

# Transitional Living Program Pilot Study of a Randomized Controlled Trial: November 2016 to August 2017



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## Overview

### Introduction

This report documents the findings from a pilot study (TLP Pilot Study) of the Transitional Living Program (TLP). The Family and Youth Services Bureau (FYSB) within the Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS) provides funding for the TLP.

TLP was created under the Runaway and Homeless Youth Act to help runaway and homeless youth ages 16 through 21 address barriers to safe and stable housing and long-term self-sufficiency. The program provides a comprehensive package consisting of three core components: transitional housing; intensive case management with an individualized service plan; and wrap-around support services (e.g., mental and physical health care, life skills training, education, and employment services).

The ACF's Office of Planning, Research and Evaluation, in partnership with FYSB, contracted with Abt Associates (Abt) to conduct a study of the TLP program. ACF sought definitive evidence of the program's long-term impacts on four target outcome areas: (1) safe and stable housing, (2) connection to education or employment, (3) permanent connections (e.g., supportive relationships with adults and peers), and (4) social and emotional well-being. Abt's study team and ACF considered several research designs and ultimately decided on an experimental design with random assignment, also known as a randomized controlled trial (RCT). This report details our experiences with a pilot study of the study design and procedures to assess the feasibility of an RCT.

### Research Questions

The study centered around four research questions:

1. What is the impact of the TLP on **safe and stable housing** (e.g., homelessness, continuity of housing, residential mobility)?
2. What is the impact of the TLP on **connection to education or employment** (e.g., employment status, education status, educational progress)?
3. What is the impact of the TLP on **permanent connections** (e.g., supportive relationships with adults and peers)?
4. What is the impact of the TLP on **social and emotional well-being** (e.g., symptoms of depression and traumatic stress)?

### Purpose

Evaluations specific to FYSB's TLP and the broader RHY population the TLP serves are needed to quantify the impacts the TLP can have on the outcomes affecting the lives of runaway and homeless youth. This was the impetus for the RCT impact study of FYSB's TLP.

Ultimately, the Pilot Study helped the study team and ACF determine that a full-scale RCT was not a feasible option at the time. However, it offered important lessons, described in this report, about how the TLP model and grant structure affect the feasibility of conducting a rigorous impact evaluation, and in particular an RCT.



## Key Findings and Highlights

The Pilot Study offered important lessons about how the TLP model and grant structure affect the feasibility of conducting a rigorous impact evaluation, and in particular an RCT. These lessons included:

**Lessons about Selecting and Recruiting Grantees for the Study.** Several aspects of the grantee selection and recruitment process provide useful lessons for future RCT-based evaluations of the TLP model and perhaps for evaluations of other programs with vulnerable target populations or small numbers of clients:

- Ask detailed questions to accurately gauge excess demand.
- Be prepared to verify a TLP's service volumes.
- Recognize that annual service volumes for most TLPs are small.
- Consider the pros and cons of accounting for overlapping service areas when selecting TLPs.
- Account for exempted groups.
- Document variations on the TLP model and select grantees accordingly.
- Include additional (non-FYSB) grant-funded beds.
- Develop screening protocols to identify and understand multisite TLPs.
- Anticipate concerns about random assignment.

**Lessons Learned about Developing Study Procedures.** Developing the protocols for the study was an intricate process that required multiple rounds of review and revision. From it, we learned lessons that can inform future TLP studies or other evaluations of programs for vulnerable or hard-to-reach populations:

- Engage the Institutional Review Board early and often.
- Consult with TLP staff and youth when designing surveys and study protocols.

**Lessons about Implementing an RCT with Runaway and Homeless Youth.** Implementing the Pilot Study provided a wealth of insight into the feasibility of conducting an RCT of the TLP. The experience suggests several lessons that can inform future studies of TLP or other programs for vulnerable or hard-to-reach populations:

- To facilitate a smooth study launch, gain support for the study at all staff levels.
- Understand that uncertainties about service volumes and delays in launching random assignment are risks to the study timeline.
- Work with program staff to maintain demand for program slots.
- Develop alternative housing plans prior to random assignment.
- Consider alternatives to remote tracking for follow-up.
- Plan for a more reliable means of tracking than social media.

