



Missed Opportunities: Evidence on Interventions for Addressing Youth Homelessness

October 2019

The eighth in a series of Research-to-Impact briefs by Chapin Hall at the University of Chicago on understanding and addressing youth homelessness.

Voices of Youth Count research estimated that nearly 4.2 million youth and young adults in America experience some form of homelessness during a 12-month period. *Missed Opportunities: Evidence on Interventions for Addressing Youth Homelessness* summarizes what we learned from a rigorous and comprehensive synthesis of the research evidence on youth homelessness programs and practices to address this significant challenge. We found a small evidence base that shows youth homelessness is preventable, but we also identified critical knowledge gaps about what works, and what doesn't, in addressing youth homelessness.

EXECUTIVE SUMMARY

Voices of Youth Count: Evidence on Interventions for Addressing Youth Homelessness

This *Research-to-Impact* brief is the eighth in a series from Voices of Youth Count. Voices of Youth Count is a national research and policy initiative designed to fill critical gaps in the nation's knowledge about unaccompanied homelessness among youth and young adults ages 13 to 25. We need evidence about what works and what doesn't in programming and services to ensure our resources support the most effective solutions for ending youth homelessness. The Voices of Youth Count initiative involved vast data collection and integrated a wide range of perspectives. One of the seven major research components of this initiative was the Systematic Evidence Review*, which aimed to compile the evidence on relevant programs and practices.¹

Policymakers, organizations, communities, and funders use research-based evidence to guide decisions about addressing the complex challenge of youth homelessness. This brief summarizes research-based evidence on the effectiveness of interventions intended to prevent youth homelessness, reduce its duration and effects, and promote sustainable improvements in youth well-being.

Accordingly, we screened nearly 4,000 studies, focusing on studies that evaluate the effectiveness of youth interventions. The screening process ultimately identified 62 studies that involved youth homelessness and evaluated the impacts of 51 programs.² In this brief, we reveal critical evidence gaps that can prompt targeted investments in research and evaluation so that we may understand how to end youth homelessness more quickly.

Key Findings - Overview

In this Voices of Youth Count evidence review, we synthesize a broad base of evidence from the evaluation of programs and practices designed to address youth homelessness. Six key findings emerged from the review:

Finding 1. A small evidence base shows that youth homelessness is preventable. Three evaluations that assessed the impact of programs to prevent youth homelessness showed encouraging results by targeting youth at risk for homelessness and delivering tailored supports through casework interventions.

Finding 2. Rental assistance and supportive housing programs show promising results. A few evaluations of housing programs for youth who experienced homelessness showed that youth who participated in interventions like supportive housing and rental assistance with support enjoyed increased housing stability. Unfortunately, these evaluations lack long-term follow-up periods, so we don't really know whether youth remain stably housed after the programs.

Finding 3. Most evaluations focus on interventions that address well-being and risk behaviors and show positive results. A number of these evaluations show positive results for improving outcomes related primarily to mental health and attitudes or behaviors concerning substance use or safe sex.

Finding 4. Family-based interventions show positive results for behavioral health, but we need better evidence on their effects on housing stability and family connections. A handful of the evaluations of family-based programs showed improvements in substance use or mental health outcomes among youth experiencing homelessness. The most rigorous evaluations generally did not assess improvements in youth housing stability or youth-family connections.

Finding 5. We have little evidence on interventions to help youth experiencing homelessness achieve better employment outcomes. While career development and income are critical to long-term stability, there is little evaluation of employment-related programs for this population. For now, communities have to rely on broader evaluations of youth employment programs, which might not apply to young people experiencing residential instability and homelessness.

Finding 6. There is an alarming mismatch between investments in interventions and their evaluation. With a few exceptions, there are significant knowledge gaps that hinder evidence-based policymaking and practices to end youth homelessness. Few evaluations assess what works to help youth transition from homelessness to housing stability. The main shelter and housing programs funded by Federal agencies generally lack rigorous evaluation for youth.

Moving Toward Solutions

Adolescence and young adulthood constitute critical developmental windows. Every day that young people experience the stress of housing instability represents missed opportunities to support their healthy development and transitions to productive adulthood. Voices of Youth Count elevates the voices of our nation's young people who lack the necessary support and resources to achieve independence and make their unique contributions to our society.






We can't solve this problem in the dark. Most providers and funders today implement models, services, and supports with little evidence to back their efforts. While our systematic evidence review shows hopeful signs and potential among key programs, we still lack the comprehensive insight we need to use our resources more wisely. By following the guidance identified through these findings and increasing funding to fill our knowledge gaps, we can identify and implement solutions that will bring youth homelessness to an end more quickly.

No more missed opportunities.



Every day that young people experience the stress of housing instability represents missed opportunities to support their healthy development and transitions to productive adulthood.

RECOMMENDATIONS

-  Further evaluate, support, and enhance intervention approaches for which the evidence shows promising results for preventing or addressing youth homelessness.
-  Increase strategic investment in rigorous evaluations of interventions by public and private funders to address key knowledge gaps. Sufficiently resource pilot studies and demonstration projects for quality evaluation and long term follow up.
-  Ensure that evaluations have the right design and sample sizes to examine program effects by race, ethnicity, sexual orientation, and gender identity.
-  Conduct routine assessments of the strengths and needs of young people who come into our agencies and systems. Informed by these assessments, deliver the types and levels of supports that young people need.
-  Invest in the systematic collection and utilization of information, through relevant services and systems, on the rates of young people who leave youth homelessness programs earlier than intended, the characteristics of those youth compared to those who stay, and the reasons for their leaving early.

