

Framework to End Youth Homelessness

A Resource Text for Dialogue and Action

United States Interagency Council on Homelessness
February 2013

Introduction

On June 22, 2010, USICH released [Opening Doors](#) (the Plan), the nation's first comprehensive Federal strategic plan to prevent and end homelessness. The Plan includes 59 strategies under the umbrella of 10 objectives and is focused on four key goals (ending chronic homelessness by 2015; ending Veteran homelessness by 2015; ending homelessness for families, children, and youth by 2020; and setting a path to ending all types of homelessness). The Plan serves as a roadmap for joint action by the Federal government and its state and local partners in the public and private sectors. While we have been able to make progress towards ending homelessness, we recognize that more work must be done across the board to provide support and stability for children and youth experiencing homelessness. In September 2012, USICH released an [Amendment to Opening Doors](#), which was developed to specifically address what strategies and supports should be implemented to improve the educational outcomes for children and youth, and the steps that need to be taken to assist unaccompanied youth experiencing homelessness.

Framework to End Youth Homelessness

Unaccompanied youth homelessness remains a persistent challenge for our nation.¹ Every night, thousands of unaccompanied young people go to sleep without the safety, stability, and support of a family or a home. In contrast to common perceptions, homelessness is not just an adult phenomenon; youth are resorting to abandoned buildings, park benches, makeshift shelters, and staying with friends and sometimes strangers. Many of these youth have experienced significant trauma before and after becoming homeless. Often they face struggles across multiple aspects of daily life that contribute to their vulnerability. At the same time, all youth have strengths, but youth experiencing homelessness often lack positive opportunities and supports to apply them. An effective strategy must account for the specific needs of adolescents and youth transitioning to adulthood and the role families can play in both the reasons for becoming homeless and the potential solutions. These considerations make an approach to ending homelessness for unaccompanied youth distinct from an approach to ending homelessness for adults.

The USICH Framework to End Youth Homelessness (youth framework) expands on the Amendment to *Opening Doors* by providing clarity on what needs to be done specifically to address youth homelessness to help reach the goal of ending homelessness among children and youth by 2020. This document is a product of over a year of effort by a Federal interagency youth homelessness workgroup, which has been co-led by the Administration on Children, Youth and Families (ACYF) at the US Department of Health and Human Services (HHS) and USICH.

¹ This paper will refer to youth or youth experiencing homelessness up to age 24 who are unaccompanied by a parent, guardian, or spouse. Youth up to age 24 who are with their own children are considered to be unaccompanied.

In communities across the country, organizations, schools, researchers, philanthropic partners and young people are leading innovative and inspiring efforts to address youth homelessness. This document reflects a framework for strategies to build on that work at Federal, State, and local levels. The aim of this framework is a clearer understanding of the scale and nature of action required to prevent and end youth homelessness. An overarching commitment to impacting *core outcomes* for youth experiencing homelessness—stable housing, permanent connections, education or employment, and social-emotional well-being—guides every aspect of this work.

