Interventions for Addressing Prolonged Youth Homelessness[i]

Most youth who become homeless return to their parent(s) or guardian(s),[1] though some experience multiple or lengthy episodes of homelessness. Because research on this latter group is quite limited, ASPE commissioned a project to summarize what research is available on these youth. This project aims to help service providers and policymakers more effectively target resources to prevent or end prolonged episodes of homelessness among youth, as well as to support researchers in identifying areas for further research to supplement our understanding about prolonged youth homelessness.

The best evidence available suggests that to reduce the number of youth who experience prolonged homelessness, it may be helpful to address associated characteristics and experiences such as:

➢ *Unstable housing and living situations*
➢ *Higher school dropout and unemployment rates*
➢ *Substance use and mental health challenges*
➢ *Involvement in the child welfare system*

This brief highlights interventions to address these factors, which were identified through a literature review of studies related to prolonged youth homelessness (see related brief identifying factors associated with prolonged youth homelessness (LINK)).

The project did not identify any interventions that were directed specifically at prolonged youth homelessness. It did however identify promising interventions for similar populations, including youth experiencing shorter durations of homelessness, adults experiencing prolonged homelessness, adults with mental illness experiencing homelessness, and youth with serious mental illness. Table 1, on page 5 of the brief, summarizes the interventions included in this brief. For more information on the project methodology, see the text box on page 2.

SUPPORTIVE HOUSING INTERVENTIONS

Permanent supportive housing (PSH) is an evidence-based intervention shown to provide safe and stable housing for adults with mental health and substance use disorders who are homeless or disabled,[2] particularly adults experiencing prolonged homelessness. PSH is a combination of non-time-limited affordable housing assistance and voluntary supportive services such as intensive case management services, behavioral health services, meals, job training, and/or money management and other life skills training.[3]

In contrast to PSH services for adults, "**supportive housing" (SH)** for youth may or may not be permanent; youth can potentially be guided to transition out of this intervention with appropriate supports.[4,5] Several key informants for this study recommended that adapting PSH and other housing interventions proven to address the needs of adults experiencing chronic homelessness might be appropriate for youth. Models of supportive housing for transition age youth (TAY) ages 18-24 are still in the early stages of development and implementation.

Supportive Housing Interventions hold promise for youth experiencing prolonged homelessness.

*Because there is no consensus on the most appropriate way to define chronic homelessness among youth, and because limited research exists on youth who explicitly meet the U.S. Department of Housing and Urban Development's definition of chronic homelessness,[i] this brief uses the term **"prolonged homelessness"** as an umbrella term to describe extended durations of homelessness of any length.*

[i] U.S. Office of the Federal Register National Archives and Records Administration. (2015). Homeless emergency assistance and rapid transition to housing: Defining chronically homeless. *Federal Register, 80*(233/Notices [December 4]), 75791–75806. Retrieved June 17, 2016 from https://www.hudexchange.info/resources/documents/Defining-Chronically-Homeless-Final-Rule.pdf.

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[i] This is an ASPE summary of work under the project An Examination of Young People Experiencing or at High Risk for Homelessness, conducted by ICF Macro under contract number GS-23F-9777H to ASPE.

Early results from one study of supportive housing for transition-age youth found better self-reported health, increased use of health care services, and improved access to health and nutritional benefits. The study included youth with health challenges that interfered with daily living and experiences with homelessness. While over half of the youth in this study who exited supportive housing went to unstable housing situations, preliminary data suggest that the longer they spent in supportive housing, the greater their future housing stability.[6]

Other current housing practices for youth include the Transitional Living Program and the Independent Living Program (see Table 1). A growing body of evidence suggests the effectiveness of these housing interventions for homeless youth, but neither has been tested specifically among youth experiencing prolonged or long-term homelessness.

PROGRAMS TO SUPPORT EDUCATION AND EMPLOYMENT

Youth who experience homelessness may experience difficulty working, including lack of accommodations in the workplace for specific needs related to homelessness. Various programs that support employment might be appropriate for this population, including:

> The **Individual Placement and Support (IPS) Model,** which matches program participants with specialists who provide help obtaining, and support during, employment.

> The **Social Enterprise Intervention (SEI) Model**, an employment model that teaches job skills in a supportive environment, allowing individuals to learn trade skills and "soft skills" for interacting in a work environment.