INTRODUCTION TO THE VOYC EVIDENCE REVIEW

The purpose of a systematic evidence review is to summarize the best available research on a specific question. In the case of Voices of Youth Count, the review question was "What is the evidence of the effectiveness of programs and practices to prevent youth homelessness and to improve a range of outcomes among youth experiencing homelessness?" Seeking what the research evidence has shown to date in answer to this question can help us save critical time in identifying and acting on the most viable solutions for ending youth homelessness.

A typical literature review might involve looking for and through a range of peer-reviewed journal articles and grey literature (e.g., evaluation reports that have not undergone peer review) and summarizing the findings. Voices of Youth Count's Systemic Evidence Review uses standardized, transparent procedures to find, screen, evaluate, and synthesize research evidence. To ensure the review is transparent and replicable, a key standard for scientific credibility, screening and review procedures are explicitly defined and published in advance.³

Due to their extensive search process, systematic reviews often start with a large number of potentially relevant studies. After careful assessment, most of these studies end up being excluded because they do not match the specific objectives or requirements of the review. In the Voices of Youth Count Systemic Evidence Review, we searched both published and unpublished studies using a wide range of electronic databases, websites, and direct outreach to experts. We identified almost 4,000 potentially relevant studies, reviewed them all, and ultimately included 62 studies, which evaluated 51 programs. Figure 1 lists the programs evaluated by included studies, grouped into intervention categories.

We clustered the studies into seven intervention categories:

- **prevention:** interventions that did not target youth experiencing homelessness but aimed to prevent homelessness from occurring;
- **family:** interventions that explicitly engaged youths' families in the program as a key focus;
- **shelter and housing:** interventions that provided shelter, housing, or housing assistance as a key feature of the program;
- **individual counseling and treatment:** nonhousing, non-family-based interventions primarily focused on delivering therapeutic or health-related counseling or treatment to youth experiencing homelessness;
- **nonhousing case management and support:** nonhousing interventions that involved case management or mentoring as a key program feature;
- **economic and employment:** interventions designed to help youth experiencing homelessness to obtain or improve employment or income; and
- **outreach and service connections:** interventions that aimed to find and connect youth experiencing homelessness with broader services.

Prior to the Voices of Youth Count Systemic Evidence Review, the last major evidence review published on programs to address youth homelessness was conducted in 2010 by Altena and colleagues. After screening about 1,500 studies, the authors reviewed 11 eligible studies conducted between 1985 and 2008. They concluded that there was "no compelling evidence" of effective interventions for youth experiencing homelessness. Our updated review shows that the evidence base has grown substantially since 2008, although much more evidence is still needed.

Figure 1. Interventions evaluated by study and type

Some interventions were the focus of more than one study.

Individual Counseling & Treatment

Art Messaging (AM) Program
AWARE Program
Brief Intervention to Improve Psychological Capital
Brief Intervention to Reduce Alcohol Use & Sexual Risk
Brief Motivational Enhancement (ME)
Brief Motivational Intervention (BMI)
Cognitive Behavioral Therapy (CBT)
Community Reinforcement Approach (CRA)
Community Reinforcement Approach (CRA) Plus HIV Prevention
Community Reinforcement Approach (CRA) Plus Mentoring
Diabetic Behavioral Therapy (DBT)
HIV/AIDS & Hepatitis Health Promotion (HPP)
Individual Therapy & Case Management
Motivation Enhancement Therapy (MET)
Motivational Interviewing (MI)
Peer-Led Drug Prevention Program
Relationship-Based Group
Safety Awareness for Empowerment (SAFE)
Substance Abuse & HIV Prevention
Traumatic Incident Reduction (TIR)
Youth Education in Spiritual Self-Schema (YESSS)

Family

Ecologically-Based Family Therapy (EBFT)
Family Reconnect Program
Functional Family Therapy
Home Free Program
Multisystemic Therapy
On the Way Home
STRIVE (Support to Reunite, Involve and Value Each Other)

Shelter & Housing

At Home/Ches Soi Housing First
Bridge Independent Living Project
Common Unity Project (CUP)
Daybreak Housing Program
Lighthouse Independent Living Program
New York City/New York State-Initiated Third Supportive Housing Program (NYSNY III)
Phoenix Youth Supportive Housing
Transitional Housing

Prevention

Behavioral Analysis Services Program (BASP)
The Geelong Project
YVLifeSet

Non-Housing Case Management & Support

Case Management (CM)
Houvast
Integrated HIV Prevention
My Treatment Empowerment for Adolescents on the Move (iTEAM)
Partnership for Youth Transition (PYT) Initiative
Project Passage Intensive Case Management
Promotor Pathway
YP4

Outreach & Service Connections

Strengths-Based Outreach Plus Crisis Shelter
Strengths-Based Outreach Plus Drop-in Linkage

Economic & Employment

Individual Placement & Support (IPS)
Social Enterprise Intervention (SEI)

We excluded many studies in our search and screening process that were published before 2008 because they were screened out by Altena and colleagues. In terms of "youth," we included studies involving adolescents or young adults (generally ages 13 to 25). We also included only impact evaluations* that involved samples of youth experiencing homelessness or youth homelessness as an outcome. To ensure we covered the full breadth of interventions, we included the 11 studies also reviewed by Altena and colleagues. We eliminated studies that did not meet our population or design criteria to avoid including evidence that didn't address this review's research question. We also excluded studies conducted in developing countries because the contexts are very different.