Core Outcomes for Youth

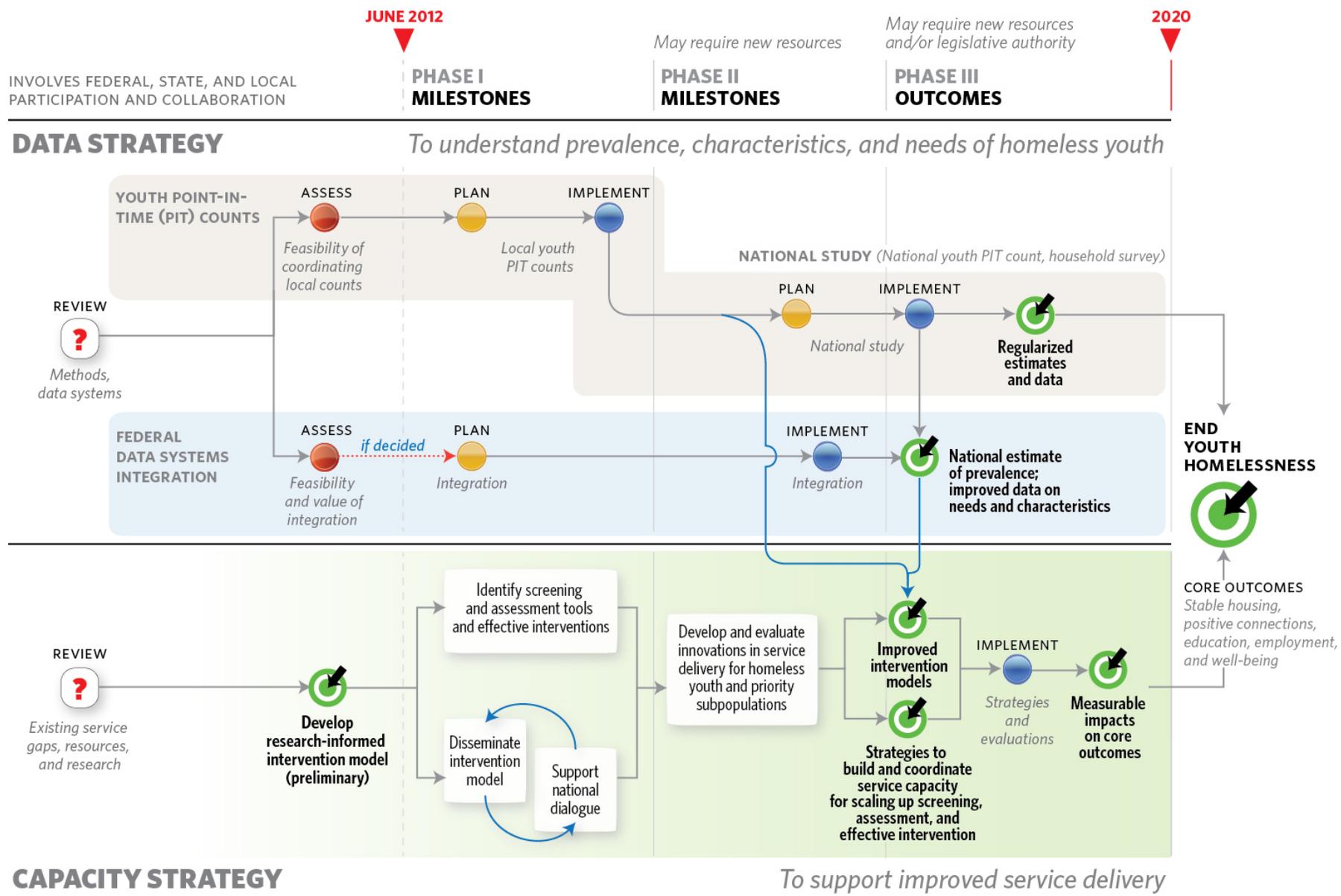
- ▶ Stable Housing
- ▶ Permanent Connections
- ▶ Education or Employment
- ▶ Social-emotional well-being

The framework focuses on two complementary strategies. The strategies include a *data strategy*, to get to better data on the numbers and characteristics of youth experiencing homelessness, and a *capacity strategy*, to strengthen and coordinate the capacity of Federal, State, and local systems to act effectively and efficiently toward ending youth homelessness. Work related to each of these strategies is categorized within three phases. The phases include: I.) activities that can begin immediately; II.) activities that will require new resources; and III.) longer-term activities that build on earlier efforts and may require new resources and/or legislative authority. A logic model outlines the strategies and phases of the youth framework (see Figure 1).

The specifics of this framework will be refined through further planning and feedback, but ending youth homelessness is too urgent a cause to wait for perfect solutions. This framework provides a basis for advancing focused and coordinated work, starting now, to ensure that no one experiences homelessness and no one is without a safe stable place to call home.

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Figure 1: USICH Framework Logic Model for Ending Youth Homelessness



Strategy: Getting Better Data

At the national level, we know too little about the scale and nature of youth homelessness.² Although important contributions to the knowledge base, currently used estimates of youth homelessness are outdated and have significant limitations.^{3, 4} We have some knowledge about the population through dated national surveys, existing data systems, anecdotal evidence, and a handful of studies in specific places. This level of evidence can inform early planning but an intentional and coordinated strategy for getting to better data is essential in order to advance our understanding of youth homelessness and refine our plan to end youth homelessness.

Better data on youth homelessness has many benefits. Better data strengthens the ability to advocate for resources locally and nationally. Better data makes it easier to address tough topics, such as the overrepresentation of lesbian, gay, bisexual, transgender, or questioning (LGBTQ) youth or system-involved youth. The process of building better data can be a great way to engage youth and forge new collaborations. Better data can inform smarter, more targeted strategies to tackle tough problems. The data strategy outlines several complementary methods to get better data on youth homelessness and develop a confident national estimate of the number of youth experiencing homelessness. The data strategy includes the following areas of work:

1. Developing better strategies for counting youth in Point-in-Time (PIT) counts of homelessness
2. Coordinating Federal data systems that collect information on youth experiencing homelessness and their receipt of services
3. Launching a national study on the prevalence and characteristics of youth homelessness
4. Using the national study methodology to make periodic estimates of youth homelessness over time

Phase I

- ▶ Voluntary local Point-in-Time counts: The biennial HUD Point-in-Time (PIT) count presents an opportunity to leverage an existing data collection method to improve strategies for counting homeless youth. Every two years, HUD Continuums of Care (CoCs) are required to conduct a PIT count, a one-night count of homeless persons and

² Toro, P., Dworsky, A., & Fowler, P. (2007). *Homeless youth in the United States: Recent research findings and intervention approaches*. Paper presented at the 2007 National Symposium on Homelessness Research.

