simmons, 2007) were presented as aspects of Positive Youth Development that support and encourage youth. Programs can maintain flexibility by recognizing the developmental stages of those who utilize the service and are discouraged from taking a no-tolerance stance on programming requirements (Collins, Hill, & Miranda, 2008; Pope, 2009). Harm Reduction Theory encourages program providers to limit the harm that individuals experience without creating power struggles, or marginalizing those in need of service (Kleinig, 2008; Lee & Peterson, 2009; Ritter & Cameron, 2006). Though at times controversial, Harm Reduction programming can produce encouraging results when used in the right setting, with the right population (Little & Franskoviak, 2010).

## **Primary Stakeholders**

The differences between serving systems youth and street youth were highlighted extensively (Agnese, Golden, & Tyson, 2004; Bartlett, Copeman, Golin, Miller, & Needle, 2004; Bielawski-Branch, Goldman, Gramarossa, Johnson, Smith, Tanner, & Barnes, 2008; Brown & Wilderson, 2010; Common Ground and Good Shepherd Services, 2009; Karabanow, 2002; Rashid, 2004; Stranka, Tempel, & Epstien, n.d.) indicating that former foster care youth enter programming with a heightened sense of entitlement, creating difficulties for program providers in promoting self-sufficiency. Street youth generally have a better understanding of the opportunities that come with entering programming and take advantage of the options presented

to them. In addition to the specialized needs of former foster care youth, programs struggle to meet the needs of youth who present with severe and persistent mental health issues (Aviles & Helfrich, 2002; Bartlett et al., 2004; Bielawski-Branch et al., 2008; Vorhies, Glover, Davis, Hardin, Krzyzanowski, Harris, & Wilniss, 2009; Wilderson, Lee, & Gibson, 2007). Providers have recognized special needs populations and have structured programming to cater to those needs (Vorhies et al., 2009).

Subpopulations that seek residential intervention experience many barriers while doing so. With lack of employment and education (Agnese et al., 2004; Armaline, 2005; Aviles & Helfrich, 2002; Bartlett et al., 2004; Rashid, 2004; Van wormer, 2003) program applicants face multiple barriers upon admission. Admission to a program can at times be a luxury in itself (Agnese et al., 2004; Aviles & Helfrich, 2002; Van wormer, 2003) given that there are far more individuals seeking service than there are beds. Lack of transportation was a barrier that was identified as limiting goal attainment (Aviles & Helfrich, 2002; Bartlett et al., 2004; Bielawski-Branch et al., 2008) while program providers consider how on and off-site services will be delivered to the target population.

### **Programming and Structure**

Education including life-skills development and formal study, as well as employment / training were primary facets of residential service delivery (Dworsky, 2010; Giffords et al., 2007; Rashid, 2004; Vorhies et al., 2009; Wilderson et al., 2007). Differences in short and long term objectives amongst emergency shelter, transitional living, and permanent / supportive housing were outlined indicating that one measure of success will not work across all programs. Each program has a unique structure and serves the specific needs of the community in which they are located. Outcome data are difficult to compare based on different definitions of

successful transition to independence (Bartlett et al., 2004; Common Ground and Good Shepherd Services, 2009; Dworsky, 2010; Giffords et al. 2007; Kroner, 2001; Pollio et al., 2006; Rashid, 2004). In addition to the lack of standardized measures, others point out that there is personal development that transpired in a program that is not being measured (Bartlett et al., 2004; Vorhies et al., 2009). Programs operating continuums of care will experience a more seamless transition from programming to independent living based on permanent / supportive housing options. When programs operate housing units, barriers that youth present can be overlooked (Agnese et al., 2004, Bielawski-Branch et al., 2008; Common Ground and Good Shepherd Services, 2009; Dworsky, 2010; Stranka et al., n.d.; Wilderson et al., 2007).

### **Community Need**

Programs can build collaborative relationships by addressing community needs that are specific to their location (Karabanow, 2002; Walsh, 2010). Community engagement in problem solving, funding, and volunteering has a great impact on the success of residential programs (Walsh, 2010). Program administrators should consider a building's physical structure and external appearance including signage, windows and security and how those factors influence perception, as well as the target population's behavior. (Armaline, 2005).

### **Methodology**

Program managers / administrators of homeless youth residential programs were identified as the population to be asked to complete surveys. Programs were identified using the U.S. Department of Health and Human Services Administration for Children and Families website, programs identified in the review of related literature, and Google searches of emergency shelters, transitional living programs, and supportive housing programs for homeless youth. The sample population consisted of 284 identified providers ( $n = 284$ ), many of which

oversee multiple programs that fit within the parameters of this study including 198 transitional living programs and maternity group homes, 307 basic centers, and 14 permanent / supportive housing programs, creating a total program count of 519 programs.

The instrument used for this project was informed by the reviewed literature, developed and field tested by the researcher, and disseminated to the target population. The instrument was developed under the four major constructs found in the reviewed literature that included guiding theory, primary stakeholder differences, program and structure, and community and was condensed in the instrument into three sections including *Program Structure / Philosophy*, *Program Intake and Outcome Data*, and *Agency Structure and Community Involvement*. A four-part pilot test consisting of three group interview sessions were followed by the dissemination of the instrument for feedback.

A request for exempt status was submitted to the North Dakota State University Institutional Review Board (IRB), and the project was deemed as not human subject research and thus, not requiring board approval. Data collection methods used for this project included two separate processes. An initial email was sent to respondents indicating that additional emails would be sent to them inviting them to participate in the study by clicking on the embedded SurveyMonkey link. The sample population received three emails inviting them to participate in the study before a paper invitation letter, survey and return envelope was mailed to them via United States Postal Service.

Programs were split into two groups including programs serving runaway minors and programs serving homeless young adults. Programs serving runaway minors were categorized by placing all programs that served youth ages 0 to 21 and identified as runaway shelter, shelter care or emergency shelter. Programs that served 0 to 25 and identified as an emergency shelter,

transitional living program, maternity group home or supportive housing project were categorized as programs serving homeless young adults. Emergency shelters serving youth 14 years old and older were placed in the young adult category. Data analysis included descriptive statistics, *t*-tests, analysis of variance testing, and the identification of qualitative themes.

## **Findings**

The majority of programs indicated that they operated in a congregate structure that was locked from the inside. The numbers of beds in runaway minor and homeless young adult programs were similar with runaway minor programs averaging 18.63 and homeless young adult programs averaging 20.58. Time limits in programming varied dramatically between groups with runaway minors averaging 21.47 days and homeless young adult programs averaging 538.94 days. The top three requirements for frontline staff in both groups were the completion of a criminal background check, CPR / First Aid certification and possession of a driver's license. The top four requirements of both groups for professional staff were possession of a bachelor's degree, completion of a criminal background check, CPR / First Aid certification and possession of a driver's license. Case management provided through Positive Youth Development frameworks was the most common framework within both groups. Phone calls and aftercare programming was a commonality between groups with follow-ups at one month, three months and six months being the most common.