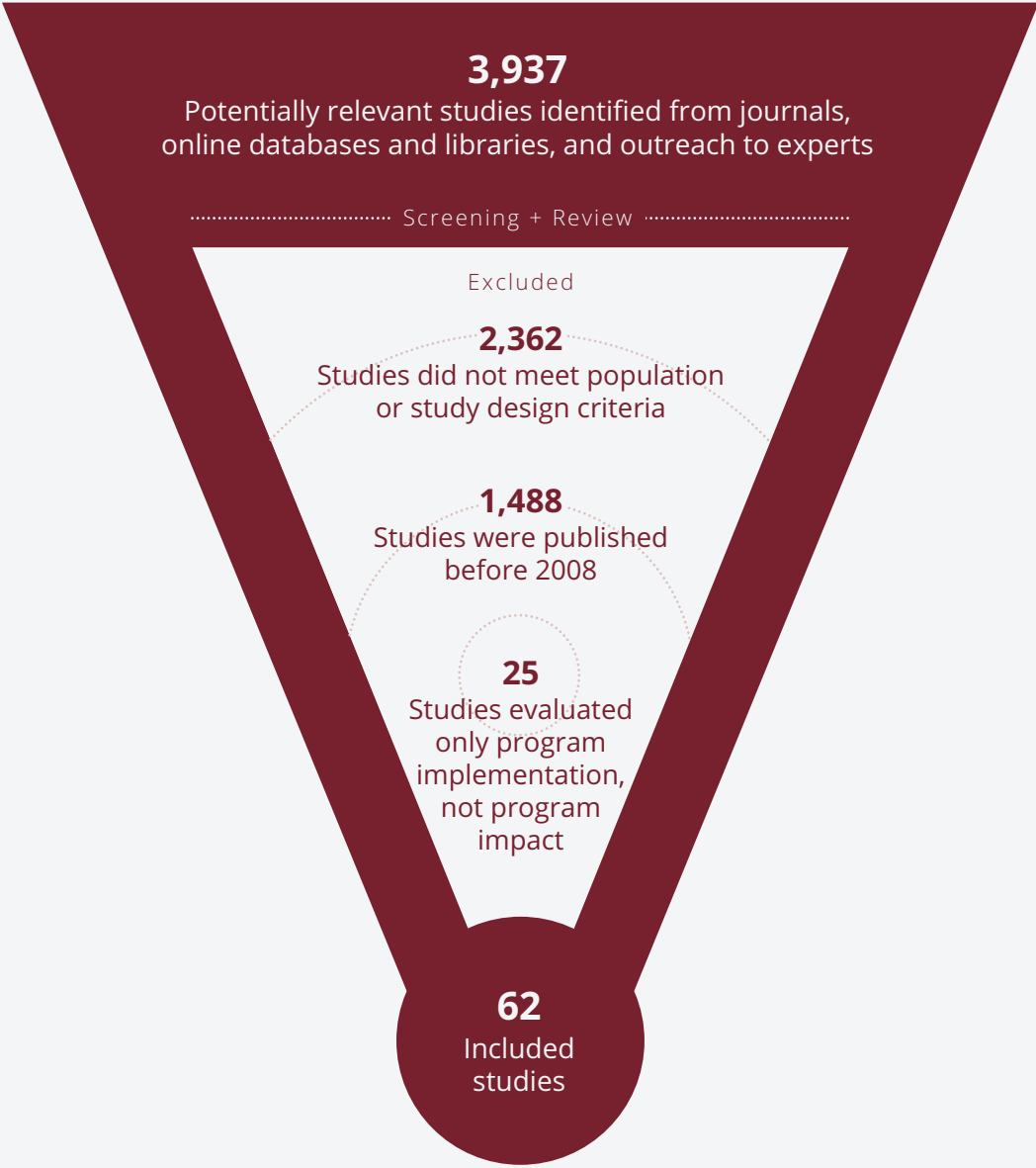
Finally, we eliminated studies that only looked at programs' implementation (but not programmatic impacts) so that we remained focused on identifying evidence for potential solutions to improve outcomes. The diagram in Figure 2 shows how we narrowed down to the final set of included studies. Figure 3 shows the number of evaluations by intervention type as well as a sense of the limited scope of the evidence base for youth homelessness solutions.

How study design affects what we can conclude

Impact evaluations aim to assess changes in outcomes caused by a specific intervention. The most rigorous impact evaluations are the best at showing that changes are truly due to an intervention and not to other factors. To maximize our understanding of the evidence base, we included a range of impact evaluation designs in this review: randomized evaluations*, nonrandomized evaluations* with other types of comparison groups, and observational designs (pretest/post-test evaluations without comparison groups).

Figure 2. Selection of studies

We started with a large number of potentially relevant studies and then screened and reviewed them to identify those that met all inclusion criteria.



(Source: VoYC Systematic Evidence Review)

The most rigorous studies assign program participants at random to either the intervention group or a control group. Often the control group is "services as usual," and the intervention or treatment group experiences a specific intervention or set of interventions for which evidence is needed. Such studies are referred to as randomized evaluations or randomized trials.

Randomized evaluations enable evaluators to conclude that changes in outcomes are due to the intervention, rather than resulting from other factors. Other factors might include