³ Ringwalt, C.L., Greene, J.M., & Robertson, M. (1998). The prevalence of homelessness among adolescents in the United States, *American Journal of Public Health*, 88(9):1325-1329.

⁴ Hammer, H., Finkelhor, D. & Sedlak, A. (2002). Runaway/Thrownaway children: National estimates and characteristics. *National Incident Studies of Missing, Abducted, Runaway, and Thrownaway Children*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

families in shelters and on the streets. Starting in 2013, CoCs are required by HUD to report on the number of persons by age category (under age 18, 18 to 24, and over age 24). The PIT count will not provide a confident national estimate of the number of youth experiencing homelessness. The PIT is an effective means of providing those estimates for the general homeless population but has been less effective at addressing the challenges of counting unaccompanied homeless youth. However, it is a critical first step to advance our understanding of youth homelessness and bring greater attention to the issue.

- USICH, ED, HHS, and HUD, launched *Youth Count!*, an interagency initiative to develop promising strategies for counting unaccompanied homeless youth through innovative implementations of HUD's PIT count. The goal of this initiative is to learn promising strategies for conducting: 1) collaborative PIT counts of unaccompanied homeless youth that engage CoCs, Runaway and Homeless Youth (RHY) providers, Local Education Agency (LEA) homeless liaisons, and other local stakeholders; and 2) credible PIT counts that gather reliable data on unaccompanied homeless youth. Nine diverse communities are participating in the Youth Count! Initiative.⁵
- ▶ Coordinating Federal data systems: Federal data systems enable Federal agencies that fund housing and services for youth and families to collect standardized information about the people supported by these programs, the services they receive, and their outcomes. Getting to better data on unaccompanied youth starts with strengthening and coordinating these Federal data systems. Currently, HHS, HUD, and ED each compile separate data on youth experiencing homelessness from providers receiving Federal funds. There is presently no way to compare data between these systems or observe youths' movements from one system to another. Nor can we determine an overall estimate of the number of unaccompanied youth experiencing homelessness who come into contact with different federally funded programs.
 - In order to improve our data on youth homelessness and gain a more complete picture of youth accessing federally funded homeless programs, phase I will assess how to integrate HHS's Runaway and Homeless Youth Management Information System (RHYMIS) with HUD's Homeless Management Information System (HMIS). Assessing and planning the integration of two large data systems is a complex undertaking. Considerations that will be taken into account during the assessment period include data quality, privacy and data protection, costs, and flexibility to modify data collected over time to meet the needs of both HHS-funded and HUD-funded programs.

⁵ The participating *Youth Count!* communities include: Boston, MA; Cleveland, OH; Hennepin County, MN; Houston, TX; Los Angeles, CA; New York, NY; Seattle/King County, WA; Washington Balance of State counties; and Winston-Salem, NC.

Phase II

- ▶ An integrated national study: Phase II work will include planning the design and implementation of a national study to estimate the number, needs, and characteristics of youth experiencing homelessness. Planning will involve representatives of key Federal agencies, research experts, service providers, young people, and other stakeholders. This planning will be further informed by lessons learned on challenges and best practices from the *Youth Count!* initiative in phase I.
 - Unaccompanied youth have a broad range of living arrangements. As such, a national estimation of the numbers and characteristics of homeless youth will require multiple, coordinated approaches to give a credible representation of this diverse population. The national study will include coordinated approaches, such as building on an existing nationally-representative household survey and an enhanced national youth strategy for the HUD PIT count. The current plan includes a national study starting in 2015 that will get to a confident estimate of the numbers and characteristics of homeless youth, pending the availability of funding.
 - Based on planning in phase II, and if adequate resources are obtained, phase III will involve the implementation of an integrated national study to estimate prevalence and characteristics of youth homelessness. This will result in better data on the numbers and service needs of unaccompanied youth in order to inform intervention models and service strategies to end youth homelessness.

Phase III

- ▶ Regularized estimates and data: The strategy to get to better data on youth experiencing homelessness is intended to develop collaborations, methods, and systems that will increase Federal capacity to conduct periodic and comparable estimates of homeless youth over time. Repeated national studies following comparable methodology will increase Federal capacity to monitor changes in the needs and characteristics of the population and subpopulations as well as progress towards the goal of ending youth homelessness.