## Methods

The Pilot Study used an experimental design with random assignment, also known as a randomized controlled trial (RCT). An RCT uses a lottery-like process to assign participants either to a “treatment group” that is offered access to the program being tested or to a “control group” that is not offered access. An RCT is the only design that identifies the changes a program caused. Therefore, findings benefit policymakers, program funders, and practitioners who want to know whether a program is working as intended.

The primary source of data for the evaluation was a set of surveys administered to youth in the treatment and control groups at several points in time.

- **Baseline survey:** During study enrollment and before random assignment, youth completed the study’s baseline survey. It collected information about youth’s housing experiences, supportive relationships with adults, symptoms of depression and traumatic stress, employment and educational status, and other relevant experiences. It also collected demographic information and asked about recent service receipt.
- **Follow-up surveys:** Two follow-up surveys were planned—at three months and 12 months after random assignment. The follow-up surveys repeated the questions asked at baseline and also asked youth about the services they had received since baseline (e.g., housing, education, employment, case management, life skills).

## Glossary

**ACF:** The Administration for Children and Families

**CoC:** Continuum of Care

**FYSB:** The Family and Youth Services Bureau

**HHS:** The U.S. Department of Health and Human Services

**HMIS:** Homeless Management Information System

**IRB:** Institutional Review Board

**ISP:** Individualized Service Plan

**RCT:** Randomized Controlled Trial

**RHY:** Runaway and Homeless Youth

**TLP:** The Family and Youth Services Bureau's Transitional Living Program

## Executive Summary

The ***Transitional Living Program (TLP)***<sup>1</sup> is a grant program of the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services. The TLP is designed to help runaway and homeless youth address barriers to safe and stable housing, provide comprehensive supportive services, and attain long-term self-sufficiency. The program provides three core components:

- Transitional housing;
- Intensive case management with an individualized service plan; and
- Wrap-around support services (e.g., behavioral and physical health care, life skills training, education, and employment services).

Qualifying youth ages 16 through 21 may participate in a TLP for up to 18 months.

Implemented by community-based organizations across the United States using funds from ACF's Family and Youth Services Bureau (FYSB), this combination of housing and services is intended to address youth's developmental needs and build resiliency by promoting safety and stability as well as emotional, intellectual, physical, and social wellness.

FYSB's TLP has operated for more than 45 years. The program was first authorized by the 1988 amendments to the Juvenile Justice and Delinquency Prevention Act of 1974. FYSB issued its first round of TLP grants in 1990. Today, FYSB funds more than 230 TLPs to provide transitional housing and supportive services to runaway and homeless youth. Grants are relatively modest—up to \$250,000 annually.<sup>2</sup> Therefore, individual TLPs tend to have fairly small enrollment numbers relative to the sample size requirements of an RCT. The average TLP offers about 10 beds and serves about 10 youth per year.<sup>3</sup> However, collectively, TLPs reach a substantial number of youth. In fiscal year 2018, FYSB's TLP grantees served more than 2,080 youth nationally.<sup>4</sup>

To date, research on the TLP has been limited. FYSB has a system for collecting program data from its runaway and homeless youth (RHY) grant recipients. Through this system, FYSB obtains, in aggregate, the number and demographics of youth served annually as well as youth's housing destinations, education and employment statuses, and overall well-being at the

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<sup>1</sup> The term TLP is used throughout the report with various meanings. Generally, we use the term “the TLP” or “FYSB's TLP” to refer to the entire grant program funded by FYSB, and simply “TLP(s)” to refer to the individual FYSB-funded organizations operating a TLP.

<sup>2</sup> In 2019, FYSB awarded five-year grants ranging in size from \$100,000 to \$250,000 annually. For details on the awards see <https://www.acf.hhs.gov/fysb/grant-funding/rhy-transitional-living-program-grants-fy2019>.

<sup>3</sup> These figures are averages based on Abt Associates' calculations using service volume data from programs awarded TLP grants in 2017.