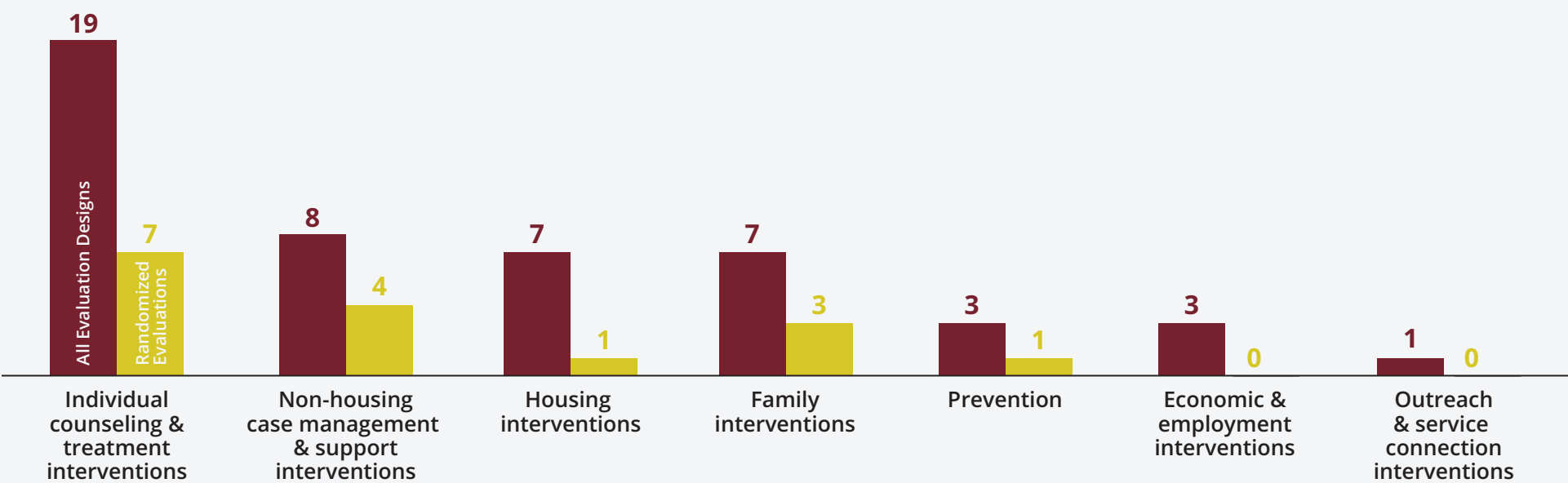
changes that occur due to the passing of time, the youth's motivation for change, or social, policy, or economic changes in the broader environment. For example, research has shown that a large share of youth newly experiencing homelessness return home over time without formal intervention (Milburn et al., 2017). Therefore, a program might assume credit for a high percentage of youth returning home, but it is possible that many would have returned without intervention.

Sometimes randomized trials are not feasible

or appropriate. In these cases, evaluators use designs that have a greater risk for bias to varying degrees. For example, evaluators might create a comparison group of youth who share similar characteristics, such as age, race, ethnicity, gender, or scores on assessment tools. They could choose to compare youth in the program to another group of youth that is convenient—such as youth who are not participating in the program but are willing to complete the evaluation surveys. These types of comparison groups have a higher risk for bias than groups assigned at random.

Figure 3. Number of evaluations by intervention type

Individual counseling and treatment interventions were the most commonly evaluated. There were very few rigorous evaluations of shelter, housing, or prevention programs for youth.



The least rigorous type of design we included in this review, “a pre-post study,”* tracks youth outcomes from the time of starting the program to a later time, such as program exit, without any comparison group. It is impossible to assess which results were due to the program and which should be attributed to other factors, so these types of studies have to be treated with higher caution.

Finding 1. A small evidence base suggests that youth homelessness is preventable

Our review found evaluations of programs aimed at both preventing and addressing youth homelessness. Three studies in our review evaluated prevention interventions to address youth homelessness before it occurs. Although each study reported on different measures of homelessness and reflected three different models, all three reported reduced incidence of homelessness, suggesting that youth homelessness is preventable.

The three programs also had some broadly similar characteristics. All targeted youth are at risk for homelessness based on their involvement with systems like juvenile justice or foster care, based on assessing their life experiences and current attitudes and situations, or both. All deployed supportive casework, linked to a range of services and supports to meet individual needs, as the primary intervention. All intervened proactively before the point of crisis.

Only one prevention study used the most rigorous type of study design, a randomized evaluation. This study assessed Youth Village’s “YVLifeSet,” a program offering case management and support services for youth who had transitioned out of juvenile justice or foster care. A second study evaluated the Behavior Analysis Services Program (BASP), an intervention to use data analytics to identify runaway behaviors among youth in foster care early, understand behavioral patterns, and provide supports to prevent further episodes. The third study evaluated The Geelong Project (TGP) in Australia, a coordinated homelessness prevention model among schools and community organizations involving universal screening for student risk for homelessness and tailored case management and support services. This intervention involved a youth- *and* family-centered case management and support approach.

Six Major Findings

Finding 1. A small evidence base suggests that youth homelessness is preventable

Finding 2. Rental assistance and supportive housing programs show promising results

Finding 3. Most evaluations focus on interventions that address well-being and risk behaviors and show positive results

Finding 4. Family-based interventions show positive results for behavioral health, but we need better evidence on their effects on housing stability and family connections

Finding 5. We have little evidence on interventions to help youth experiencing homelessness achieve better employment outcomes

Finding 6. There is an alarming mismatch between investments in interventions and their evaluation

While encouraging, the results of these three prevention interventions should be kept in perspective. For instance, the YVLifeSet evaluation demonstrated a 6-percentage-point reduction in youth experiences of homelessness during a 12-month period (21% for the program group versus 27% for the control group). This achievement should inspire confidence in the idea that prevention can work. At the same time, it also highlights that broader policies and programs aimed at the underlying causes of homelessness, such as poverty, unaffordable housing markets, and systemic inequities, are likely needed to prevent homelessness for all youth.

Implications

The small evidence base found in our review suggests that there are some potentially effective models to prevent youth homelessness, lending credibility to the notion that prevention is achievable. Organizations and communities can begin to draw on key elements of these models, including using research to target youth most at risk for homelessness and providing flexible, youth-centric case management.

The number of program evaluations focused on youth homelessness prevention pales in comparison to the number of evaluations assessing interventions with youth after they have already had to endure the trauma of homelessness. Funders can correct this imbalance by supporting greater development and evaluation of youth homelessness prevention approaches.

Overall, the important but modest impacts of prevention programs shown in this review underscore the need for deeper, structural policy actions to complement current prevention efforts. Reducing the prevalence of youth homelessness in America requires policy actions to address the root causes of homelessness, such as family instability, childhood trauma, poverty, racial inequity, and LGBTQ discrimination.