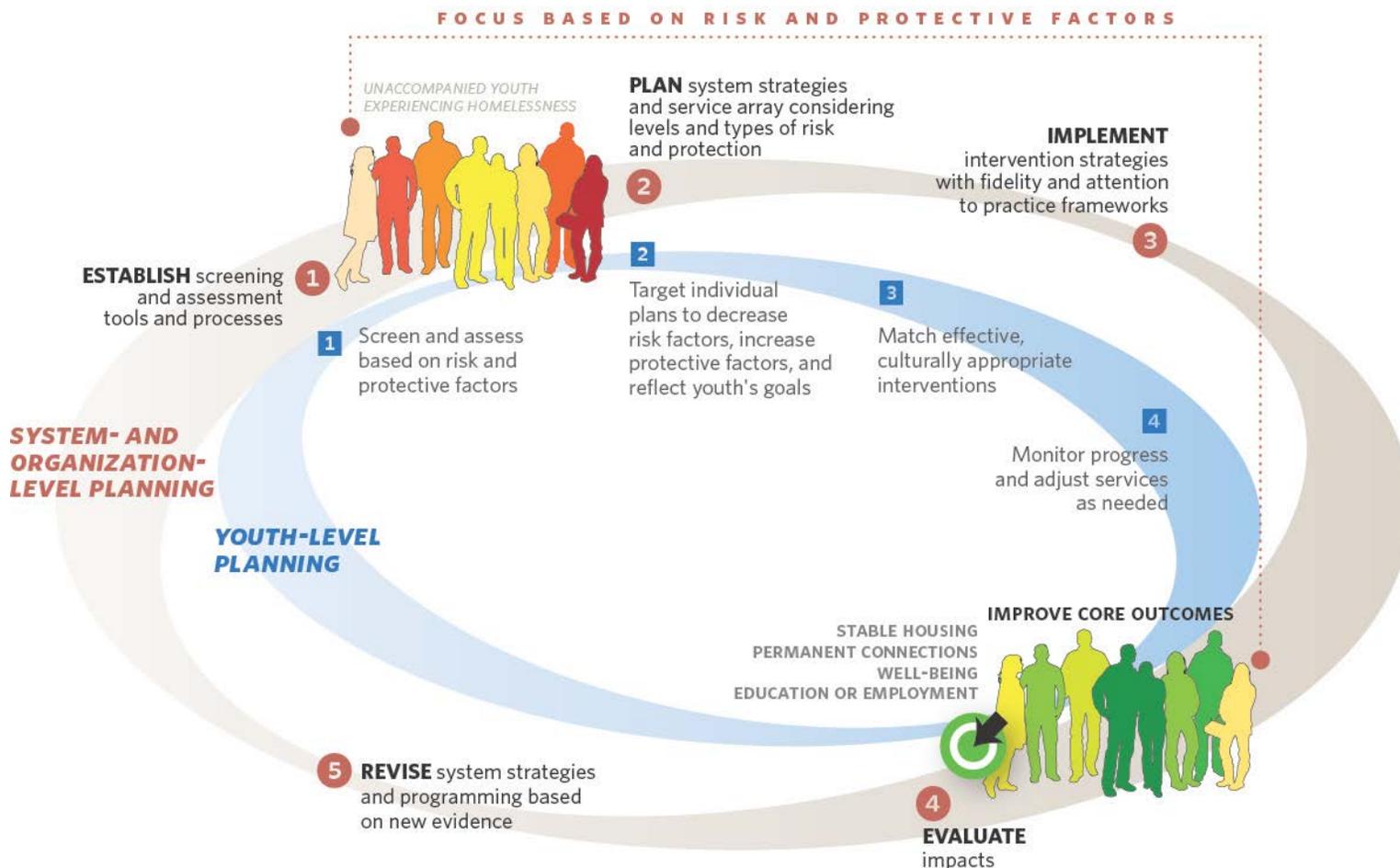
Strategy: Building Capacity for Impact

Better data can inform the scale of investments and the types of service delivery and coordination that are needed to end youth homelessness. In turn this information will guide work to build the capacity of systems and service providers to meet the challenge. This capacity strategy outlines a basic flow of activity for building capacity to improve youth outcomes. The planning should take into account unique needs of young people to prevent new homelessness among vulnerable youth and to prevent and eliminate chronic homelessness among youth who already survive in unsafe or unstable living arrangements. The capacity strategy includes the following areas of work:

1. Disseminating a preliminary, research-informed intervention model for approaching service delivery (Figure 2)
2. Reviewing screening and assessment tools and effective interventions to improve youth outcomes
3. Improving service capacity for homeless youth and subpopulations
4. Implementing service strategies and evaluating those strategies