<sup>4</sup> See: [https://www.acf.hhs.gov/sites/default/files/documents/fysb/tlp\\_fact\\_sheet\\_september\\_2020pdf.pdf](https://www.acf.hhs.gov/sites/default/files/documents/fysb/tlp_fact_sheet_september_2020pdf.pdf).

time they exit a TLP. However, these data do not inform FYSB about youth's long-term outcomes after TLP exit or individual-level changes in outcomes.

Similarly, there are gaps in the broader research literature on the TLP. Most third-party studies of TLPs or TLP-like programs<sup>5</sup> are small and focused on a limited number of program sites, restricted geographic areas, a specific subset of program services, or a subpopulation of youth—for example, those exiting foster care or youth identifying as lesbian, gay, bisexual, transgender, or questioning (e.g., Skemer & Jacobs Valentine, 2016; Brown & Wilderson, 2010; Nolan et al., 2006; Rashid, 2004). These studies tend to describe the characteristics of youth served or correlate program participation with outcomes. They seldom use the type of research design that can determine whether changes in youth's outcomes are caused by the program (work by Skemer and Jacobs Valentine is an exception). The only national-scale study of FYSB's TLP was conducted in the 1990s (MacAllum, Kerttula, & Quinn, 1997) using a quasi-experimental design.<sup>6</sup> The study's design limits the ability of findings to be causally attributed to the TLP. Findings may also be outdated due to changes in the social and political context and generational differences that have occurred in the decades since its completion.

In short, evidence of the TLP's effectiveness from a rigorous large-scale evaluation does not exist to guide policy and programming today.

### About the Pilot Study

FYSB sought to remedy this knowledge gap and better understand the TLP's impacts on the broad population of runaway and homeless youth it serves across the United States. In response to a congressional directive in the 2003 reauthorization of the Runaway and Homeless Youth Act (Public Law 96-108),<sup>7</sup> FYSB and ACF's Office of Planning, Research and Evaluation commissioned Abt Associates to design and conduct a rigorous national evaluation of the TLP that would measure the program's impacts on four long-term outcomes:

- Safe and stable housing,
- Connection to education or employment,
- Permanent connections (e.g., supportive relationships with adults and peers), and
- Social and emotional well-being.

Abt's study team and ACF considered several research designs and ultimately settled on an experimental design with random assignment, also known as a **randomized controlled trial (RCT)**, as the best option for the TLP evaluation because of its value for policy and practice.

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<sup>5</sup> A TLP-like program is one that offers a similar package of housing, case management, and supportive services to youth experiencing or at risk of homelessness.

<sup>6</sup> A quasi-experimental design resembles an experiment because it attempts to match the characteristics of two or more groups and compares their outcomes. However, unlike a true experiment, it does not use random assignment to form the groups. As a result, the groups may not be equivalent at the outset on observed and unobserved characteristics. This uncertainty limits the study's ability to provide causal evidence of a program's effects.

<sup>7</sup> Reauthorized again under the Reconnecting Homeless Youth Act of 2008 (Public Law 110-378).

The gold standard of study designs, an RCT uses a lottery-like process to assign participants either to a “treatment group” that is offered access to the program being tested or to a “control group” that is not offered access. Because assignment is random, the two study groups are equivalent at the outset. Any differences in outcomes later observed between them can be causally attributed to the program. An RCT is the only design that identifies the changes a program *caused*. Therefore, findings benefit policymakers, program funders, and practitioners who want to know whether a program is working as intended.

Abt’s study team and ACF decided to ***pilot the study design and procedures to assess the feasibility of an RCT***, prior to launching a full-scale study. In particular, the pilot (TLP Pilot Study) had six primary aims:

1. Confirm that the grantees selected to participate had sufficient numbers of youth entering their programs (“**service volume**”) to build a large sample relatively quickly;
2. Confirm that programs had enough “**excess demand**” for services to ensure that random assignment would not leave TLP beds unfilled;<sup>8</sup>
3. Test the study procedures, including those for random assignment, to ensure they were appropriate and feasible in local TLPs of various sizes and structures;
4. Confirm the availability of alternative housing and basic services for the control group;
5. Verify that the grantees selected to participate in the study were a good fit; and
6. Gauge the feasibility of locating youth for follow-up data collection.