Runaway minor and homeless young adult programs differed in several ways. Homeless young adult programs required more chores, continued education and independent living curriculum than runaway minor programs. Programs serving homeless young adults relied more heavily on program directors and staff group decisions when terminating clients from programming. Requirements for admission to runaway minor programs highlighted family crisis

while admission to homeless young adult programming focused on the possession of state issued identification and being pregnant or parenting. Programs serving homeless young adults reported a higher use of standardized assessment tools with independent living skill assessment being the most prevalent. Frequency of case manager meetings for runaway minor programs were more evenly distributed while a majority of programs serving homeless young adults reported meeting weekly. In addition to differences in meeting frequency, runaway minor programs averaged 52.59 more minutes a week of face to face time with case managers than their homeless young adult counterparts. Programming continuums and time spent with case managers were found to have no significant impact on programming outcome and nonpayment of programming fees, lack of follow through with independent living plan and having unauthorized guests were found to be significant differences in programming termination.

Programming frameworks and structure utilized when serving street youth centered around trauma-informed, non-judgmental services in a safe, low-barrier environment. Participants reported that juvenile justice youth were provided wrap around services similar to foster youth with a behavioral philosophical approach, in a semi-rigid structure. Programs serving foster youth provided additional support through individual programming, home-like settings with mentors, and involvement of community service providers. Preferable characteristics of educational providers produced three primary themes including philosophy / approach, collaboration, services / programs. Runaway minor and homeless young adult program respondents were reviewed and analyzed separately. Themes produced by the two groups were consistent with each other except respondents of homeless young adult programs placed greater emphasis on higher education accessibility.

## Conclusions

Based on data analysis and findings, certain conclusions can be drawn from collected data. In the following section, each research question will be addressed individually with individual conclusions identified for each question. Research question 1 sought to identify the residential structures and frameworks that providers are using to serve homeless youth. In presenting the findings, results were split between runaway minor and homeless young adult programming. Some important differences and similarities were found when programming types were compared. Some of what was considered when looking at programming frameworks and structure addressed aspects of service that carried federal mandates. All programs that were surveyed were on the federal government's list indicating that they received federal funds to carry out programming. The amount of time spent in programming is an example of one of those parameters. With federal mandates taken into consideration, programming aspects that fell outside of those mandates were of primary focus. Those areas of difference included the emphasis on independent living skill building, the use of standardized assessment tools at intake, and the amount of face-to-face time spent with the case manager.

The majority of differences found between the two groups reflected the different developmental stage of program participants and the differences between programming objectives. With the majority of runaway shelters serving pre-teen and young teenage individuals, the focus of programming was to reunite them with the appropriate caregivers. Reuniting young adults or older teenagers with caregivers often is not an option so the focus is to strengthen independent living skills which may be done by assigning more individualized tasks, objectives and goals, thus limiting the amount of face-to-face time spent with a case manager. The difference in developmental stages and how that relates to program was reflected in the role



of independent living skill development. Programs serving younger individuals focused on mitigating family conflict, academic progress and developing healthy peer relationships at a greater rate than programs serving young adults.

Programs serving young adults may find that young people present needing support and services with very little possessions or collateral information that gives program providers an accurate picture of who they are and what they have experienced. Often times those serving young people through runaway programming are provided referral or collateral information from another human service provider. Providers serving young adults who carry with them little collateral information may find it necessary to collect information using standardized assessment tools.

Research question 2 focused on the admission requirements in each type of residential-based homeless youth program structure. In presenting the findings, results were split between runaway minor and homeless young adult programming. Programs serving runaway minors and homeless young adults were similar in what was required for admission however some admission requirements could also be looked at as barriers to programming. Violence-free criminal history, sobriety, and a state-issued identification may be absent in many situations for those needing help. Programs serving runaway minors indicated that 20.8% of programs surveyed required a criminal-free background as well as 21.7% of homeless young adult programs surveyed. These requirements leave a substantial number of runaway and homeless youth without options perhaps making them even more vulnerable than their clean-record counterparts.

Research question 3 focused on the influence of weekly time spent with case managers on programming outcomes. In presenting the findings, results were split between runaway minor

and homeless young adult programming. An important difference was found when programming types were compared. Programs serving runaway minors spent an average of 52.59 more minutes a week of face-to-face time with case managers than their homeless young adult counterparts. Programs serving homeless young adults may place more emphasis on individual tasks, objectives and goals, allowing homeless young adults to navigate the system with support and guidance.

Programs serving runaway minors may spend more involved time with program participants mitigating family conflict and working with young people to develop problem-solving skills; however, time spent with case manager was shown to not have a significant impact on program outcomes. Some program participants come into programming with their basic needs met, a modest amount of education, and developed independent living skills and employment, requiring very little support and guidance from case management staff. The opposite can also happen where a young person comes into programming with underdeveloped skills and a lack of focus or drive and time spent with case manager may have very little effect on the programming outcome.

Research question 4 sought to identify the differences in serving street, juvenile justice and foster youth in residential programming. Programming frameworks and structure utilized when serving street youth centered on trauma-informed, non-judgmental services in a safe, low-barrier environment. Participants reported that juvenile justice youth were provided wrap around services including providers from education, mental health, medical, case management and advocacy similar to foster youth with a behavioral philosophical approach, in a semi-rigid structure. Programs serving foster youth provided additional support through individual

programming, home-like settings with mentors, and involvement of community service providers.

Provider responses reflected the settings that street, juvenile justice and systems youth come from. Program providers indicated that street youth were fairly self-reliant and sufficient. Seeing this as a strength, program providers indicated that non-judgmental, safe, low-barrier programming was important for street youth to gain access. Respondents indicated that juvenile justice and foster youth required more of a wrap-around approach, furthering the settings in which they came from. The extent to which programs are carrying out these different approaches was not asked; however, it is interesting to see differences in approaches and then consider whether programs are serving all populations under the same programming framework and structure.

Research question 5 considered the influence of programming continuums on programming outcomes. Programming continuums were found to have no significant impact on programming outcomes. Contrary to what was found in the literature review, organizations operating more than one type of residential program did not demonstrate better outcomes than those running one programming option. A conclusion that can be drawn from this result is that program participants will succeed or struggle based on their own skill sets and desire to achieve personal goals and that programming structure may have little influence on transitions to independence. It is also important to recognize that programming outcomes are different from programming impact. A young person may go through programming and develop skills that will assist them later in life but may not achieve the desired outcome.

Research question 6 sought to identify the preferable characteristics of community partnerships / collaborations that furthered the educational advancement of homeless youth.

Preferable characteristics of educational providers produced three primary themes including philosophy / approach, collaboration, services / programs. Runaway minor program provider and homeless young adult program provider responses were reviewed and analyzed separately. Themes produced by the two groups were consistent with each other except respondents of homeless young adult programs placed greater emphasis on higher education accessibility.

Given the sporadic education histories of runaway and homeless youth, respondents indicated that programming philosophies and approaches that recognize some of the educational barriers experienced by the target population are beneficial to runaway and homeless youth. Collaboration and services that exceed the traditional educational model were identified as assisting homeless youth program providers and the individuals that they serve. Alternative schools and homeless liaisons were highlighted as crucial to the success of those that access the formal education system. Respondents identifying these services and philosophies indicated that a formal educational system that shares the responsibility of eliminating barriers for homeless youth produces a unified partnership of homeless youth services.

