Introduction to ending youth homelessness

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USICH Plan to End Youth Homelessness

• The Obama Administration set the goal to end youth homelessness by 2020

• Part of *Opening Doors: Federal Strategic Plan to End Homelessness* (USICH)

• Interagency approach involving 19 federal agencies

• 4 Cabinet Secretaries represented at the USICH June 2012 meeting that featured & approved framework for ending youth homelessness

• Recognition of the critical work & partnerships to drive progress from the field

• All of this gives unprecedented attention & momentum to the cause of ending youth homelessness
Some data from current research

**From specific study samples:**

- Homeless youth on the streets have **18 x’s higher** crack cocaine use & **15 x’s higher** meth use than non-homeless youth\(^1\)
- More than **1 out of 4** street youths report participating in **survival sex**\(^2\)
- **72%** of homeless youth witness **physical violence** while living on the streets, and **51%** are **victims of physical violence** while on the streets\(^3\)
- Over **2/3** of homeless youth have **mental health problems** from stressful and traumatic experiences\(^4\)
- **2/3** of 18-21-year-old youth experiencing homelessness have **not** obtained a high school diploma or **GED certificate**\(^5\)

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What does current research show?

• Unaccompanied youth homelessness is an urgent, costly & significant problem for our nation

• Stable housing is essential, *but* youth homelessness involves more challenges than housing alone – the service response must reflect a broader, integrated approach

• Youth homelessness involves a lot of diversity – culturally & in terms of levels & kinds of service needs
Making Meaningful and Measurable Improvements in Outcomes

Anticipating the challenges that youth have when they are at risk of homelessness; will bring with them when they become newly homeless; or struggle with when they are chronically homeless.

Improving the data and rethinking the structure across Federal program areas and across services delivered by homeless providers.

Maximize existing Federal capacity by scaling back practices that are not achieving desired results while concurrently scaling up evidence-based interventions & practices.
I. STRATEGY GETTING TO BETTER DATA

- A confident estimate of youth homelessness
- Better data on needs & characteristics of youth experiencing homelessness
- Better data on vulnerable subpopulations
Counting the hard to count

- shelter/program
- couches/precarious housing
- Youth experiencing homelessness
- public spaces
- schools

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### Getting to better data

<table>
<thead>
<tr>
<th>Actions</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Coordinate RHYMIS &amp; HMIS</strong></td>
<td><strong>Improved data</strong>&lt;br&gt;- Align data standards&lt;br&gt;- Assess integration</td>
</tr>
<tr>
<td><strong>Local Youth PIT Counts</strong></td>
<td><strong>- Lessons for national youth PIT</strong>&lt;br&gt;- Improved data in participating sites</td>
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<tr>
<td><strong>National Study</strong></td>
<td><strong>- National Youth PIT Count</strong>&lt;br&gt;- National Household Survey</td>
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<tr>
<td><strong>Periodic Estimates</strong></td>
<td><strong>- Integrate National Study methods with coordinated data systems</strong></td>
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HUD Point-in-Time (PIT) Count

What HUD’s PIT does:
- Collects data on numbers & characteristics of people sleeping in shelters & on the streets, or in other places not meant for human habitation
- Unduplicated 1-night count of unsheltered & sheltered adults, children & youth
- Subpopulation info.

What a youth PIT would do:
- Involve youth-centered strategies, young people & RHY agencies to get to hard-to-reach unaccompanied youth
- Involve schools
- Include more specific data on characteristics of unaccompanied youth

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The roles of better data in ending youth homelessness

• A confident estimate of prevalence shows scale & scope of problem – informs the magnitude of the policy response & resources needed

• Periodic confident estimates allow monitoring toward ending youth homelessness

• Data on needs & characteristics inform the types of interventions needed for youth & subpopulations & cultural adaptations

• Improved & coordinated data systems can result in better monitoring of service-usage patterns & youth-level outcomes in order to improve service strategies
II. STRATEGY: BUILDING CAPACITY FOR SERVICE DELIVERY

- A research-informed intervention model
  - Review research & apply to intervention strategies
- Increased evidence of effective interventions
  - Identify & scale-up evidence-based practices & increase rigorous evaluation
- Gaps analysis
  - Investigate funding & capacity needs of programs

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Key Points about the Intervention Model

• It’s research-informed – i.e., its contents are informed by existing, empirical research involving youth experiencing homelessness

• It’s preliminary – further data should inform better, updated intervention models

• It’s outcomes-driven

• It’s centered on risk & protective factors to encourage targeted intervention strategies

• It illustrates multiple areas of risk, protection & outcomes – this reinforces the need for contribution & coordination among multiple services & systems
A Research-Informed Intervention Model for Youth Experiencing Homelessness

**Increased Protective Factors**
- Family cohesion & support
- School engagement or employment
- Survival skills
- Positive connections
- Positive future