Finding 2. Rental assistance and supportive housing programs show promising results

Seven program evaluations assessed shelter and housing interventions, including transitional housing*, supportive housing, and a “Housing First”* program (which, in this case, was comprised of low-barrier* rental subsidies plus services). While this is a limited scope, the small evidence base on housing interventions offers some insights. Relative to comparison groups of youth who did not participate, two supportive housing programs and one Housing First program demonstrated having a positive impact on housing stability.

For instance, the New York City-based supportive housing program (Nyny III) targeted youth who were formerly in foster care. Two years after the start of the program, more than half of those placed in Nyny III were stably housed, compared with less than 10% of those who were eligible but did not participate. Similarly, two years after starting a Housing First program in Canada (At Home/Chez Soi), which included rental assistance plus wraparound services, the average percentage of days stably housed was 66% for young adults in the intervention group compared to 48% for the control group over the last 6 months. These evaluations indicate that low-barrier housing with support services tailored to individual youth needs can make a difference to their housing stability.

Importantly, however, neither of these evaluations measured housing stability after the youth exited the programs. In both cases, housing (or housing assistance, in the case of At Home/Chez Soi) was offered to the youth for at least 2 years, which was the duration of data collection. Therefore, we do not know how well these types of programs prepare young people for housing stability beyond the end of the program.

We identified a few evaluations of transitional housing programs that lacked rigorous evaluation designs with credible comparison groups.

These generally reported improvements across a range of desired outcomes, such as well-being, positive connections, education and employment, and health. Yet, because these evaluations lacked credible comparison groups, the results should be treated cautiously. Additionally, we lack information on what types of stable housing exits were facilitated, whether they were through affordable housing, private housing, family reunification, or others.

Notably, among the two transitional housing evaluations for which “attrition” information is available—that is, information about those who left the program before intended—the rates of youth leaving the programs early were high (57–87%). The high attrition rates identified in these studies underscore the difficulty of engaging highly vulnerable and often transient groups of youth in intensive programs over an extended period. In turn, high attrition diminishes the likelihood that these interventions can be effective at scale. Attrition may be more acute among highly structured shelter or housing programs with many rules and restrictions, but this warrants further investigation.

Implications

Based on a small number of evaluations, organizations and communities can have some confidence that providing rental assistance with supportive services and supportive housing can improve young people’s housing stability throughout the duration of those services. We do not know what types of programs help young people achieve sustained stability beyond the duration of the programs. Transitional housing programs appear to support improvements in a range of developmental outcomes, but this understanding is based on relatively low-rigor evaluation designs that offer little evidence about housing stability.

Given the high attrition rates from some housing programs, systems and programs supporting youth experiencing homelessness should collect data systematically on attrition rates, the characteristics of those youth who leave relative to those who stay, and their reasons for leaving early. Sometimes young people leave programs early for neutral or even positive

reasons. For example, they may have found adaptive ways to support themselves and no longer need assistance. Other times, high attrition can signal that programs are not responding sufficiently to the situations and preferences of the young people who seek their help. Organizations and evaluators should collect and track these data quantitatively as well as qualitatively, seeking insights from youth themselves on the barriers or challenges to remaining in the programs that they experience.

Finding 3. Most evaluations focus on interventions that address well-being and risk behaviors and show positive results

The majority of program evaluations that explicitly targeted or sampled youth experiencing homelessness showed at least some positive effects on youth outcomes. This suggests that programs can make a difference in the lives of these vulnerable young people. At the same time, relatively few program evaluations studied interventions that address homelessness directly, which is especially important given that the condition of homelessness is itself a contributor to health risk behaviors and poorer well-being.

The studies in our review most commonly evaluated individual counseling and treatment interventions, followed by nonhousing case management and support interventions, and family interventions and housing interventions. The evaluations most often assess outcomes related to health (mostly health risk behaviors), substance use, and social-emotional well-being (e.g., mental health, self-esteem, self-efficacy, and life satisfaction).

Most of the evaluations we reviewed focus on individual counseling and treatment interventions aimed at improving the well-being of youth and young adults. In general, these evaluations showed promising results for therapeutic and counseling interventions complementing crisis services. The evidence also suggests that even a brief length of engagement could make a difference. The interventions were broadly subgrouped according to their length as: brief interventions (involving fewer than six sessions or less than one month of duration), more intensive health-risk reduction treatment, and more intensive mental health treatment. Across subgroups, nearly all of these interventions showed positive effects on at least some favorable outcomes.

We cannot end youth homelessness in the dark. We need more and better evidence to understand what works, for whom, and under what circumstances.

The evidence also indicated that brief interventions (usually motivational interventions aimed at using brief contacts and education to encourage specific behaviors) tend to yield short-term improvements in attitudes about risk behaviors and aspects of social-emotional wellbeing. Notably, there were no randomized evaluations of intensive mental health interventions specifically with youth experiencing homelessness in the U.S. However, relatively intensive health risk reduction interventions (mostly focused on HIV and substance use behaviors) all showed at least some success. For example, participants in the Community Reinforcement Approach (CRA), a behavior therapy focused on treating addiction combined with an HIV prevention component, showed increase in condom use and reductions in substance use and depression. Intensive mental health treatments, such as cognitive behavioral therapy (CBT) and dialectical behavior

therapy (DBT), showed reductions in symptoms associated with mental health problems.

Implications

Organizations and communities aiming to reduce harm* and improve mental health among youth experiencing homelessness have a reasonably well evaluated set of program options from which to draw. These formal interventions can complement crisis and housing services for youth and may address some underlying behavioral health-related challenges to young people achieving stability and wellbeing.