## **Discussion**

### **Collateral Information and Standardized Assessments**

Other human service providers serve as the primary referral source to runaway minor programming and can provide collateral information including psychological assessments and documentation, medical screenings, criminal history, educational status and familial status which guides the intervention. Collateral information informs the direction and purpose of the transition plan which generally focuses on family reunification. Homeless young adults often do not present with collateral information. Homeless young adult programming must incorporate more standardized tools during the assessment phase in order to gain understanding of the specialized

needs to be addressed in the independent living plan. Components of an independent living plan can range from self-sufficiency tasks such as completing laundry and money management to intervention for severe and persistent mental health issues. Given the breadth of potential deficiencies, providers are faced with the challenge of categorizing and prioritizing interventions. Seeing as how many programs operate with generalist practitioners, programs struggle to meet the needs of youth who present with severe and persistent mental health issues (Aviles & Helfrich, 2002; Bartlett et al., 2004; Bielawski-Branch et al., 2008; Vorhies et al., 2009; Wilderson et al., 2007). Greater access to those who possess advanced specialized training through consultation or contracted employment would allow homeless young adult providers to address the needs of those that they serve (Vorhies et al., 2009).

### **Low-barrier Admission**

Subpopulations that seek residential intervention experience many barriers while doing so. Many individuals come from a family of origin that has lived in poverty for decades. With lack of employment and education (Agnese et al., 2004; Armaline, 2005; Aviles & Helfrich, 2002; Bartlett et al., 2004; Rashid, 2004; Van wormer, 2003) program applicants face multiple barriers upon admission. Admission to a program can at times be a luxury in itself (Agnese et al., 2004; Aviles & Helfrich, 2002; Van wormer, 2003) given that there are far more individuals seeking service than there are beds. Lack of transportation was a barrier that was identified as limiting goal attainment (Aviles & Helfrich, 2002; Bartlett et al., 2004; Bielawski-Branch et al., 2008) while program providers consider how on and off-site services will be delivered to the target population.

Programs that recognize all elements that are working against homeless youth and develop creative ways in which to address them will be able to work on the issues that are

preventing independent living status without distraction. Some programs have created barriers to programming as a way to serve only those that are motivated and established enough to transition to independent living status. By increasing the barriers to programming, higher-risk youth are left without options and continue to utilize crisis-driven services. Without support and direction, non-served youth utilize expensive, short-term, immediate interventions that do little for long-term skill building.

### **Case Management Time Quality and Quantity**

Time spent with case manager was shown as having no impact on client outcome. Because time with case manager was not a determinant of outcome, individual ability and case manager quality would most likely be factors to take into consideration. Generally, case management time spent with homeless young adults focuses on education, employment, and various independent living tasks and responsibilities (Dworsky, 2010; Giffords et al., 2007; Rashid, 2004; Vorhies et al., 2009; Wilderson et al., 2007). Case manager quality could be measured by education and training; however, based on the limited number of research participants, the researchers were not able to determine the relationship of individual case manager training level and client outcomes.

Furthering the educational attainment and employment status of those involved with programming places them in a stronger position when transitioning to independent living situations. Differences in short and long-term objectives amongst emergency shelter, transitional living, and permanent / supportive housing were provided in chapter two indicating that one measure of success will not work across all programs. However, 93.7% of programs surveyed indicated that case management was a programming framework used to serve runaway minors and homeless youth making it a common service delivery method.

## **Programming Needs of Homeless Youth Subpopulations**

The differences between serving systems youth and street youth was highlighted extensively in the scholarly literature (Agnese et al., 2004; Bartlett et al., 2004; Bielawski-Branch et al., 2008; Brown & Wilderson, 2010; Common Ground and Good Shepherd Services, 2009; Karabanow, 2002; Rashid, 2004; Stranka et al., n.d.) indicating that former foster care youth enter programming with a heightened sense of entitlement, creating difficulties for program providers in promoting self-sufficiency. Street youth generally have a better understanding of the opportunities that come with entering programming and take advantage of the options presented to them. The data collected for this project had similar findings with emphasis placed on how providers should structure their programs and the recommended frameworks to be used to cater to subpopulations of runaway minors and homeless youth.

What was not determined was how providers are implementing these recommended structures and frameworks. Solid data was collected that provided direct examples of how programs should operate however it seemed that many programs were operating a *one size fits all* model with additional understanding of subpopulation needs. Given what was found in the literature review and the collected data, programs may find greater success if they were to set up various programs that served specific subpopulations of runaway minors and homeless youth.

## **Program Continuums and Individual Outcomes**

Programs that operated more than one residential program for runaway minors and homeless youth were evaluated as program continuums. It was suggested in the literature that programs operating continuums of care would experience a more seamless transition from programming to independent living based on permanent / supportive housing options. When programs operate housing units, barriers that youth present can be overlooked (Agnese et al.,

2004, Bielawski-Branch et al., 2008; Common Ground and Good Shepherd Services, 2009; Dworsky, 2010; Stranka et al., n.d.; Wilderson et al., 2007). Although programming continuums make sense, and the logic that promotes their development is easily understood, this researcher found no evidence of organizations operating residential programming continuums experiencing greater success than organizations providing one residential option for those served.

### **Educational Flexibility, Services and Partnerships**

Education, including life-skills development and formal study, as well as employment/training were primary facets of residential service delivery (Dworsky, 2010; Giffords et al., 2007; Rashid, 2004; Vorhies et al., 2009; Wilderson et al., 2007). Flexibility in educational programming could also be referred to as an educational culture. An open, accepting, advocacy-based educational system was what homeless youth providers identified as providing the greatest assistance to those they serve. In addition to culture and philosophy, educational providers that offered additional programs and services including assistance with transportation, food, personal hygiene, support and general advocacy were viewed as being beneficial to homeless youth. Because of the direct relationship between education and independent living, providers viewed increasing young people's education as a primary way in which to escape homelessness.

### **Discussion Summary**

Programs that serve homeless young adults may experience greater success if standardized assessments are used during intake. By operating low-barrier programs, those that have the greatest need will be served. Case management quality may have a greater impact on outcomes than case management quantity. Subpopulations of homeless youth may be better served by specialized programs that have access to highly trained professionals.



Program continuums may have their advantages however no evidence was found that they produce greater results. Educational collaborations / partnerships strengthen service delivery and enhance young people's ability to transition to independent living.

Table 21

*Recommended Residential Programming Components for Runaway minors and Homeless Young Adults*

<b>Population</b>	<b>Intake</b>	<b>Structure</b>	<b>Frameworks</b>	<b>Collaborations / Consultation</b>	<b>Education</b>	<b>Transition</b>
<b>Runaway Minor</b>	Collateral information	Reflective of subpopulation	Family focused, Positive youth development, Harm reduction	Social services / child protection, public school system	Public school, private teachers / tutors	Family reunification with follow-up family services
<b>Homeless Young Adult</b>	Standardized assessments	Reflective of subpopulation, Low-barrier	Independent living skill development, Positive youth development, Harm reduction	Highly trained mental health professionals, alternative education system	Alternative schools with services and programs	Transition to independent living with aftercare support

## **Recommendations**

### **Recommendations for Practice**

The results from this research project produced conclusions that should be implemented into practice with the first being the recognition that programming for runaway minors and homeless young adults hold some similarities; however the programming and desired outcomes are often very different. Runaway minor programs often hold the primary objective of reuniting young people with their families while homeless young adult programs strive to produce individuals that are ready to live on their own. Given this primary difference in programming, runaway minor programming should employ highly trained, family counselors that understand trauma-informed family conflict mitigation. Programs serving homeless young adults should utilize trained generalist practitioners who have consultation access to highly trained mental health professionals that can assist program participants in developing independent living skills. To build on the recommendation of highly trained staff, there was no significant evidence found that demonstrated a correlational relationship between time spent with case manager and positive programming outcomes for either group. Highly trained, evidence based program quality may have a greater impact than quantity of direct service time.