> The **Transition to Independence Process (TIP) Model**, developed to engage youth and young adults with emotional and/or behavioral difficulties in the process of planning their own future, including providing them with developmentally-appropriate supports and services to facilitate greater self-sufficiency.[7]

SEI models have been effective in helping participants from other vulnerable groups — including adults experiencing homelessness, adults with mental illness, and gang-involved youth — obtain and maintain a job.[8] In addition, both SEI and IPS models show early promise in terms of improved mental health outcomes among youth with mental health challenges living on the streets,[9] but whether these interventions can reduce prolonged homelessness is unknown.

The TIP model has not been rigorously evaluated, but studies of youth with emotional and/or behavioral difficulties (including serious mental illness) suggest it could be a promising approach. For example, a matched-group comparison analysis of one implementation of the model found that participants were more likely to be enrolled in postsecondary education and less likely to be incarcerated.[10] Another pre/post analysis of this approach also found improved outcomes.[11]

Some of these studies included individuals involved with the foster care or juvenile justice system but did not specifically examine results for these groups. However, a paired random assignment study of

adolescents in foster care found that youth paired with an outreach worker who worked closely with them were more likely to stay in foster care and to enroll in college.[12]

PROGRAMS TO REDUCE SUBSTANCE ABUSE

Two intervention strategies that focus on addressing family relationships and communication have been found to increase stability and decrease substance use in at-risk youth:

> ➢ **Functional Family Therapy (FFT)** is a family intervention to improve family interactions for youth with serious problems such as conduct disorder or substance use. Controlled experiments have consistently shown that FFT reduces substance abuse, including among youth who had run away from home[13] as well as among youth involved with the juvenile justice system. In the latter group, FFT has also been shown to reduce felony and violent crime rates.[14][15]

> ➢ **Project Support to Reunite, Involve, and Value Each Other (STRIVE)** is designed to help runaway adolescents reunite with their families through skill-building sessions to improve communication and problem-solving skills for both parents and adolescents. A rigorous evaluation of this intervention showed reduced use of alcohol and hard drugs, and reduced delinquent behaviors, among recent runaway youth.[16]

PROGRAMS FOR YOUTH WITH MENTAL HEALTH CHALLENGES

Youth with mental health challenges are also more likely to experience prolonged homelessness. Programs that have been shown to help these youth included Coordinated Specialty Care Programs and Assertive Community Treatment Programs.

Coordinated Specialty Care Programs

Because the **first episode of psychosis (FEP)** often aligns with the timing of adolescence and early adulthood and may contribute to prolonged homelessness, interventions that support youth with FEP are worth considering. Early interventions such as **Coordinated Specialty Care (CSC)** programs help youth experiencing FEP stay in school or work. In this recovery-oriented, multi-component approach, teams consisting of clinicians including psychologists, social workers, mental health counselors, and rehabilitation counselors treat young people experiencing FEP.

Core treatment elements of these CSC programs include:

> ➢ Individual or group psychotherapy
> ➢ Case management
> ➢ Supported employment and education services
> ➢ Family education and support
> ➢ Low doses of select antipsychotic drugs, if applicable

Services are closely coordinated with primary health care, with an emphasis on shared decision making to address unique individual needs and establish positive relationship between clinicians and clients.[17]

Examples of evidence based CSC programs include **Recovery After an Initial Schizophrenia Episode (RAISE)** and **Specialized Treatment Early in Psychosis (STEP)**. Randomized controlled trials have shown that participation in RAISE led to improved symptoms, greater involvement in work and school, and better social functioning and quality of life among youth with FEP.[18][19] Another randomized controlled trial has similarly shown that STEP led to greater improvements in psychopathology, fewer hospitalization episodes, and better participation in school and work.[20]

Coordinated Specialty Care programs provide treatment to youth experiencing first episode psychosis and could potentially prevent prolonged homelessness among youth.

Although these interventions have not yet been tested with youth experiencing homelessness, a key informant for this study noted that additional evidence from RAISE may shed more light on whether this model might be appropriate for this specific population.

Assertive Community Treatment Programs

Assertive Community Treatment (ACT) programs provide individualized care to people with mental illness through multi-disciplinary staff. Multiple studies of adults experiencing homelessness who exhibit signs of mental illness have found that participants in this program had greater housing stability and fewer hospital days.[21]

PROGRAMS FOR YOUTH IN THE CHILD WELFARE SYSTEM

Some interventions described earlier in this brief have included individuals involved in the juvenile justice system or child welfare systems, but did not specifically measure outcomes for these populations.

