

Evidence Summary

Non-housing Case Management and Support for Youth Homelessness

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Highlights

- Intensive case management and additional supports can have positive effects on youth experiencing or at risk for homelessness.
- Effects of these interventions on outcomes like housing stability might be strengthened with broader services and resources, such as housing or economic assistance.

Overview

The **Voices of Youth Count** initiative's systematic evidence review is the most comprehensive synthesis of evaluation evidence on programs and practices related to youth homelessness to date.¹ This document is one in a series of seven topical evidence summaries derived from the longer evidence review brief. Here, we summarize evaluations of non-housing case management and support interventions for addressing youth homelessness. The evidence here includes only impact evaluations designed to assess measurable changes in outcomes due to specific programs and practices. Other kinds of evaluation, including assessments of program implementation, processes, or participant experiences, will be summarized and reported elsewhere.

Non-housing case management and support interventions involve casework, mentoring, and/or youth development programming as key features, without including shelter or direct housing assistance. These interventions complement shelter and housing programs by engaging youth who are housed but at risk for housing instability and other adverse outcomes. Of the 62 studies of 51 programs included in the evidence review, nine studies evaluated eight programs in this

category. Duration ranged from about 3 to 18 months. Two programs had flexible funds, which provide need-based financial assistance. All but two programs were located in the US; the other two were in Australia and the Netherlands.

Evidence Summary

Intensive case management—involving high frequency engagement over multiple months or longer—generally yielded positive results. Four evaluations of non-housing case management and support interventions showed positive results for housing stability outcomes despite the absence of a specific housing intervention. YVLifeSet reduced rates of homelessness after 12 months. Promotor Pathway Program (PPP) reduced shelter use after 18 months. The iTEAM program was associated with a reduction in number of days homeless after 6 months. Each improvement in housing stability-related outcomes was accompanied by improvements in other areas, such as mental health and employment. Each intervention also had a lack of significant effects on some outcomes. An exception to the trend in positive overall results was the YP4 case management and support program, which had no effects on a wide range of outcomes.

1. For detailed information about our evidence review methods and findings, please refer to Morton, M.H., Kugley, S., Epstein, R.A., & Farrell, A.F. (2019). *Missed Opportunities: Evidence on Interventions for Addressing Youth Homelessness*. Chicago, IL: Chapin Hall at the University of Chicago.

The authors suggested that the absence of effects might be due to its minimal case management approach and low youth uptake and engagement (most youth met with their case manager only once every 6 months).

Taken together, this evidence suggests that intensive, youth-centered case management targeting youth at-risk for homelessness can improve key outcomes for youth experiencing or at-risk for homelessness.

Despite these encouraging results, however the size of impacts is limited. While percentages decreased, many participants still experienced housing instability at study end. Many of these youth likely need additional supports and services, such as housing or economic assistance, to overcome the complex challenges they face.

Included Studies of Non-housing Case Management and Support

Description	Study design*	Results
YVLifeSet (Valentine et al., 2015; Skemer & Valentine, 2016)		
Intensive case management and transitional support services for youth who had been in juvenile justice or foster care (18-24).	Randomized evaluation (n=1,322)	Improved housing stability, earnings, economic well-being, and mental health; no effects on condom use or substance use.
Promotor Pathway Program (PPP) (Theodos et al., 2016)		
Intensive case management, mentorship, and advocacy for homeless and other vulnerable transition-age youth (16-24).	Randomized evaluation (n=476)	Improved housing stability, positive connections, and education. No overall effects on employment or earnings or social-emotional well-being. Reduced births, but increased fights and substance use.
Project Passage (PP) (Cauce et al., 1994)		
An intensive mental health case management program for homeless youth (13-21), which also included flexible funds to support basic needs.	Randomized evaluation (n=115)	Reduced aggression and improved satisfaction with quality of life; no effects compared to control group on other mental health outcomes.
Houvast (Krabbenborg et al., 2016)		
A strengths-based intervention for homeless young adults (17-26) based on shelter staff training in the Netherlands.	Randomized evaluation (n=251)	No effects on a range of outcomes related to positive connections, education, employment, or well-being.
YP4 (Borland et al., 2013)		
Case management, navigation, and linked services for homeless young adults (18-35) in Australia.	Randomized, intervention and comparison groups had significant baseline differences (n=445)	No effects on a range of outcomes related to housing stability, positive connections, education, employment, or well-being.
Partnerships for Youth Transition (PYT) initiative (Haber et al., 2008)		
Multisite SAMHSA demonstration of transition support programs with various models of coordinated strategies and activities for homeless and other vulnerable transition-age youth (14-21).	Pre-post evaluation, no comparison group (n=193)*	Improved education, employment, and well-being related transitional outcomes.

Description

Study design*

Results

Case management and Community Reinforcement Approach (CRA) (Slesnick et al., 2008)

Case management with CRA, a comprehensive cognitive-behavioral intervention for the treatment of substance abuse problems, including with people with co-occurring disorders, evaluated with homeless youth (14-24).

Pre-post evaluation, no comparison group (n=172)*

Improved mental health and number of days housed; reduced substance use.

My Treatment Empowerment for Adolescents on the Move (iTEAM) (Powell et al., 2016)

A comprehensive LGBTQ affirming system-of-care approach to providing intensive case management, substance abuse and mental health treatment, linkages to housing, and other support services to homeless youth (15-24).

Pre-post evaluation, no comparison group (n=210)*

Improved mental health, employment, and housing stability. No improvements in education.

* High risk of bias: All evaluations, even the most rigorous, have some risk of bias. Bias is especially likely when an evaluation lacks a credible comparison group to assess what would have happened without the intervention. Without such a comparison group, we can't know if changes occur (for example) because youth got older, they were already motivated to improve, or due to other influences in the young person's life. We indicate evaluations as "high risk of bias" if they lack a "usual services" comparison or control group, or if the group was created without specific efforts (like statistical matching) to create comparable groups. Without similar comparison groups, findings are interpreted with additional caution. In some cases, it is necessary to rely on less rigorous studies to inform interventions while we await additional evidence.

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