Programs serving homeless young adults should do what is within their power to maintain low-barrier programming options. Programs that require violence-free criminal histories, sobriety, state-issued identification, legitimate employment and / or a financial deposit are purposely, or inadvertently contributing to keeping youth on the streets. Given the histories of social system involvement, criminal activity and often times transitioning to adulthood without continued support, programs that are not recognizing participant limitations are neglecting a primary role of homeless youth programming.

There were some distinct differences in programming frameworks when serving street, juvenile justice and systems youth. The primary difference between serving the various groups related to programming structure. Respondents indicated that street youth were more self-sufficient than their juvenile justice and systems counterparts. Respondents indicated that systems and juvenile justice youth required more structure and collaborative efforts than street youth. Residential programming options should match the needs of the target population. Although this project found no significant evidence that operating a residential program continuum produces better outcomes, serving all subpopulations of homeless youth may require providing various housing models that address different service needs and historical experiences.

Formal education systems were evaluated by respondents who highlighted the preferable characteristics of operation and service. Based on collected responses, homeless youth programs value educational systems that see themselves as service partners rather than service providers. Respondents indicated that flexibility in educational format and the added services that homeless school liaisons can provide assist homeless youth in advancing their educational status. Homeless youth programs should seek out and develop partnerships with formal educational systems that understand how educational histories of homeless youth are often disrupted and carry out educational programming that accommodates disrupted histories.

### **Recommendations for Further Study**

Recommendations for further study include the influence of admission requirements on programming outcomes, further evaluation of program continuums and further research of homeless youth program curricula. This study sought to evaluate the influence of admission requirements on programming outcomes; however the sample size required to conduct inferential analysis on those dataset was not acquired. If the instrument used for this project was too

extensive and led to response fatigue, the instrument could be revised and limited to include program admission requirements and programming outcomes and re-disseminated to the sample population.

Although this project found no significant evidence of residential program continuums having more desirable outcomes than programs operating one residential option, further research around this area should continue. The idea that a homeless youth can start in a programming option that allows the youth to meet their basic needs and engage in some personal reflection prior to entering into a program that focuses on independent living goal setting seems to be a good programming model that progresses with the development of those it serves. However, it is also just as possible that programs offering one residential program option may be doing progressive programming within the same structure. Providing one flexible and progressive residential option may produce similar outcomes to those operating a residential continuum model.

Respondents indicated that they provided case management as a programming framework more than any programming curricula suggesting that program providers relied on a more individualized approach to independent living skill development. In addition, the influence of case management time on outcomes should be further explored given that the severity of problems experienced by program participants affects the amount of time spent with programming staff. Although narrow examples were found in the literature, a comprehensive project focusing on the relationship between individualized programming and structured independent living skill curricula should be explored. In addition to individual and curricula programming, how these two constructs relate to street, juvenile justice and systems youth may provide evidence that one approach has a greater impact on homeless youth subpopulations. To

set parameters of the study, the *Ansel-Casey Life Skills Assessment* and the *Daniel Memorial Independent Living Skills Assessment* were the two most heavily identified assessments used by homeless youth providers and should be considered when researching homeless youth programming and curricula.

## REFERENCES

- Agnese, K., Golden, K., & Tyson, J. (2004). *Where to now? Innovative housing programs for homeless young adults leaving TLP's* (Research Report). Retrieved from New England Network for Child, Youth & Family Services website: <http://www.nenetwork.org/publications/where-to-now-report.pdf>
- Armaline, W. (2005). Kids need structure: Negotiating rules, power, and social control in an emergency shelter. *American Behavioral Scientist*, 48(8), 1124-1148.  
doi:10.1177/0002764204274196
- Aviles, A., & Helfrich, C. (2002). Life skill service needs: Perspectives of homeless youth. *Journal of Youth and Adolescence* 33(4), 331-338. doi: 0047-2891/04/0800-03310/0
- Bartlett, M., Copeman, A., Golin, J., Miller, D., & Needle, E. (2004). *Unlocking the potential of homeless older adolescents* (Research Report). Retrieved from New England Network for Child, Youth & Family Services website: [http://www.nenetwork.org/publications/TLPReport\\_Unlocking\\_final.pdf](http://www.nenetwork.org/publications/TLPReport_Unlocking_final.pdf)
- Bielawski-Branch, K., Goodman, M., Gramarossa, G., Johnson, H., Smith, J A., Tanner, D.,... Barnes, D. (2008). *From surviving to thriving: How communities can help Vermont's rural homeless youth and the programs that serve them* (Research Report). Retrieved from New England Network for Child, Youth & Family Services website: [http://www.nenetwork.org/publications/surviving\\_to\\_thriving.pdf](http://www.nenetwork.org/publications/surviving_to_thriving.pdf)
- Brown, S., & Wilderson, D. (2010). Homeless prevention for former foster youth: Utilization of transitional housing programs. *Children and Youth Services Review*, 32, 1464-1472. doi: 10.1016/j.chilyouth.2010.07.002

- Casey Family Programs. (2013). Casey Life Skills [Assessment tool]. Unpublished instrument. Retrieved from <http://www.lifeskills.casey.org/>
- Collins, M. E., Hill, N., & Miranda, C. (2008). Establishing positive youth development approaches in group home settings: Training implementation and evaluation. *Child & Adolescent Social Work Journal*, 25, 43-54. doi: 10.007/s10560-008-0111-7
- Common Ground Community & Good Shepherd Services. (2009). *The Chelsea foyer at the Christopher at five years: Lessons in developing stable housing and self-sufficiency for homeless youth and youth existing foster care* (Research Report). Retrieved from Good Shepherd Services website: <http://www.goodshepherds.org/images/content/1/1/11397.pdf>
- Corporation for Supportive Housing. (2012). Retrieved from <http://www.csh.org/>
- Creswell, J. W. (2005). *Educational research: Planning, conducting, and evaluating quantitative and qualitative research*. Upper Saddle River, NJ: Pearson.
- Daniel Kids Foundation. (2013). Objective Short ILS Assessment [Assessment tool]. Unpublished instrument. Retrieved from <http://www.danielmemorialinstitute.com/>
- Dworsky, A. (2010). Supporting homeless youth during the transition to adulthood: Housing-based independent living programs. *The Prevention Researcher*, 17(2), 17-20.
- Family and Youth Services Bureau. (2011a). Fact Sheet: Basic Center Program. Retrieved from <http://www.acf.hhs.gov/programs/fysb/content/youthdivision/programs/bcpfactsheet.htm>
- Family and Youth Services Bureau. (2011b). Fact Sheet: Maternity Group Homes for Pregnant and Parenting Youth. Retrieved from <http://www.acf.hhs.gov/programs/fysb/content/youthdivision/programs/mghfactsheet.htm>



*Family and Youth Services Bureau.* (2011c). Fact Sheet: Transitional Living Program for Older Homeless Youth. Retrieved from [http://www.acf.hhs.gov/programs/fysb/content/](http://www.acf.hhs.gov/programs/fysb/content/youthdivision/programs/tlpfactsheet.htm)

[youthdivision/programs/tlpfactsheet.htm](http://www.acf.hhs.gov/programs/fysb/content/youthdivision/programs/tlpfactsheet.htm)

Fowler, F. J. (2006). *Survey research methods*. Thousand Oaks, CA: Sage Publications, Inc.