The TLP Pilot Study involved **13 TLPs and 163 youth** and lasted from **November 2016 to August 2017**. Over that 10-month period, the study team observed the selected programs’ sizes, service volumes, levels of excess demand, and abilities to implement the study procedures. The Pilot Study also provided insight into the resources necessary to enroll and track sufficient numbers of TLP youth for an RCT.

Ultimately, the Pilot Study helped the study team and ACF determine that **a full-scale RCT was not a feasible option** at the time. Along the way to that determination, **important lessons** emerged about TLPs and the youth they serve, as well as the **challenges and opportunities** for designing and implementing a future RCT of the TLP.

### **Key Lessons Learned from the TLP Pilot Study**

In this section, we summarize 11 key lessons learned from the Pilot Study. These include

- Lessons about selecting grantees for the study,
- Lessons about developing study procedures, and
- Lessons about implementing an RCT with runaway and homeless youth.

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<sup>8</sup> Excess demand refers to having more applicants for a program than the program can serve. In the case of the Pilot Study, this meant having two or more TLP-eligible youth apply for each open bed. Without excess demand, there was a risk that random assignment (i.e., denying control group youth access to TLP housing) could cause TLP beds to remain empty.

## Lessons about Selecting Grantees

### ***Accurately gauging excess demand requires detailed questions***

The study's random assignment design required participating grantees to have excess demand for their programs. Some grantees had difficulty describing the level of demand for their TLPs. This made gauging the feasibility of random assignment challenging. Through multiple rounds of screening, we learned we needed to ask TLP staff about the factors that contribute to excess demand (e.g., average length of stay in TLP, frequency and duration of empty beds, and waitlist size and procedures).

### ***Be prepared to verify TLPs' service volumes***

To reach its target sample size, the study required the selection of TLPs with relatively large numbers of youth entering the program. When screening grantees, the study team encountered differences in service volumes due to confusion or inaccuracy in the numbers grantees reported in their locally maintained homeless management information system (RHY-HMIS). As a result, it was necessary to verify service volume data before selecting grantees for the study.

### ***Recognize that annual service volumes for most TLPs are small***

Most FYSB-funded TLPs serve a relatively small number of youth annually—about 10 youth per year on average. TLPs with large service volumes might serve 25-30 youth per year. By comparison, in many impact studies, a single program site might enroll several hundred study participants a year. Small program size means evaluating the TLP requires either (1) including a large number of grantees in the study or (2) planning for an extended study enrollment period (perhaps years) to build a sample of youth large enough to detect program impacts of interest. These considerations have implications for the level of effort necessary to recruit, train, and monitor participating grantees—either a large number over a shorter period of time or a smaller number over a longer period of time—and therefore the overall cost of the evaluation.

### ***Document variations on the TLP model and select grantees accordingly***

The study team encountered differences between how FYSB defines the TLP model and how its grantees implemented their programs locally. For example, some TLPs provided only one or two of the three core components that FYSB requires (transitional housing, case management, and wrap-around support services). These grantees were able to reach more youth and increase their overall service volume. However, because the core components of their models varied from FYSB's definition, we could not include them in the Pilot Study. Future studies will need to clearly define the program model to be tested (whether all or some of the core components) and confirm how each component is implemented by grantees. Establishing a common definition of the intervention early in recruitment can help the evaluator target screening and recruitment efforts to the most appropriate grantees.

### ***Anticipate concerns about random assignment***

Starting with our earliest communications about the study, TLP staff expressed strong reservations about random assignment, because it meant denying TLP housing to youth



randomly assigned to the control group.<sup>9</sup> To encourage buy-in, the study team and ACF invested additional resources and made some modifications to the original research design. We held webinars with TLPs, created exemptions for vulnerable populations, allotted “wildcards” that TLPs could use to allow a small number of youth to bypass the study, and added “controlled crossover.”<sup>10</sup> We also engaged in numerous rapport-building calls, some of which included FYSB’s top leadership. Future studies may benefit from similar approaches and should anticipate the possibility of that providers will express significant concerns about random assignment and the extra time, resources, and design modifications that may be needed to overcome them.