Phase I

Figure 2. Unaccompanied Youth Intervention Model



- ▶ Disseminating an intervention model to support national dialogue: In phase I, USICH and its Federal partners will encourage a national dialogue around effective, integrated approaches to delivering services for youth experiencing homelessness and those at risk of becoming homeless. For this purpose, an ‘intervention model’ refers to a systematic approach to connecting certain practices and procedures among multiple service providers to improve a targeted set of outcomes for a specific population. A preliminary, research-informed intervention model was developed to help facilitate this dialogue.
 - The intervention model was developed with two commitments: 1) using the best available scientific evidence from research involving homeless youth to guide the contents of the model; and 2) incorporating a risk and protective factors perspective into understanding the diverse needs of youth experiencing homelessness. By incorporating risk and protective factors that interventions can affect, the model targets specific changes in the life of a young person that are known to increase the likelihood of getting the youth to positive outcomes. It also reminds us that we have to address more than housing alone to empower youth to thrive and avoid future homelessness.
 - It is important to note that the intervention model is preliminary. As we begin to get better data on youth homelessness, new and improved evidence will support an evolving intervention model (see Appendix A for further explanation of the preliminary intervention model).
- ▶ Identifying and developing screening and assessment tools and effective interventions: The intervention model emphasizes the importance of screening, assessment, on-going progress monitoring, and research-supported programs and practices to improve youth outcomes. Phases I and II will concentrate on identifying and developing evidence-based and evidence-informed tools and practices that systems and service providers could draw on to implement the intervention model in their day-to-day contacts with young people.
 - Screening and assessment means using credible tools and practices to evaluate each youth’s individual strengths and needs. Screening involves brief instruments, for example with trauma and mental health problems, which can indicate certain youth for more thorough diagnostic evaluations and treatment needs. Assessment involves evaluating multiple aspects of social, emotional, and behavioral competencies and functioning in order to inform service planning and monitor progress towards better outcomes.

Phase II

- ▶ Improving service capacity for homeless youth and priority subpopulations: Phase II will provide an opportunity to use Federal demonstration funds and other public and private investments to put the intervention model into practice and evaluate promising

practices for youth experiencing homelessness. Systems and service providers will be encouraged to develop clearer theories of change—specific and logical models and explanations of how particular program designs are believed to impact core outcomes for homeless youth. These models should be evaluated, and lessons from evaluations should be used to inform better practices for ending youth homelessness.

- In addition to identifying effective practices for youth experiencing homelessness, there is a need for service-delivery that is specific to the needs of vulnerable subpopulations that are overrepresented within youth homelessness. These subpopulations include lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth; pregnant and parenting youth; youth involved with juvenile justice and foster care systems; and victims of sexual trafficking and exploitation. Phases II and III may include demonstration projects and other special initiatives to identify and develop best practice models for screening, assessment, and intervention with these subpopulations.

Phase III

- ▶ Implementing strategies and evaluation: The *capacity strategy* work to determine best practices for youth, and the *data strategy* work to collect better information on the numbers, needs, and characteristics of youth experiencing homelessness, will both inform more specific strategies to build capacity at Federal, State, and local levels to end youth homelessness. Phase III will concentrate on the implementation and evaluation of these strategies to build and coordinate service capacity for scaling up screening, assessment, and effective interventions.
 - Throughout all three phases of work, Federal agencies will explore and implement new opportunities for building the capacity of systems and service providers. These efforts will be guided by the intervention model. More specific and targeted strategies for building capacity will emerge from phase II. These strategies will be informed by information produced by the data strategy and input from stakeholders in field.
 - As strategies are implemented in phase III, high-quality evaluations will need to be joined with efforts to assess impacts of the work on core outcomes (stable housing, positive connections, education or employment, and well-being). Good impact evaluation, supported by mixed methods process evaluation, will contribute to a growing evidence-base of best practices for improving the lives of youth experiencing homelessness.

Conclusion

We can end youth homelessness in America by 2020. Reaching this goal will require more resources at all levels and sectors, but resources are not enough. At all levels of policy and programming, we have to continuously challenge ourselves to gather and use better data, to leverage existing resources available to us, to implement more deliberate service strategies informed by good data and stakeholder input, and to coordinate systems and services around those strategies.

Appendix A. Unaccompanied Youth Intervention Model

As part of the effort to end youth homelessness, the U.S. Interagency Council on Homelessness (USICH) presents a preliminary intervention model for youth homelessness. As used here, an intervention model refers to a systematic approach to connecting certain practices and procedures among multiple service providers to improve a targeted set of outcomes for a specific population—in this case, unaccompanied youth experiencing homelessness. It validates the notion that there is not a “one-size-fits-all” approach to interventions for homeless youth, yet still presents core elements that all services and programs should share. The intervention model should inform near-term research and service strategies to help achieve the long-term goal of ensuring no youth in America remains or becomes homeless.

Why an Intervention Model?

Creating and disseminating an intervention model has several practical purposes. First, it provides structure for better profiling the promising practices already taking place in states and communities while still challenging policy makers, funders, and service providers to connect those practices up to a broader, systematic approach to improving youth outcomes. Second, an intervention model provides a framework for meeting the service needs of a population with complex needs such that it can be used to facilitate dialogue both within and between service systems (such as schools, housing providers, and youth programs). Similarly, an intervention model makes it easier to use a common language in discussions across places and systems about how to improve service delivery.