Funders should invest in research and evaluation to better understand the longer-term effects of these types of programs, whether and how they contribute to housing stability, and which youth experiencing homelessness are likely to benefit most from specific types of counseling and therapeutic interventions.

Finding 4. Family-based interventions show positive results for behavioral health, but we need better evidence on their effects on housing stability and family connections

Family interventions involve counseling and related services that engage youth and their families. In some cases, family interventions might aim to promote the family as a source of safe and stable housing for the youth. In others, that might not be possible or appropriate, and family members still provide emotional and practical support. The family interventions evaluated in this review tended to target improvements in youth substance use behaviors.

Among the three randomized evaluations comparing family interventions to services-as-usual, all found significant program effects, especially related to risky or unhealthy behaviors.



Unfortunately, none of these assessed stable housing outcomes. Randomized evaluations of a home-based therapy [Ecologically Based Family Therapy (EBFT)] and an office-based therapy [Functional Family Therapy (FFT)] both showed reductions in alcohol and drug use. Adolescent and family functioning improved for those in the treatment groups, but this improvement also occurred for the control group. The evaluation of the Support to Reunite, Involve, and Value Each Other (STRIVE) family intervention found significant effects on reducing sexual risk behaviors, alcohol use, hard drug use, and delinquent behaviors among newly homeless youth—mainly youth of color.

Two less rigorous evaluations of family interventions—the Home Free Program (HFP) and Family Reconnect Program (FRP)—set out to assess whether the programs improved housing stability through family strengthening.

HFP involved a call-center-based model of mediating conversations between a family and youth in crisis and providing transportation support to help the youth reunite with the family. FRP involved a combination of youth and family casework focused on family strengthening. These two evaluations found improvements in positive connections between youth and their families and in youth housing stability. While promising, the evaluations were observational in nature—in other words, they did not involve comparison groups. As such, findings need to be treated cautiously.

It is important to reinforce that this review only synthesized evidence from evaluations that explicitly sampled youth experiencing homelessness (or assessed youth homelessness as an outcome). Some programs, such as FFT or Multisystemic Therapy, have been further evaluated with broader youth populations. Evidence-based interventions for youth more

generally can be found on a range of existing registries.⁴ The broader evidence base on programs and practices for vulnerable youth can be a useful starting point in the absence of population-specific evidence, but, ultimately, we need to know how well these interventions work for youth experiencing homelessness.

Implications

Organizations and communities should consider adopting evidence-informed family interventions, when appropriate, for strengthening the connections and well-being of youth experiencing homelessness—especially at earlier stages of homelessness or housing instability.

Evidence is generally lacking about which kinds of family interventions lead to better youth housing stability and permanent connections and under what circumstances. This knowledge gap should prompt investments in research and evaluation.

Finding 5. We have little evidence on interventions to help youth experiencing homelessness achieve better employment outcomes

Supporting career development among youth experiencing homelessness is important for securing both long-term exits from homelessness and the subsequent ability to thrive. In the context of increasingly unaffordable national housing markets, young people need pathways to a sufficient income so they can remain housed and meet their basic needs.

Unfortunately, the two studies that assessed the effects of economic and employment interventions on employment outcomes for youth experiencing homelessness showed mixed or inconclusive results. These evaluations focused on two program models. Social Enterprise Intervention (SEI) and Individual Placement Support (IPS) were both delivered over a 20-month period and included a combination of classroom-based and experiential vocational learning along with mental health services. The former focused on business development and the latter on wage employment. The first of the two studies suggested positive effects of IPS on youth having been employed at all, but not on average weekly hours or earnings. The second study showed no employment-related progress associated with either IPS or SEI.

Implications

The evidence base from a previous evidence review on youth employment programs more broadly (without a focus on youth experiencing homelessness) indicated variable results overall, but also that youth employment programs tended to have the most effectiveness with the most vulnerable (low-skilled, low-income) subpopulations (Kluve et al., 2016). Perhaps this suggests promising potential for employment programs for youth experiencing homelessness. However, our review shows that very little evaluation has examined the effects of these programs for youth experiencing homelessness.

Investments by public and private funders are needed in the systematic development and evaluation of approaches to supporting this population's career development. At the federal level, such an effort to improve program models and evidence could involve collaboration among the U.S. Departments of Health and Human Services, Housing and Urban Development, Labor, and others.

Given that many organizations deliver youth employment programs that are not evaluated, they can engage research partners to help them assess the effectiveness of their interventions and use this evidence to strengthen their program models. To address youth experiencing homelessness, the evaluated program models may need to combine housing and employment supports with other support services to increase their effectiveness.

Finding 6. There is an alarming mismatch between investments in interventions and their evaluation

The U.S. Interagency Council on Homelessness (USICH) names stable housing as the primary outcome for addressing youth homelessness. Accordingly, the vast majority of public spending through the U.S. Departments of Health and Human Services (HHS) and Housing and Urban Development (HUD) to address homelessness goes to shelter and housing programs aimed at supporting young people's housing stability, among other outcomes. Yet, most of these models have been subject to very little, if any, rigorous evaluation for youth. It makes good sense to devote the majority of resources to services and supports; at the same time, without dedicating commensurate resources to evaluation, we risk investing in programs with no established short- and long-term benefits.

Most program evaluations did not focus directly on assessing what might end homelessness among youth who experience it. Only 37% of the evaluations (19 studies) measured housing outcomes such as stability or homelessness. Even fewer (14%, or seven studies) evaluated shelter or housing interventions.

This finding highlights an alarming mismatch between investments in interventions and their evaluation. The lack of meaningful evaluations of our investments in shelters and housing to address homelessness means we are missing opportunities to spend our resources effectively and help our young people gain stable housing.