## Lessons about Developing Study Procedures

### *Engage the IRB early and often*

Because this study involved random assignment of a very vulnerable population, the Institutional Review Board (IRB) extensively reviewed the study procedures, surveys, and TLPs’ local service contexts to ensure control group members would have access to adequate alternative services. The study team worked closely and continuously with the IRB to protect the rights and well-being of study participants. Future studies of the TLP, particularly RCTs, should plan for close collaboration with an IRB to ensure participant protections are in place and should anticipate a lengthy and intensive IRB study approval process.

### *Consult with TLP staff and youth when designing surveys and study protocols*

The study team and ACF initially developed a survey that included detailed and probing questions on the outcomes of interest. Concerns that the survey length would reduce response rates and that some questions could distress youth led us to revise the surveys. In doing so, we aimed to better balance the desire to collect detailed information about outcomes with the need to minimize the survey’s burden on vulnerable youth. Future research or evaluators should create surveys limited to the key outcomes and tailored to ask about sensitive information in a way that is least likely to upset youth. We recommend gaining feedback on the survey from a small sample of TLP staff and youth already in a TLP, a process known as “cognitive pre-testing.” While consulting with TLP staff and youth on the surveys, evaluators should also seek their input on study enrollment and random assignment procedures. The information gained could improve youth’s experience with the surveys, help to structure the study processes to be

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<sup>9</sup> While the study team screened the TLPs included in the study to ensure they had excess demand (i.e., they already had to deny TLP housing to youth due to lack of availability), creating a control group required TLPs to deny housing to control group members for a specified period of time. While TLPs often have to deny housing to youth because of lack of availability, being assigned to the control group meant that the TLP could not provide housing to youth in the control group even if there was turnover and another bed became available later. This study component was particularly challenging for TLP staff, who often see it as their mission to provide housing to youth in need.

<sup>10</sup> Controlled crossover is a process that allows an evaluator to randomly select and reclassify a youth from the control group to the treatment group. In the Pilot Study, this process could be activated if a TLP bed remained vacant too long, in order to ensure a bed did not go unfilled for longer than usual due to random assignment.

more youth-friendly, help to ease concerns and gain buy-in from TLP staff, and possibly support a high follow-up survey response rate.

## **Lessons about Implementing an RCT**

### ***To facilitate a smooth study launch, gain support for the study at all staff levels***

Challenges to gaining buy-in and undivided attention from frontline staff during study training highlighted the importance of securing support for the study at all organizational levels. Gaining agreement from grantee leaders is an essential first step, but evaluators should ensure that frontline staff are well informed about the study design and objectives. Recruiting TLP grantees (or other homelessness services providers) into an RCT is achievable, but future evaluators need to understand what is important to grantees and how an RCT aligns and advances their priorities. We suggest providing program leaders with FAQ-style materials to disseminate among program staff. In addition, the study team should make personal contact (via an informational webinar or an advance site visit) with *all* staff who will be involved in the study. Future researchers may also consider engaging FYSB's Federal Program Officers early in the research to help with program staff engagement and buy-in to the study. While this practice was not used for the Pilot Study, the Study Team found it to be an effective practice with a subsequent TLP study (see Mahathey et al., 2021).

### ***Work with program staff to maintain demand for program slots***

Many TLPs experienced uneven demand for services after the Pilot Study launched. That is, a TLP would experience waves of excess demand followed by little to no demand, which resulted in its TLP beds remaining empty for a period. TLP staff offered several possible reasons, including seasonal variation in demand and referral partners or youth avoiding the study and its random assignment design. A future evaluation of TLP or a similar program should work with program staff to ensure adequate levels of outreach and referral on an ongoing basis. That might mean gaining buy-in for the study not just from the TLP staff, but also from their referral partners.