The **Fostering Individualized Assistance Program (FIAP)** is a promising intervention that focuses on youth in the child welfare system. FIAP provides a wraparound approach to clinical case management of a broad range of individually tailored services for children with emotional and behavioral disturbances. A randomized controlled trial found that foster children who received FIAP had a fewer placement changes, and more permanent placement.[22] Other wraparound model interventions have worked with children with emotional and behavioral disturbances in the juvenile justice system or child welfare system.[23]

CONCLUSIONS

The review did not find any interventions that have been rigorously tested with youth experiencing prolonged homelessness. The small number of relevant studies leaves large gaps in the identification of evidence-based interventions and suggests that definitive conclusions will require substantially more research.

Despite these limitations, this brief points to several effective interventions tested in other populations that may be adapted for these youth and merit further investigation. These promising interventions include:

> ➢ Supportive Housing
> ➢ Social Enterprise Intervention
> ➢ Coordinated Specialty Care
> ➢ Functional Family Therapy

STUDY LIMITATIONS

Overall, there are few high-quality studies that test the effectiveness of interventions among youth who are homeless, and no studies that have assessed interventions specifically targeting youth experiencing prolonged homelessness. In addition, although the literature review examined interventions related to educational opportunities, juvenile justice system involvement, and pregnancy, among other factors, those topics are not included in this brief as neither the literature review nor key informants identified any programs with a rigorous evidence base that might be appropriate for youth experiencing prolonged homelessness.

Discussions with practitioners suggest that they generally do not have the resources to formally evaluate their programs, and often limit data collection to funders' reporting requirements that do not mention prolonged or long-term homelessness. In addition, key informants noted that youth who experience prolonged homelessness have high levels of comorbidity with substance use and mental illness and that addressing these needs may require coordinated care.

Table 1. Interventions Addressing Factors Associated with Prolonged Youth Homelessness

Factor	Intervention	Target Population[ii]	Description
Housing Instability	Permanent Supportive Housing with Housing First	Adults experiencing prolonged homelessness	Includes a combination of a housing model and supportive services such as intensive case management services, behavioral services supports, meals, job training, and/or money management and other life skills training. Housing First is a recovery-oriented approach; the underlying principle is that people are more successful in their lives if they are ensured stable housing first and then connected with appropriate services, rather than receiving services until they are "housing ready." Housing First programs offer housing without requiring sobriety or psychiatric treatment as a precondition for housing. Wraparound supports are provided after the person is housed.
	Transitional Living Programs	Youth experiencing homelessness	Provides long-term residential services for youth aged 16-22 experiencing homelessness. This program offers extended residential shelter and helps develop plans for service coordination, transitional living, and outreach.
	Independent Living Programs	Youth experiencing homelessness	Assists youth to develop skills necessary to successfully transition to independent living. A systematic review of this program among children leaving public care systems showed positive results in educational attainment, employment, housing, health and other life skills, though the methodological quality for the select studies is considered weak.
Employment Support and Education	Individual Placement and Support	Adults experiencing homelessness	Matches participants with specialists who help them obtain employment and support them while employed
	Social Enterprise Intervention	Youth experiencing homelessness	Provides vocational training, small business skills, clinical mentorship, and linkages to health and mental health services
	Transition to Independence Process	Youth with serious mental illness	Prepares youth for movement into adult roles through an individualized process, engaging them in planning their own future
	Massachusetts Adolescent Outreach Program	Youth in intensive foster care	Pairs teenage foster youth with an outreach worker to prepare them to live independently and achieve permanent placements after exiting foster care
Substance Abuse	Functional Family Therapy	Runaway youth	Attempts to reduce or eliminate problem behaviors by engaging family members and strengthening family relationships
	Project Support to Reunite, Involve, and Value Each Other (STRIVE)	Runaway youth	Helps runaway adolescents reunite with their families through skill-building sessions for both parents and adolescents to improve communication and problem-solving skills
	RAISE Coordinated Specialty Care Model	Primarily youth with first episode psychosis	Provides a comprehensive, multidisciplinary, team-based treatment approach to promote treatment participation, foster recovery, and minimize disability among those experiencing early psychosis
	STEP Coordinated Specialty Care Model	Youth and adults who experienced first-episode psychosis in past five years	Provides a family education, psychotropic medications, cognitive-behavioral therapy, and/or employment/education-focused case management
	Assertive Community Treatment (ACT)	Adults experiencing prolonged homelessness	Provides individualized care through multi-disciplinary staff and has been effective in serving adults with mental illness experiencing homelessness
Involvement in Child Welfare	Fostering Individualized Assistance Program (FIAP)	Youth with history of child welfare involvement and mental health challenges	Provides clinical case management of a broad range of individually tailored services in a wraparound model

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[ii] The target population here is a reference to the population on which this intervention was tested and evidence established.

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