Giffords, E. D., Alonso, C., & Bell, R. (2007). A transitional living program for homeless adolescents: A case study. *Child Youth Care Forum, 36*, 141-151. doi: 10.1007/s10566-007-9036-0

*Harm Reduction Coalition.* (n.d.). Retrieved from <http://www.harmreduction.org/>

Karabanow, J. (2002). Open for business: Exploring the life stages of two Canadian street youth shelters. *Journal of Sociology and Social Welfare, 29*(4), 99-116.

Kleinig, J. (2008). The ethics of harm reduction. *Substance Use & Misuse, 43*, 1-16. doi: 10.1080/10826080701690680

Kroner, M. J. (Ed.). (2001). *Moving in: Ten successful independent/transitional living programs*. Eugene, OR: Northwest Media.

Lee, H. S., & Peterson, S. R. (2009). Demarginalizing the marginalized in substance abuse treatment: Stories of homeless, active substance users in an urban harm reduction based drop-in center. *Addiction research and Theory, 17*(6), 622-636. doi: 10.103109/1606635080216813

Little, J., & Franskoviak, P. (2010). So glad you came! Harm reduction therapy in community settings. *Journal of Clinical Psychology, 66*(2), 175-188. doi: 10.1002/jclp.20673

Patten, M. L. (2001). *Questionnaire research: A practical guide*. USA: Pyrczak Publishing.

- Pollio, D. E., Thompson, S. J., Tobias, L., Reid, D., & Spitznagel, E. (2006). Longitudinal outcomes for youth receiving runaway/homeless shelter services. *Journal of Youth and Adolescence*, 35, 859-866. doi: 10.1007/s10964-006-9098-6
- Pope, L. P. (2011, November). Housing for homeless youth (Issue Brief No. 3). *National Alliance to End Homelessness*. Washington, DC.
- Rashid, S. (2004). Evaluating a transitional living program for homeless, former foster care youth. *Research on Social Work Practice*, 14(4), 240-248. doi: 10.1177/1049731503257883 Retrieved from Larkin Street Youth Services website: <http://www.larkinstreetyouth.org/impact-evaluation/resource-library/>
- Ritter, A., & Cameron, J. (2006). A review of the efficacy and effectiveness of harm reduction strategies for alcohol, tobacco, and illicit drugs. *Drug and Alcohol Review*, 25, 611-624. doi: 10.1080/09595230600944529
- Roe, G. (2005). Harm reduction as paradigm: Is better than bad good enough? The origins of harm reduction. *Critical Public Health*, 15(3), 243-250. doi: 10.1080/09581590500372188
- Silloway, T., Connors-Tadros, L., & Marchand, V. (2009). *A guide to effective investments in positive youth development: Implications of research for financing and sustaining programs and services for youth* (Research Report). Retrieved from The Finance Project website: <http://www.financeproject.org/publications/PositiveYouthDev.pdf>
- Stranka, D., Tempel, C., & Epstein, E. (n.d.). *Supportive housing for youth: A background of the issues in the design and development of supportive housing for homeless youth* (Research Report). Retrieved from Corporation for Supportive Housing website: <http://documents.csh.org/documents/pd/youth/youthsh.pdf>

- U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Family and Youth Services Bureau. (2009). Report to congress on the runaway and homeless youth programs of the Family and Youth Services Bureau for fiscal years 2008 and 2009. Retrieved from <http://www.acf.hhs.gov/programs/fysb/content/research/congress.htm>
- Van Wormer, R. (2003). Homeless youth seeking assistance: A research-based study from Duluth, Minnesota. *Child & Youth Care Forum*, 32(2), 89-103.
- Vorhies, V., Glover, C.M., Davis, K., Hardin, T., Krzyzanowski, A., Harris, M.,... Wilniss, S. (2009). Improving outcomes for pregnant and parenting foster care youth with severe mental illness: An evaluation of a transitional living program. *Psychiatric Rehabilitation Journal*, 33(2), 115-124. doi: 10.2975/33.2.2009.115.124
- Walsh, C. W., Shier, M. L., & Graham, J. R. (2010). Local community engagement: Implications for youth shelter support and services. *Canadian Journal of Urban Research*, 19(2), 46-61.
- Wilderson, D., Lee, J., & Gibson, E. (2007). A comprehensive housing model for homeless transition aged youth. *Impact*, 1(1), 11-16. Retrieved from Larkin Street Youth Services website: <http://www.larkinstreetyouth.org/impact-evaluation/resource-library/>
- Wilson-Simmons, R. (2007). *Positive youth development: An examination of the field* (Research Report). Retrieved from the University of Oklahoma Outreach Runaway and Homeless Youth Training and Technical Assistance Centers website: [http://www.rwjf.org/files/publications/other/RWJF\\_PositiveYouthDevelopment\\_052007.pdf](http://www.rwjf.org/files/publications/other/RWJF_PositiveYouthDevelopment_052007.pdf)

## APPENDIX A. IRB APPROVAL LETTER

**NDSU**

**NORTH DAKOTA STATE UNIVERSITY**

701.231.8995

Fax 701.231.8098

Federalwide Assurance #FWA00002439

*Institutional Review Board*

*Office of the Vice President for Research, Creative Activities and Technology Transfer*

*NDSU Dept. 4000*

*1735 NDSU Research Park Drive*

*Research 1, P.O. Box 6050*

*Fargo, ND 58108-6050*

October 29, 2012

Myron Eighmy  
School of Education

**Re: Your submission to the IRB: "Supporting transitions of homeless youth: Evaluating residential program frameworks and structure"**

Research Team: Christopher Johnson

Thank you for your inquiry regarding your project. At this time, the IRB office has determined that the above-referenced protocol does not require Institutional Review Board approval or certification of exempt status because it does not fit the regulatory definition of 'research involving human subjects'.

Dept. of Health & Human Services regulations governing human subjects research (45CFR46, *Protection of Human Subjects*), defines 'research' as "... a systematic investigation, research development, testing and evaluation, designed to contribute to generalizable knowledge." These regulations also define a 'human subject' as "... a living individual about whom an investigator conducting research obtains (1) data through intervention or interaction with the individual, or (2) identifiable private information."

It was determined that your project does not require IRB approval (or certification of exempt status) because the information being sought in your survey is not about an individual but is instead about programs including their policies and practices. The board makes this determination conditional on your survey as provided in the 10/23/2012 IRB submission.

We appreciate your intention to abide by NDSU IRB policies and procedures, and thank you for your patience as the board has reviewed your study. Best wishes for a successful project!

Sincerely,



Kristy Shirley, CIP; Research Compliance Administrator

NDSU is an EO/AA university.