We did not find any studies we could include of crisis shelters, basic center programs*, rapid rehousing*, or host homes*. We found very few evaluations of supportive housing and transitional housing programs for youth. Furthermore, the evaluations of transitional housing programs involved low-rigor designs with a high risk of bias, so it is difficult to draw firm conclusions from these studies. We also found an overall lack of evaluations on outreach interventions. At the same time, these types of programs—shelters and housing assistance in the case of HUD, and street outreach programs, basic center programs, and transitional living programs in the case of HHS—are the primary types of programs that the federal government finances to address youth homelessness.

Implications

Overall, there is an urgent need for public and private funders to invest in more and better evaluation of the core shelter and housing programs that they commonly fund. Improving evaluation will also require that organizations delivering these programs collaborate with researchers. While advocates may feel strongly about certain types of shelter or housing models, the evidence base on what models work to help youth experiencing homelessness transition to housing stability is very thin and broadly inconclusive. It is likely that different youth need and prefer different shelter and housing approaches, depending on their circumstances. However, we lack enough evidence to fully help communities develop more robust program inventories.

CONCLUSIONS

Missed Opportunities: Evidence on Interventions for Addressing Youth Homelessness summarizes lessons from the most comprehensive and systematic synthesis of evaluation evidence on programs and practices to prevent or address youth homelessness. This review can serve as a first stop for policymakers, funders, practitioners, and researchers who want to address youth homelessness using an evidence-based approach. Chapin Hall will also publish a detailed report, including a formal presentation of methods and synthesis of the evidence, on the different types of interventions examined in this review, which will be available on our website at www.chapinhall.org.

On the positive side, this review demonstrates significant growth in evaluations of programs and practices to address youth homelessness over the last decade. This expanding evidence base shows that a number of interventions have positive effects on a range of youth outcomes, and some have even succeeded in preventing or reducing youth experiences of homelessness.

Yet, the systemic review also shows that, as a nation, we have significant blind spots in our knowledge of how to solve youth homelessness. We observed especially little evidence from rigorous impact studies in the following areas:

- **Prevention.** While we found many evaluations of interventions aimed at responding to various needs of youth after they become homeless, we only found a few evaluations of approaches to prevent youth from experiencing homelessness in the first place.
- **Prominent housing models.** Studies of transitional housing programs were scarce and generally involved significant methodological limitations. We could not identify any studies of rapid rehousing programs, host home programs, or youth-specific emergency shelters that met the inclusion criteria for our review. Moreover, there were no shelter or housing model evaluations assessing youth housing stability after the programs ended.

- **Employment and economic support interventions.** Evaluations are needed of promising youth employment and economic empowerment programs, perhaps modified to include or complement housing assistance, with youth experiencing homelessness.
- **Interventions tailored to specific subpopulations.** Recent national evidence produced by Voices of Youth Count demonstrates that certain subpopulations—particularly American Indian and Alaska Native, Black, and Hispanic youth; LGBTQ youth; and pregnant and parenting youth—are at significantly higher risk for experiencing homelessness compared to their peers. Yet, studies rarely disaggregated results based on characteristics such as race or ethnicity to examine whether these subpopulations benefited similarly or differently from interventions compared to others.
- **Outreach interventions.** While commonly used by communities, there was an overall lack of evaluation of approaches to street outreach, or technology-based outreach, for youth experiencing homelessness.
- **Service delivery models for rural communities.** While many included studies evaluated city-based interventions, we did not identify any studies of interventions that were specifically designed for, or tested with, youth in rural communities that met our inclusion criteria.

This review highlights that public and private funders continue to invest in models for which we have little reliable evidence of effectiveness. Funders should place greater priority on investing in more and better evaluations to address these knowledge gaps. Organizations and communities can strengthen their leadership by collaborating with researchers to evaluate their programs, practices, and innovations more rigorously. We cannot end youth homelessness in the dark. We need more and better evidence to understand what works, for whom, and under what circumstances.

GLOSSARY

Basic center programs (BCP), funded by HHS, aim to meet the immediate needs of runaway and homeless youth under 18 years old. In addition, BCP tries to reunite young people with their families or locate appropriate alternative placements. BCPs can provide up to 21 days of shelter and offer assistance for basic and developmental needs and can include aftercare services when a youth leaves the program.

Harm reduction refers to policies, programs, and practices that aim to minimize adverse health, social, and legal impacts associated with drug use, drug policies, and drug laws.

Host homes models vary across communities as no federal funding source defines the host home model. Youth live in the home of a volunteer family or individual with the goal of moving out into permanent housing at some point. Host home programs often include case management, conflict resolution, and family engagement, when appropriate.

Housing First is an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment, or service participation requirements.

Impact evaluations, sometimes called “effectiveness studies,” provide information about the impacts produced by an intervention for specific outcomes. The most rigorous types of impact evaluations are those best designed to estimate the changes in outcomes that are caused by a specific intervention and not by other factors.

Low-barrier services ensure no or minimal barriers to access, such as eligibility requirements or conditions (like being “drug-free”). They take people as they are.

Pre-post evaluations, also called observational studies, simply assess changes in outcomes from baseline (often at the start of a program) to an end point (for example, at the end of the program or sometime after the program ends). These types of evaluations have an especially high risk for bias.

Quasi-experimental evaluations involve a range of nonrandomized evaluation designs that typically use less rigorous methods for forming control or comparison groups. These might include statistical methods, for example, to create similar comparison groups, or more basic approaches, like comparing intervention youth to youth who chose not to participate or who are in a nonparticipating agency or community.

Randomized evaluations, sometimes called “randomized controlled trials” or “experimental trials,” involve randomly assigning participants to an intervention or to one or more control or comparison groups. This is the most rigorous type of evaluation design for attributing changes in outcomes to a specific intervention.