General Points about the Model

This model was developed with two complementary commitments: 1) using the best available scientific evidence from research involving homeless youth to guide the contents of the model and 2) incorporating a risk and protective factors perspective into understanding the diverse needs of homeless youth. Risk and protective factors remind us that we have to address more than housing alone to empower youth experiencing homelessness to thrive and avoid future homelessness.

This is a preliminary intervention model. In other words, it is likely to change. The current availability of high-quality research on homeless youth leaves many gaps. Other risk and protective factors that were not well represented in the current body of youth homelessness research, for example, may be important for this population. Further research and data efforts that occur as part of the overall USICH youth framework will help improve this model over time.

This intervention model incorporates system- and organization-level planning as well as youth-level planning. For instance, the model shows how screening and assessment can provide the kinds of data that systems and organizations need to make informed decisions about the partnerships, service array, and programming elements needed for their target populations. But

screening and assessment also provide individualized information that can inform service planning for each youth.

Finally, this model is not a typology because it is not used to categorize youth into different groups, however, it does draw on features of existing typologies to inform thinking about appropriate service strategies for homeless youth at the system- and organization-level. A number of typologies have been published in recent years. Typologies illustrate ways that homeless youth could be categorized for the purposes of better understanding their diversity and their range of service needs. This does not mean that typologies should be used to box individual youth into simple categories for the purpose of making individual-level service decisions.

Risk and Protective Factors

Risk factors are characteristics at the individual, family, or community level that are associated with a higher likelihood of problem outcomes. *Protective factors* are characteristics that counteract the effects of risk. They are associated with a lower likelihood of problem outcomes. Additionally, *promotive factors*, sometimes described as developmental assets, are characteristics that are associated with positive youth outcomes regardless of a young person's experience with risk or adversity.⁶ Promotive factors are not named in this intervention model because the existing body of research has focused on risk and protective factors. As the broader adolescent development literature indicates, however, the included protective factors could also function as promotive factors for positive youth development.

Risk and protective factors can include characteristics that affect the likelihood of particular youth outcomes but are not changeable by an intervention. Examples could include age, race, history of trauma and abuse, mental health and substance abuse, or criminal record. This intervention model, which is action-oriented, emphasizes *modifiable* risk and protective factors. These are factors that individual- and family-level interventions can target in order to improve outcomes.⁷

Targeting risk and protective factors comes with an important caveat. The connections between risk and protective factors in the literature are largely more correlative or predictive than causal. In other words, research can show relationships between a factor and outcome, but it cannot always confirm a cause-and-effect relationship. Such limitations signal important directions for future research. For now, these connections provide a reasonable scientific basis for focusing on these risk and protective factors in strategies for getting to better core outcomes.

⁶ Kia-Keating, M., Dowdy, E., Morgan, M., & Noam, G. (2011). Protecting and promoting: An integrative conceptual model for healthy development of adolescents. *Journal of Adolescent Health, 48* (3), 220-228.

⁷ National Research Council & Institute of Medicine. (2009). *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*: The National Academies Press.

The intervention model's organization reflects the following logic:

1. research-informed typologies can organize system- and organizational-level planning on how to build strategies and align services that meet the highest-priority needs of the target population(s) to get to better outcomes;
2. assessment of homeless youth based on risk and protective factors should inform appropriate intervention strategies at the system- and organization-levels as well as for individual youth;
3. culturally-appropriate and effective intervention strategies should target assessed needs and strengths;
4. trauma-informed care and positive youth development provide important practice frameworks for delivering intervention strategies with youth experiencing homelessness;
5. positive changes in risk and protective factors should improve core outcome areas over time that help homeless youth make positive transitions to independence and adulthood;
6. progress monitoring and program evaluation during and after implementation of interventions provide important data for adjusting and improving strategies over time.

Description of the Model's Contents

Time experiencing homelessness: The model encourages systems and organizations to consider the implications that young people's time experiencing homelessness has on their likely levels of risk. The grouping promoted by National Alliance to End Homelessness, building on Toro and colleagues' typology, suggests an understanding of homeless youth through this perspective.^{8,9} Research shows that the more time young people spend disconnected from families or on the streets the more likely they are to have many risk factors and fewer protective factors.^{10, 11}

Risk and protective factors: Existing research shows that the needs among youth experiencing homelessness vary. The intervention model incorporates groups according to lower risk, at-risk, and risky (following the Milburn and colleagues typology)¹² to reinforce smart system- and organization-level planning around priority needs of the populations they serve. As the model

⁸ National Alliance to End Homelessness. (2012). *A Blueprint for Ending Youth Homelessness*. Washington, DC.

⁹ Toro, P., Lesperance, T., & Braciszewski, J. (2011). *The Heterogeneity of Homeless Youth in America: Examining Typologies*. Washington, D.C.: National Alliance to End Homelessness.