## APPENDIX B. PILOT GROUP INVITATION

Dear program provider,

I have chosen you fine individuals to help me with the piloting of my survey. I am asking that you follow the link below and complete the survey. I realize that not all of you run the type of program that I am researching so please just answer questions as if you did. I am piloting my instrument to accomplish the following:

1. Make sure directions, questions, and answer choices are clear and easily understood.
2. Gain an understanding of how much time the survey will take to complete.
3. Make sure data is transferred into the data storage program correctly.

<https://www.surveymonkey.com/s/Z2DW7CS>

**Please take note of the time it takes to complete the survey, and note any directions, questions, or answer choices that are unclear.** The survey seeks to answer six research questions including:

1. What residential programming structures and frameworks are providers using to serve homeless youth?
2. What admission requirements exist in each type of residential-based homeless youth program structure?
3. How much time do residential program participants spend participating in independent living curriculum with program staff or collaborating partners?
4. What are the differences in programming frameworks when serving street, juvenile justice, and foster youth?
5. What influence do intake requirements have on program outcomes in each program structure?
6. What are preferable characteristics of community partnerships / collaborations that further educational advancement of homeless youth?

Following this process, I will be seeking IRB approval and sending this survey out to about 372 agencies that run residential programs for homeless youth across the US. Please call 701-388-4811, or email me with any questions. Thanks again for your help!!

Christopher Johnson, MSW  
Doctoral Candidate  
North Dakota State University

## APPENDIX C. SAMPLE NOTICE EMAIL

### Please Participate in this National Study!

**Your help is needed!** On Monday, November 26, 2012 you will receive a survey that focuses on residential structure and frameworks of homeless youth programming. **The first of its kind**, this research project includes **286 agencies operating 551 programs across the United States**. By completing the survey, you can request an Executive Summary that highlights effective programming frameworks that can enhance, or more importantly, **demonstrate your impact on runaway and homeless youth**. This summary can be used as a resource when interacting with agency leadership, community partners, local government, state legislators, and most importantly, funders.

We will be sending you a survey that asks you to provide feedback and outcomes regarding emergency shelters, transitional living programs, maternity group homes, and / or supportive housing programs. The survey will be sent to you because you provide one or more of the identified programming options to runaway and / or homeless youth. If this notice went to a general email account, or would be better completed by one of your colleagues, please forward this notice to the appropriate coordinator / administrator. The survey email will be sent following this notice that will provide a link to the 46 question survey.

This project is very unique in that it is the first of its kind to survey organizations across the United States that provide residential options to runaway and homeless youth. Please share with us the powerful work that you do, let us know if you have any questions and thank you for your help.

Sincerely,

Christopher Johnson  
North Dakota State University, Doctoral Candidate  
[Christopher.l.johnson@my.ndsu.edu](mailto:Christopher.l.johnson@my.ndsu.edu)  
701-388-4811

Myron Eighmy  
North Dakota State University, Professor, Program Chair  
[Myron.eighmy@ndsu.edu](mailto:Myron.eighmy@ndsu.edu)  
701-231-5775

## APPENDIX D. SAMPLE INVITATION EMAIL

### Please Participate in this National Study!

Hello program providers,

*Are you tired of me yet?* This will be the final mass email that you will receive from me regarding this project. In order to conduct inferential statistics, we need a minimum of 30 surveys per program structure and are still quite a ways from that number. **If you have not completed a survey, please do. If you began and left the survey prior to completion, please complete. If you responded on one program but not another, please complete an additional survey. I would like to have completed surveys by 12/14/12, thanks!**

In addition to completing my PhD, I am also a homeless youth program provider. This project is more than the completion of a degree, it is truly a passion that I carry after working in various settings serving this population. I have had the opportunity to work with incredible people that use their skills to develop and evaluate programming that keeps young people off of the streets. I know that every one of you is busy and barely have time to complete your own work but if you could help me with this project, you will have contributed to advancing our own understanding of how programming can impact those who rely so heavily on us for informed support. -Chris

**Your help is needed!** Please complete the linked survey that focuses on residential structure and frameworks of homeless youth programming. **The first of its kind**, this research project includes **286 agencies operating 551 programs across the United States**. By completing the survey, you can request an Executive Summary that highlights effective programming frameworks that can enhance, or more importantly, **demonstrate your impact on runaway and homeless youth**. This summary can be used as a resource when interacting with agency leadership, community partners, local government, state legislators, and most importantly, funders.

Please click the following link to **fill out a survey for each emergency shelter, transitional living program, maternity group home, and / or supportive housing program that your agency operates**. If this invitation went to a general email account, or would be better completed by one of your colleagues, please forward this email to the appropriate coordinator / administrator. The survey consists of 45 qualitative and quantitative questions. Each survey will be easier to complete if you have one year's worth of program outcome data available while completing the survey.

<https://www.surveymonkey.com/s/Z2DW7CS>

The survey will help answer the following research questions:

1. What residential programming structures and frameworks are providers using to serve homeless youth?
2. What admission requirements exist in each type of residential-based homeless youth program structure?

3. How much time do residential program participants spend participating in independent living curriculum with program staff or collaborating partners?
4. What are the differences in programming frameworks when serving street, juvenile justice, and foster youth?
5. What influence do intake requirements have on program outcomes in each program structure?
6. What are preferable characteristics of community partnerships / collaborations that further educational advancement of homeless youth?

This project is very unique in that it is the first of its kind to survey organizations across the United States that provide residential options to runaway and homeless youth. Please share with us the powerful work that you do, let us know if you have any questions and **thank you for your help.**

Sincerely,

Christopher Johnson  
North Dakota State University, Doctoral Candidate  
[Christopher.l.johnson@my.ndsu.edu](mailto:Christopher.l.johnson@my.ndsu.edu)  
701-388-4811

Myron Eighmy  
North Dakota State University, Professor, Program Chair  
[Myron.eighmy@ndsu.edu](mailto:Myron.eighmy@ndsu.edu)  
701-231-5775



## APPENDIX E. SURVEY INSTRUMENT

### Informed Consent

NDSU North Dakota State University  
College of Human Development and Education  
Dept. 2600, PO Box 6050  
Fargo, ND 58108-6050  
(701) 231-8211

Title of Research Study: Supporting transitions of homeless youth: Evaluating residential program frameworks and structure

This study is being conducted by: Myron Eighmy, Ed.D, and Christopher Johnson, MSW

Why am I being asked to take part in this research study? This study seeks to gain information from program coordinators and administrators to examine the residential structure and frameworks of homeless youth programming. You have been identified as an individual that coordinates, supervises, or oversees one or more homeless youth residential program(s). The research sample includes 284 agencies operating approximately 551 programs.

What is the reason for doing the study? By surveying programs across the United States, this research project will enhance the understanding of what various programs are doing that has positive impacts on the homeless youth population.

What will I be asked to do? By participating in the study, you will be asked to provide agency and programming data in the enclosed survey. The survey consists of three major sections including Agency Structure and Community Involvement, Program Structure / Frameworks, and Program Intake and Outcome Data. Agency structure and Community Involvement includes questions regarding agency overview and services provided. Program Structure / Frameworks includes check box, scaling, and qualitative questions that relate specifically to how programs are structured and services are delivered. Program Intake and Outcome Data contains question regarding the number of applicants and intakes, the number of transitions from the program, and transition circumstances.

Where is the study going to take place, and how long will it take? You will be able to participate in the study by completing the enclosed survey. The survey will take about 25 minutes to complete for each residential program.