**Reduced Risk Factors**
- Trauma
- Emotional distress
- Sexual risk behavior
- Family problems
- Criminal or delinquent behavior
- Substance abuse

**Core Outcomes**
Stable Housing + Permanent Connections + Education/Employment + Wellbeing

**Appropriate Intervention Strategies**
Treatment | Housing | Programs

1. Consider system-level strategies
2. Screen & assess
3. Match interventions to individual needs & strengths
4. Target interventions to risk & protective factors & youth goals
5. Evaluate outcomes

**Lower Risk Group**
(high protective factors, low-medium risk factors)
Aged < 18: Temporarily Disconnected
Aged 18-24: Short-term Homelessness

**At-Risk Group**
(high risk factors, some protective factors)
Unstably Disconnected
Episodic Homelessness

**Risky Group**
(high risk factors, low protective factors)
Chronically Disconnected
Chronic Homelessness

Time Experiencing Homelessness

Higher Protection, Lower Risk
Lower Protection, Higher Risk

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Clusters of Newly Homeless Youth

<table>
<thead>
<tr>
<th>Lower Risk Group</th>
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<tbody>
<tr>
<td>High* or Medium</td>
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<tr>
<td>Risk Factors:</td>
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<tr>
<td>• All Low</td>
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<tr>
<td>Protective Factors:</td>
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<tr>
<td>• School connection*</td>
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<tr>
<td>• Positive friends*</td>
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<tr>
<td>• Health*</td>
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<tr>
<td>• Survival skills*</td>
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<th>At-Risk Group</th>
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<tr>
<td>• Unprotected sex*</td>
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<tr>
<td>• Smoking*</td>
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<tr>
<td>• Alcohol use</td>
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<tr>
<td>• Drug use</td>
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<td>Protective Factors:</td>
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<td>• Employment*</td>
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<td>• Positive friends</td>
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<td>• Sexual/Physical abuse*</td>
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<td>Protective Factors:</td>
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Likelihood of becoming chronically homeless increases

Using Evidence on Risk & Protective Factors

• **Risk factors** – characteristics at the individual, family, or community level that are associated with a higher likelihood of problem outcomes.

• **Protective factors** – positive characteristics that counteract the effects of risk.

• **“Modifiable” risk & protective factors** – *changeable* factors that individual- and family-level interventions can target in order to improve outcomes.

Standardized screening & assessment

• Not all youth experiencing homelessness are the same.

• Assessment identifies risk & protective factors that can be the focus of intervention strategies

• Assessment informs service decisions:
  – (1) at the program-level (the service array)
  – (2) at the youth-level (case planning)

• Assessment shifts the focus from outputs to outcomes
  – Assessment provides a baseline for periodic follow-up assessments to measure outcomes over time
Evidence-based Practice Model

Staff Expertise

Clients’ Needs & Circumstances

Clients’ Values & Preferences

EBP

Best Research Evidence

Adapted from: Haynes, Devereaux, and Guyatt, 2002
Building capacity to increase the evidence-base

- Identify promising practices in the field
- Increasing knowledge & use of existing interventions shown to be effective with youth experiencing homelessness or similar populations
- Facilitate support, resources & commitment to develop & rigorously evaluate intervention/program models where the evidence-base is weak
- Increase overall use of standardized screening & assessment to monitor outcomes & make sure each youth gets the right intervention at the right time
Vulnerable Subpopulations of Youth

Foster Care Youth
- 25% of street youth become homeless on their most recent separation from foster care
- More likely to become homeless, move frequently and live in poor neighborhoods compared to non-FC youth with similar risk factors
- On emancipation, many cannot find stable housing (65% in CA)

LGBTQ Youth
- Overrepresented (20-40%) among homeless youth compared to general population (3-5%)
- 26% are rejected by their family and put out of their homes upon coming out
- 28% drop out due to intolerance, stigma and bullying at school
- Intolerance and mistreatment continue once on the street and in shelters

Juvenile Justice Youth
- In one NYC youth shelter, 30% of youth had been arrested or incarcerated; in another, 30% had been detained or incarcerated

Pregnant/Parenting Youth
- Young women (aged 14 to 17) living on the streets have lifetime pregnancy rates of 48% vs. those in shelters (33%) vs. housed (10%)

Implications for Intervention
- Both groups have: a history of trauma; higher levels of substance abuse and mental health problems vs. peers; engage in survival sex; and are more likely to experience chronic homelessness
- Evidence-based interventions are available to:
  - treat substance abuse and mental health issues
  - promote healing and recovery from trauma
  - build key skills and capacities in youth
- Increase the capacity of service providers to:
  - Accurately identify service needs
  - Match those needs to appropriate interventions

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Thanks for what you do!