¹⁰ Bender, K., Ferguson, K., Thompson, S., Kombo, C., & Pollio, D. (2010). Factors Associated With Trauma and Posttraumatic Disorder Among Homeless Youth in Three U.S. Cities: The Importance of Transience. *Journal of Traumatic Stress, 23* (1), 161-168.

¹¹ Cleverley, K., & Kidd, S. (2011). Resilience and suicidality among homeless youth. *Journal of Adolescence, 34*, 1049-1054.

¹² Milburn, N., Liang, L., Lee, S., Roteram-Borus, M., Rosenthal, D., Mallett, S., et al. (2009). Who is doing well? A typology of newly homeless adolescents. *Journal of Community Psychology, 37* (2), 135-147.

shows, the level of risk *generally* increases, and the level of protection *generally* decreases, with the amount of time youth spend on the streets. What is true in general, however, will not be true for every youth.

Not all newly homeless youth and not all chronically homeless youth have the same levels or kinds of risk and protective factors. Some newly homeless youth, for example, are highly at-risk.¹³ This is why the model distinguishes system- and organization-level planning from youth-level planning. Appropriate service and support plans for each youth at the point-of-service should be informed by assessment of each young person’s risk and protective factors, as well as his or her unique goals and circumstances.

Valid and reliable screening and assessment of trauma, social-emotional functioning, health, and other behavioral needs are central to an intervention model that meaningfully incorporates risk and protective factors.¹⁴ No single tool is right for all situations and age groups. Nor is it likely that one tool captures all of the risk and protective factors named in the model. Still, a robust plan for screening and assessment that incorporates multiple measures will enable better-informed intervention strategies and outcomes monitoring at all levels.

Systems and organizations should continue to develop clear screening and assessment protocols that consider appropriate timing and sequencing of screening and assessment and the types of training needed for screening and assessment to be implemented well. For example, programs may wish to start with very brief trauma screening tools and/or relatively short, strengths-based assessment tools at or near intake while trust is still being established between the youth and youth worker. When screening and assessment processes and tools are well implemented, they allow systems and organizations to better respond to the specific presenting needs and strengths of the youth in their care.

Notably, the risk and protective factors that have emerged from the research demonstrate critical roles for multiple program types, including those focused on housing, education, mental health, physical health, substance abuse, and other family and community supports. As such, the intervention model emphasizes the importance of coordination among various systems at the Federal, State, and local levels.

Intervention strategies: Different service strategies and intensities are required for different subgroups and individuals. Levels and types of assessed risk and protective factors should

¹³ Ibid.

¹⁴ While we do not endorse any single “best” instrument, examples of valid and reliable trauma screening tools include the Child and Adolescent Needs and Strengths (CANS) Trauma Module, the Child PTSD Symptom Scale, the Trauma Symptom Checklist (TSCC), and the UCLA PTSD Index. Examples of multidimensional functional assessment tools include The Behavior Assessment System for Children (BASC-2), the Behavioral & Emotional Rating Scale (BERS-2), the Casey Life Skills Assessment, the Child Behavior Checklist (CBCL), the Emotional Quotient-Inventory, the Multidimensional Scale of Perceived Social Support (MSPSS), the Social Skills Rating System (SSRS), and the Strengths & Difficulties Questionnaire (SDQ).

inform plans for each youth. Combined data from many youth served can also inform good intervention strategies at the system- and organization-levels. Considering young people's needs, strengths, goals, and circumstances together, service providers can draw on evidence-based and evidence-informed interventions to help young people get to positive outcomes.

Some youth need immediate *housing* arrangements, like subsidized apartment living or an emergency bed. Some require specific drug and mental health *treatments*. Other youth would benefit more from *programs* in schools or community-based settings aimed at developing skills, competencies, and positive connections with adults and communities. For some young people, especially minors, providing interventions that strengthen family supports is a critical way to improve permanent connections and stable housing. And the circumstances of many youth require comprehensive service strategies, including different combinations and sequences of housing, treatment, school and community programming, and/or family supports.¹⁵

Intervention strategies should be *culturally-appropriate*. Services provided to youth should fit well with the needs, characteristics, and preferences of the youth, and they should be delivered in a way that is sensitive to the young person's identity and culture. For instance, traditional tribal values and approaches need to be considered in efforts to help many Native American youth get to better outcomes, and growing research indicates that understanding the effects of gender and sexual orientation is important in staff training and determining appropriate intervention strategies for homeless youth.¹⁶

Intervention strategies should be *effective*, in that they should draw on services and practices that have the best available scientific evidence for improving intended outcomes with the target population or a similar population. Specific treatments and programs that could meet the needs of many youth experiencing homelessness and that are supported by strong research can be found through online resources such as the [National Registry of Evidence-based Programs and Practices \(NREPP\)](#), the [National Child Traumatic Stress Network \(NCTSN\)](#), [What Works Clearinghouse](#), and [CrimeSolutions.gov](#).