What are the risks and discomforts? The risks for participating in this study are minimal and center on a loss of confidentiality. It is not possible to identify all potential risks in research procedures, but the researcher(s) have taken reasonable safeguards to minimize any known risks to the participant.

What are the benefits to me? You have been included in this study sample based on the programming knowledge that you hold for providing human services for homeless youth. Your insight will provide valuable information that will be combined with other providers and analyzed by the researchers. It is the view of the researchers that by participating in this study, you will be contributing to the advancement of homeless youth services. However, you may not get any benefit from being in this research study.

What are the benefits to other people? Your participation in this research project has the ability to inform policy makers, scholars and program administrators to implement research findings and further develop residential programs providing stronger opportunities for homeless youth accessing residential programs.

Do I have to take part in the study? Your participation in this research is your choice. If you decide to participate in the study, you may change your mind and stop participating at any time without penalty.

What are the alternatives to being in this research study? Instead of being in this research study, you can choose not to participate.

Who will see the information that I give? Information provided will be kept confidential. We will keep private all research records that identify you or your agency. Your information will be combined with information from other people taking part in the study. When we write about the study, we will write about the combined information that we have gathered. We may publish the results of the study; however, we will keep

## Informed Consent Continued

your name and other identifying information private. We will make every effort to prevent anyone who is not on the research team from knowing that you gave us information, or what that information is. Your organizations name will be kept separate from your research records and these two things will be stored in different places under lock and key.

What if I have questions?

Before you decide whether to accept this invitation to take part in the research study, please ask any questions that might come to mind now. Later, if you have any questions about the study, you can contact Christopher Johnson at Christopher.I.johnson@my.ndsu.edu, or Dr. Myron Eighmy at Myron.eighmy@ndsu.edu, 701-231-5775.

What are my rights as a research participant?

You have rights as a participant in research. If you have questions about your rights, or complaints about this research, you may talk to the researcher or contact the NDSU Human Research Protection Program by:

- Telephone: 701.231.8908
- Email: ndsu.irb@ndsu.edu
- Mail: NDSU HRPP Office, NDSU Dept. 4000, PO Box 6050, Fargo, ND 58108-6050.

The role of the Human Research Protection Program is to see that your rights are protected in this research; more information about your rights can be found at: [www.ndsu.edu/research/irb](http://www.ndsu.edu/research/irb).

Documentation of Informed Consent:

You are freely making a decision whether to be in this research study. Completing the survey means that

1. you have read and understood this consent form
2. you have had your questions answered, and
3. you have decided to be in the study.

You may print a copy of this consent form to keep.

**1. I consent, I choose to participate. I do not have any questions about the study.**

Yes

No

## Agency Information

Please complete the following two questions. Question #2 relates to your local agency. Please consider your local agency as the one that serves your local community, and not your regional, state, or nationally affiliated organization.

**2. What is the name of your agency / organization?**

**3. What state(s) does your local agency serve?**

## Agency Structure

Please answer the following seven questions regarding your agency. Identifying agency information will be used to organize data and will be reported in aggregate form in the research report.

**4. In what year was your agency founded?**

**5. About how many employees work at your agency?**

**6. What is your agencies annual budget?**

**7. Which of the following best categorizes your agency?**

- Governmental agency
- Private, non-profit agency
- Private, for-profit agency
- Faith-based agency
- Community Action Agency

**8. Is your agency accredited?**

- Yes
- No

If yes, please indicate accrediting body / bodies

**9. How many youth (12 - 24 years old) does your agency serve through all programs in a 12 month period?**

**10. Is your agency part of a larger regional or national agency?**

- Yes
- No

If yes, what is the name of the larger agency?

### Agency Services & Community Collaboration

This section provides an opportunity for you to highlight how youth are served through your agency. Please indicate whether youth are served on-site through your organization, on-site by a collaborating organization, referred off-site, or not provided or referred.

**11. What services or referrals are provided for youth through your agency?**

	Provided on-site by your organization	Provided on-site by a collaborating organization	Referred off-site to another organization	Not provided or referred
Medical Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GED prep / Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Site-based Schooling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Payee Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing Assessments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical Health Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooking Classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street Outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drop-in Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment / Day labor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transitional Living Programming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supportive Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenting Classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Property Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe Place Site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe Zone Site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Program Structure**

Please answer the following five program structure questions regarding the residential program that you coordinate.

**12. What residential programming type are you reporting on?**

- Emergency Shelter
- Runaway Shelter
- Shelter Care
- Maternity Group Home
- Transitional Living Program
- Supportive Housing

**13. How is this residential program structured?**

- Congregate / group home
- Host home
- Supervised apartment
- Unsupervised apartment
- Unsupervised scattered site
- Other (please specify)

**14. Is this program licensed?**

- Yes
- No

If yes, please indicate the licensing body / bodies

**15. How many years has this program been in operation?**

**16. Program facility security varies across programs. Please indicate the option that most closely relates to the security of your facility.**

- Locked from the outside, keeping people in
- Lock from the inside, keeping people out
- Locked both inside and outside
- Not locked

**Program Staff**

The following three questions relate to the staffing that you use to support youth in residential programming. Individuals that provide staffing but not case management are referred to as front-line staff. Those providing professional oversight of those accessing programming are referred to as case managers or independent living educators.

**17. Are on-site staff present at all times while residents are there?**

- Yes
- No
- Other (please specify)

**18. What are the minimum requirements for entry level, front line staff?**

- |  |  |
|--|--|
| <input type="checkbox"/> Minimum age of 18 years old | <input type="checkbox"/> Bachelors degree                          |
| <input type="checkbox"/> Minimum age of 21 years old | <input type="checkbox"/> Completion of a criminal background check |
| <input type="checkbox"/> High school diploma         | <input type="checkbox"/> Drivers license                           |
| <input type="checkbox"/> Associates degree           | <input type="checkbox"/> CPR / First aid certified                 |
| <input type="checkbox"/> Other (please specify)      |  |

**19. What are the minimum requirements for staff who provide case management or independent living education?**

- |   |  |
|---|--|
| <input type="checkbox"/> High school diploma    | <input type="checkbox"/> Professional experience                   |
| <input type="checkbox"/> Associates degree      | <input type="checkbox"/> Completion of a criminal background check |
| <input type="checkbox"/> Bachelors degree       | <input type="checkbox"/> Drivers license                           |
| <input type="checkbox"/> Masters degree         | <input type="checkbox"/> CPR / First aid                           |
| <input type="checkbox"/> Professional license   |  |
| <input type="checkbox"/> Other (please specify) |  |

**Program Intake / Assessment**

The following four questions relate to your intake / assessment process. Question 21 asks that you identify all requirements for admission. Question 24 asks for all standardized assessments including education, independent living skills, mental health, and chemical health assessments.