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More resources at:

www.usich.gov

&

http://www.acf.hhs.gov/programs/fysb/content/programs/rhy.htm
## Examples of Evidence-Based Interventions (addressing common concerns)

### Screening Activities

<table>
<thead>
<tr>
<th>Concern/Activity</th>
<th>Evidence-Based Interventions (Examples)</th>
<th>Age</th>
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</thead>
</table>
| Identification of Mental Health & Behavioral Health Issues | • Child & Adolescent Needs & Strengths—Trauma (CANS)  
• Strengths and Difficulties Questionnaire (SDQ)  
• Child Behavior Checklist (CBCL)                                                                       | 0-18         |

### Common Diagnoses & Needs with Vulnerable Youth

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<thead>
<tr>
<th>Concern/Activity</th>
<th>Evidence-Based Interventions (Examples)</th>
<th>Age</th>
</tr>
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</table>
| Conduct Disorder/Oppositional Defiant Disorder       | • Multisystemic Therapy (MST)  
• Familias Unidas  
• Brief Strategic Family Therapy                                                                       | 9-17         |
| Substance Abuse / Sexual Risk-taking                | • *Support to Reunite, Involve and Value Each Other (STRIVE)  
• *Community Reinforcement Approach (CRA)  
• *Street Smart                                                                                     | 12-17        |
| Major Depression                                    | • Adolescents Coping with Depression (CWD-A)  
• Cognitive Behavioral Therapy (CBT) for Adolescent Depression  
• *Community Reinforcement Approach (CRA)                                                              | 13-17        |
| Actionable Trauma Symptoms                          | • Trauma Affect Regulation: Guide for Education and Therapy (TARGET-A)  
• Trauma-focused Cognitive Behavioral Therapy (TF-CBT)  
• Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)                      | 10-55        |
| Internalizing/Externalizing Behaviors               | • Triple P (extension)  
• *Functional Family Therapy (FFT)                                                                       | 13-16        |

*Evaluated with RHY samples
## Examples of Evidence-Based/Promising Interventions (youth development/livelihood)

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<tr>
<th>Concern/Activity</th>
<th>Evidence-Based/Promising Interventions (Examples)</th>
<th>Age</th>
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<tr>
<td><strong>Assessment Activities</strong></td>
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<tr>
<td>Identification of Social-Emotional Strengths</td>
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<tr>
<td><strong>ASSESSMENT TOOLS</strong></td>
<td>• Social Skills Improvement System (SSIS) Rating Scales</td>
<td>3-18</td>
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<td></td>
<td>• Behavioral &amp; Emotional Ratings Scale (BERS-2)</td>
<td>0-18</td>
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<tr>
<td></td>
<td>• Emotional Quotient Inventory (EQ-i)</td>
<td>7+</td>
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<tr>
<td><strong>Outcomes</strong></td>
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<td></td>
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<tr>
<td>Social-emotional competencies</td>
<td></td>
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<tr>
<td></td>
<td>• <strong>Fostering Healthy Futures (FHF)</strong> – mentoring, skills training</td>
<td>9-11</td>
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<tr>
<td></td>
<td>• <strong>Big Brothers Big Sisters (BBBS)</strong> – mentoring</td>
<td>5-18</td>
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<td></td>
<td>• <strong>Prevention &amp; Relationship Enhancement Program (PREP)</strong></td>
<td>18-25</td>
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<tr>
<td>Educational Achievement</td>
<td></td>
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<td></td>
<td>• <strong>JOBSTART</strong> – education, job training and placement</td>
<td>17-21</td>
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<td></td>
<td>• <strong>The Teenage Parent Demonstration (TPD)</strong> – skill-building, case management, support services</td>
<td>13-18</td>
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<td></td>
<td>• <strong>Upward Bound</strong> – academic support and summer program</td>
<td>13-18</td>
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<td></td>
<td>• <strong>Quantum Opportunities Program (QOP)</strong> – after-school program, mentoring, case management</td>
<td>16-18</td>
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<td></td>
<td>• <strong>Big Brothers Big Sisters</strong> – mentoring</td>
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<tr>
<td>Employment</td>
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<td></td>
<td>• <strong>Career Academies</strong> – career-themed learning communities</td>
<td>13-18</td>
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<td>17-19</td>
</tr>
<tr>
<td></td>
<td>• <strong>Ohio Learning, Earning, &amp; Parenting (LEAP) Program</strong> – incentives, case management, support services</td>
<td>13-19</td>
</tr>
<tr>
<td></td>
<td>• <strong>Career Beginnings</strong> – mentoring, workforce training, skill-building</td>
<td>16-18</td>
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<td>• <strong>Job Corps</strong> – education, training, job placement</td>
<td>16-24</td>
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<tr>
<td>Civic Engagement</td>
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<td></td>
<td>• <strong>Youth Corps</strong> – service work program</td>
<td>13-15</td>
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