When providers deliver specific evidence-based interventions, they should be careful to implement the models as the developers intended. When evidence of what works to address a certain need with a particular youth or target group is lacking, systems and organizations should at least use interventions that are *informed* by existing evidence and have clear theories of change for how they will improve outcomes.¹⁷ They should also commit to conducting or

¹⁵ Bucher, C. (2008). Towards a needs-based typology of homeless youth. *Journal of Adolescent Health*, 549.

¹⁶ Ibid.

¹⁷ Anderson, A. A. (2005). *The Community Builder's Approach to Theory of Change: A Practical Guide to Theory Development*. Washington, D.C.: The Aspen Institute.
<http://www.aspeninstitute.org/sites/default/files/content/docs/rcc/rcccommbuildersapproach.pdf>

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supporting better evaluation of such interventions in order to improve the evidence-base for what practices do and do not work.

Practice frameworks: Both trauma-informed care and positive youth development provide essential frameworks for understanding the context in which young people's outcomes can improve. Broadly speaking, trauma-informed care emphasizes settings and relationships in which a young person can *heal*. Positive youth development emphasizes settings and relationships that help a young person to *thrive*.

Critically, most unaccompanied youth experiencing homelessness, particularly those in at-risk and risky groups, have significant experience with trauma.¹⁸ Traumatic experiences can include multiple types of abuse, neglect, and exposure to violence. It is essential that intervention strategies are trauma-informed in all aspects of how they approach and support young people to facilitate improved social-emotional functioning.

While young people must have the opportunity to heal over time in order to fully thrive, positive youth development approaches build on trauma-informed care by ensuring that young people have opportunities to develop transferable skills and competencies through positive interactions with youth and adults, and to contribute to programs and communities. These practice frameworks should be integrated in systems and organizations to foster young people's full capacity to reach better core outcomes. The Administration on Children, Youth and Families (ACYF) and the Family and Youth Services Bureau (FYSB) at HHS have strongly promoted positive youth development and trauma-informed care approaches for vulnerable youth to improve well-being. This intervention model reinforces the need to tie these practice frameworks together through coherent, theory-driven service delivery models for youth experiencing homelessness.

Core outcomes: Intervention strategies should strengthen the protective factors in which a youth is lacking and reduce the risk factors with which a youth is burdened. Improvements on risk and protective factors can serve as pathways to get to better outcomes in stable housing, permanent connections, education or employment, and well-being.^{19, 20, 21}

Stable housing includes a safe and reliable place to call home. Stable housing fulfills a critical and basic need for homeless youth. It is essential to enabling functioning across a range of life

¹⁸ Gwadz, M.V., Nish, D., Leonard, N.R., & Strauss, S.M. (2007). Gender differences in traumatic events and rates of post-traumatic stress disorder among homeless youth. *Journal of Adolescence*, 30(1), 117-129.

¹⁹ Kidd, S., & Shahar, G. (2008). Resilience in homeless youth: The key role of self-esteem. *American Journal of Orthopsychiatry*, 78 (2), 163.

²⁰ Milburn, N. G., Jane Rotheram-Borus, M., Batterham, P., Brumback, B., Rosenthal, D., & Mallett, S. (2005). Predictors of close family relationships over one year among homeless young people. *Journal of Adolescence*, 28(2), 263-275.

²¹ Milburn, N., Liang, L., Lee, S., Roteram-Borus, M., Rosenthal, D., Mallett, S., et al. (2009). Who is doing well? A typology of newly homeless adolescents. *Journal of Community Psychology*, 37 (2), 135-147.

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activities. Lack of stable housing, on the other hand, exposes young people to a multitude of risks on the streets.

Permanent connections include ongoing attachments to families, communities, schools, and other positive social networks. Connections support young people's ability to access new ideas and opportunities that support thriving and they provide a social safety net when young people are at-risk of re-entering homelessness.

Education/employment includes high performance in and completion of educational and training activities, especially for younger youth, and starting and maintaining adequate and stable employment, particularly for older youth. Achievements in education and employment increase a youth's capacity to support himself or herself and avoid future homelessness.

Well-being refers to the social and emotional functioning of homeless youth. It includes the development of key competencies, attitudes, and behaviors that equip a young person experiencing homelessness to avoid unhealthy risks and to succeed across multiple domains of daily life, including school, work, relationships, and community.

Stable housing, permanent connections, education/employment, and well-being are included as the primary outcomes in this intervention model. By positively impacting these outcome areas through interventions that target risk and protective factors, the US Interagency Council on Homelessness anticipates positive impacts on a range of broader life outcomes that signal healthy and productive transitions to adulthood.