**20. What is the minimum client age admitted?**

**21. What is the maximum client age admitted?**

**22. Please identify all requirements for admission.**

- |  |  |
|--|--|
| <input type="checkbox"/> State issued ID   | <input type="checkbox"/> HIV positive                              |
| <input type="checkbox"/> Criminal history free of violence (including sexual offenses) | <input type="checkbox"/> History of foster care placement          |
| <input type="checkbox"/> Current, legitimate employment                                | <input type="checkbox"/> Referral from the foster care system      |
| <input type="checkbox"/> Sobriety  | <input type="checkbox"/> Referral from the juvenile justice system |
| <input type="checkbox"/> Pregnant / Parenting  | <input type="checkbox"/> Lease or sublease                         |
| <input type="checkbox"/> Documented mental health disorder                             | <input type="checkbox"/> Financial deposit                         |
| <input type="checkbox"/> Actively treated mental illness                               | <input type="checkbox"/> High school diploma / GED                 |
| <input type="checkbox"/> Homeless / Runaway  | <input type="checkbox"/> Completion of housing readiness training  |
| <input type="checkbox"/> Other (please specify)  |  |

**23. During program admission / intake, are standardized assessment tools used?**

- Yes  
 No

If yes, which tools are used?

**Program Frameworks and Requirements**

The following nine questions relate to programming frameworks and requirements and seek to determine opportunities that are provided to clients as well as the amount of time clients spend on them.

**24. What programming frameworks are being used?**

- |   |   |
|---|---|
| <input type="checkbox"/> Positive Youth Development / youth in leadership | <input type="checkbox"/> Volunteerism / community involvement |
| <input type="checkbox"/> Harm Reduction                                   | <input type="checkbox"/> Peer mentoring                       |
| <input type="checkbox"/> 12 step programming                              | <input type="checkbox"/> Educational tutoring                 |
| <input type="checkbox"/> Individual sessions / therapy                    | <input type="checkbox"/> Individual case management           |
| <input type="checkbox"/> Group work / therapy                             | <input type="checkbox"/> Classroom type curriculum            |
| <input type="checkbox"/> SPARCS / other trauma-focused therapy            | <input type="checkbox"/> Housing first                        |
| <input type="checkbox"/> Family counseling / mediation                    |   |
| <input type="checkbox"/> Other (please specify)                           |   |

**25. In what ways has your program implemented Positive Youth Development frameworks? Please provide specific examples.**

**26. Is completion of independent living curriculum required PRIOR to being admitted into this program?**

- No curriculum required prior to admission
- Yes, the following independent living curriculum is required:

Please include topics and weekly client time spent on each topic (round to 15 minute increments)

**27. Is completion of independent living curriculum required WITHIN the first thirty days of being admitted into this program?**

- No curriculum required within the first thirty days of admission
- Yes, the following independent living curriculum is required:

Please include topics and weekly client time spent on each topic (round to 15 minute increments)

**28. Is completion of independent living curriculum required FOLLOWING the first thirty days of being admitted into this program?**

- No curriculum required following the first thirty days of admission
- Yes, the following independent living curriculum is required:

Please include topics and weekly client time spent on each topic (round to 15 minute increments)



**29. How often are clients required to have face-to-face meetings with their case manager?**

- Daily (including weekends)
- Daily (Monday - Friday)
- Twice a week
- Once a week
- Once every two weeks
- Other (please specify)

**30. On average, how much face-to-face time do clients spend with their case manager in one week? (round to 15 minute increments)**

**31. Are clients required to pay monthly programming fees or rent?**

- Yes
- No

If yes, indicate monthly dollar amount or percentage of gross income.

**32. Please indicate all of the following independent living skills required to remain in the program?**

- No requirements
- Enrollment in or completion of independent living skills classes / curriculum
- Continued education (GED, HS diploma, trade, post-secondary)
- Chores / Cleaning
- Employment

minimum hours per week?

**Serving Street, Juvenile Justice and Foster Youth**

The following four qualitative questions ask that you provide insight as to what you have found to be the differences in effectively serving street, foster, and juvenile justice youth. Programming structure relates to environmental parameters such as facility, staffing type, and intake requirements. Programming frameworks consist of assessment, programming theory and concepts, and termination of services. Formal educational agencies are those that assist with attaining a GED, HS diploma, trade, and / or post-secondary degree.

**33. What programming structures and frameworks have you found to be effective when serving street youth?**

**34. What programming structures and frameworks have you found to be effective when serving juvenile justice youth?**

**35. What programming structures and frameworks have you found to be effective when serving foster youth?**

**36. What are the preferred organizational characteristics of collaborating, formal education providers that produce educational advancement of street, foster, and juvenile justice youth?**

### Program Termination

The following four questions relate to your process for terminating clients from your residential programming.

**37. Other than age requirements, is there a limit to how much time a participant can remain in this program?**

Yes

No

If yes please indicate the time limit. Please specify your answer in days or months.

**38. How are terminations from the program determined? (check all that apply)**

- Three strike rule
- Peer review panel
- Staff group decision
- Program director decision
- Outside entity / referral source
- Treatment team
- Other (please specify)

**39. What types of offenses / behaviors indefinitely terminate clients from programming?**

**40. Please rate the following based on the probability of each resulting in termination from programming.**

	Definitely does not	Probably does not	Maybe does / maybe not	Probably does	Definitely does
Fighting / physical altercations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug / paraphernalia possession	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being under the influence of drugs / alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nonpayment of program fees / rent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of follow through with independent living plan or case plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program participants having unauthorized guests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Damage to property	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

**Program Intake and Outcome Data**

The following page requests your application, intake, and outcome data for one year. You can report on a calendar year or fiscal year. Please enter NA if an item line does not apply to your data.

**41. Please provide the following program application, intake, and outcome data (for calander year 2011 or fiscal year 11-12)**

Total number of applicants	<input type="text"/>
Total applicants that were referred from the formal system (foster care, juvenile justice, or other residential placement)	<input type="text"/>
Carry over from 2010 (or fiscal year 10-11)	<input type="text"/>
Total number of admissions	<input type="text"/>
Total number of beds (full capacity)	<input type="text"/>
2010 carry-overs and 2011 admissions still in this program (or FY 10-11 & FY 11-12 admissions)	<input type="text"/>
Total number of 2011 program participants that were kicked out of programming	<input type="text"/>

**42. For those individuals that transitioned out of programming, please provide the following outcome data. (calander year 2011 or fiscal year 11-12)**

Transitioned to their own apartment, or other rental situation	<input type="text"/>
Returned home to family / foster family	<input type="text"/>
Adopted by foster family	<input type="text"/>
Transitioned to college dorm	<input type="text"/>
Admitted to Job Corps or other vocational program	<input type="text"/>
Moved in with friends	<input type="text"/>
Transitioned to permanent / supportive housing	<input type="text"/>
Transitioned to transitional living program	<input type="text"/>
Transitioned to emergency shelter	<input type="text"/>
Transitioned to treatment facility	<input type="text"/>
Transitioned to the street	<input type="text"/>
Entered into jail	<input type="text"/>
Unknown	<input type="text"/>

**Program Follow-up**

The following two questions are in regards to your follow-up process with program participants.

**43. How do you follow-up with program participants after their transition? (check all that apply)**

- Phone
- Email
- Facebook
- Aftercare programming
- Surveys
- Follow-up data not collected
- Other (please specify)

**44. If collected, at what points do you collect participant follow-up data following transition? (check all that apply)**

- 1 week
- 2 weeks
- 1 month
- 2 months
- 3 months
- 6 months
- 9 months
- 1 year
- Data not collected
- Other (please specify)

**Thank You**

Thank you for taking the time to complete this survey. The results will assist program providers, policy makers, scholars, and especially, the youth that we serve.