Rapid rehousing (RRH) programs provide immediate access to stable, independent housing, along with supportive services, to help youth establish permanency and develop independent living skills. The core components of RRH include housing identification assistance (directly or through a partner organization), rent and move-in assistance, individualized case management, and wrap-around services (either directly or through a partner organization).

Systematic reviews sum up the best available research on a specific question. A systematic review uses transparent procedures to find, evaluate, and synthesize the results of relevant research. Procedures are explicitly defined in advance.

Transitional living programs (TLP), funded by HHS, provide long-term residential services and supports to homeless youth ages 16 to 22. Services are provided for up to 540 days or, in exceptional circumstances, up to 635 days.

ENDNOTES

1. We do not provide detail on our methods or results in this brief, but technical information can be found in the Voices of Youth Count research papers and reports that are published and forthcoming. These are posted on www.voicesofyouthcount.org.
2. The full list of included studies, organized alphabetically by author, is available at: http://voicesofyouthcount.org/wp-content/uploads/2019/03/Chapin-Hall_VoYC_Citation-List-for-Youth-Homelessness-Evidence-Review.pdf.
3. This definition comes from the Campbell Collaboration, the foremost collaboration and publisher of rigorous systematic reviews of evidence related to social interventions. Available at: <https://campbellcollaboration.org/research-resources/writing-a-campbell-systematic-review/systemic-review.html>.
4. Examples of such registries are provided by the Centers for Disease Control at <https://www.cdc.gov/healthyyouth/adolescenthealth/registries.htm>, accessed on March 1, 2019.

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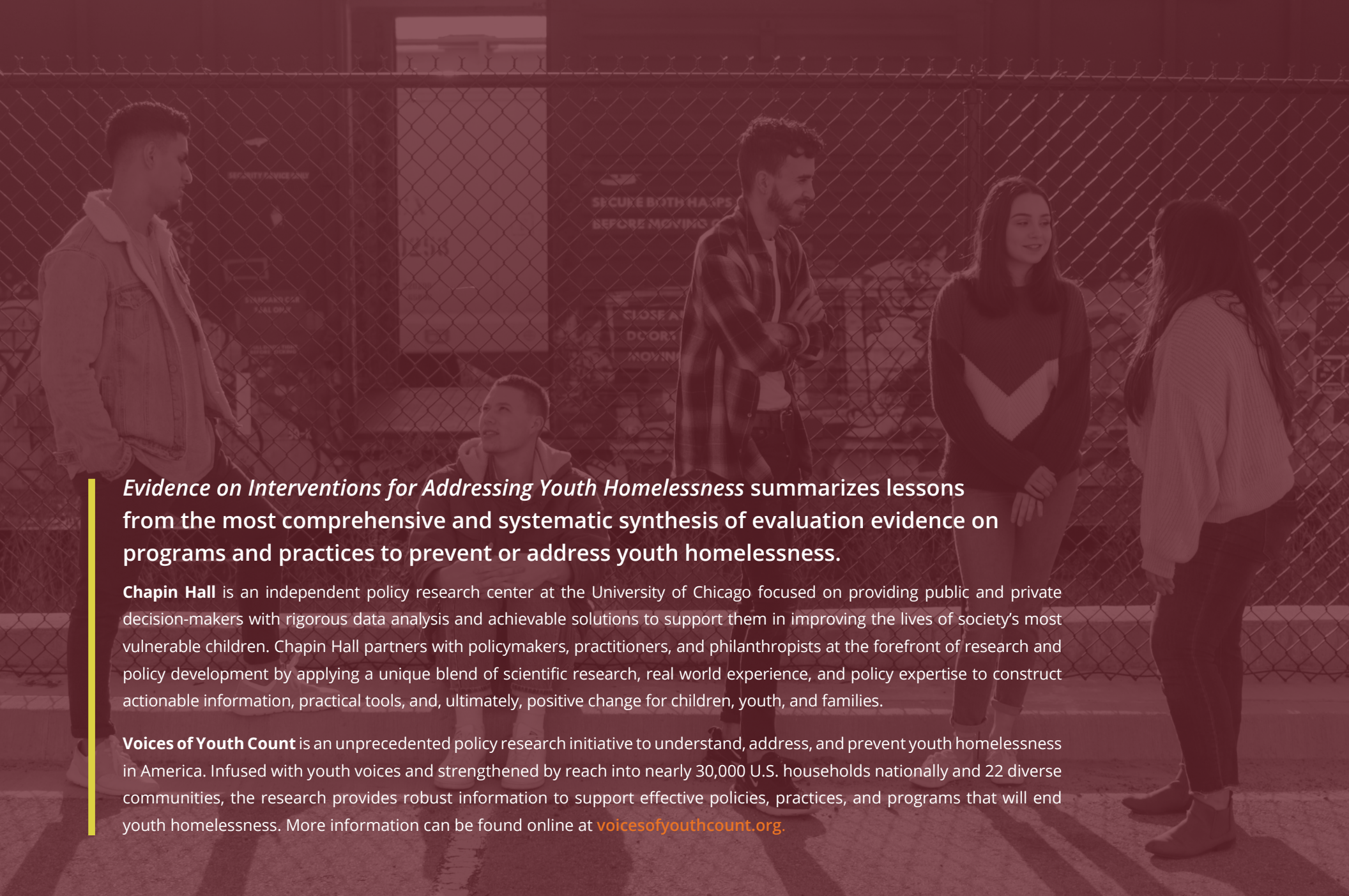
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Voices of Youth Count is an unprecedented policy research initiative to understand, address, and prevent youth homelessness in America. Infused with youth voices and strengthened by reach into nearly 30,000 U.S. households nationally and 22 diverse communities, the research provides robust information to support effective policies, practices, and programs that will end youth homelessness. More information can be found online at voicesofyouthcount.org.