### ***Develop alternative housing plans prior to random assignment***

During the Pilot Study, several youth became upset or disengaged from TLP services and staff after being assigned to the control group. The length of some TLPs' eligibility determination processes may have been a contributor. In programs with detailed and lengthy youth application and screening processes, it may have been especially frustrating for youth (and TLP staff) to have their access to the program be determined by chance after having to complete multiple rounds of intake paperwork and interviews. The solution we devised was for staff and each youth to work out a Plan B in advance of random assignment. This seemed to make the possibility of being assigned to the control group more of a reality, easier to focus on during informed consent, less frightening for the youth, and less stressful for TLP staff.

Finding ways to streamline or reorganize the processes of intake, eligibility determination, and study enrollment may also be useful in future studies. Operationally, random assignment went extremely smoothly in TLPs that participated in their community's coordinated entry system. This is perhaps because coordinated entry relieved TLP staff of the burden of random assignment (which was performed instead by a coordinated entry partner), and it provided youth assigned to the control group immediate housing alternatives.



### ***Consider alternatives to remote tracking for follow-up***

The low response rate to a follow-up survey collected only three months after youth enrolled in the study was a major reason the study team and ACF concluded that a full-scale study was not feasible using the existing data collection plan. Though costly, a field data collection effort would yield better response rates because dedicated study team members are embedded locally to perform study enrollment, tracking, and follow-up surveys. These “field staff,” who often are residents of the communities where study sites are located, function as the face of the study, and they build rapport and trust with study participants during enrollment. Future studies, particularly quasi-experimental or descriptive studies, should consider how collaboration with TLP staff and possibly also staff from other local housing and homelessness programs could assist in locating youth for follow-up.

## 1. Introduction

The ***Transitional Living Program (TLP)*** is a grant program of the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services. The TLP is designed to help runaway and homeless youth ages 16 through 21 address barriers to safe and stable housing, provide comprehensive supportive services, and attain long-term self-sufficiency. The program provides a comprehensive package consisting of three core components:

- Transitional housing;
- Intensive case management with an individualized service plan; and
- Wrap-around support services (e.g., mental and physical health care, life skills training, education, and employment services).

Implemented by community-based organizations across the United States with funds from ACF's Family and Youth Services Bureau (FYSB), this combination of housing and services is intended to address youth's developmental needs and build resiliency by promoting safety and stability, as well as emotional, intellectual, physical, and social wellness.

The 2003 reauthorization of the Runaway and Homeless Youth Act called for a study of long-term outcomes for youth who are served through the TLP.<sup>11</sup> In response, the ACF Office of Planning, Research and Evaluation, in partnership with FYSB, contracted with Abt Associates (Abt) to conduct an impact study. ACF sought definitive evidence of the program's long-term impacts on four target outcome areas: (1) safe and stable housing, (2) connection to education or employment, (3) permanent connections (e.g., supportive relationships with adults and peers), and (4) social and emotional well-being.

Abt's study team and ACF considered several research designs and ultimately decided on an experimental design with random assignment, also known as a ***randomized controlled trial (RCT)***. This report details our experiences with a ***pilot of the study design and procedures to assess the feasibility of an RCT***.

The pilot (TLP Pilot Study) involved ***13 TLPs and 163 youth*** and took place from ***November 2016 to August 2017***. Over that 10-month period, the study team observed the selected programs' sizes (number of youth served), levels of demand for their services, and

### What Is an RCT?

The gold standard of study designs, a randomized controlled trial uses a lottery-like process to assign participants either to a "treatment group" who are offered access to the program being tested or to a "control group" who are not offered access. Because assignment is random, the two study groups are equivalent at the outset on observed and unobserved characteristics, and any differences in outcomes later observed between them can be causally attributed to the program. An RCT is the only design that identifies the changes a program caused (i.e., impacts). Therefore, findings benefit policymakers, program funders, and practitioners who want to know whether a program is working as intended.

<sup>11</sup> TLP and the study of its long-term outcomes was reauthorized again under the Reconnecting Homeless Youth Act of 2008 (Public Law 110-378).

capacities to implement the study procedures. The Pilot Study also provided insight into the resources necessary to enroll and track sufficient numbers of TLP youth for an RCT.

Ultimately, the Pilot Study helped the study team and ACF determine that **a full-scale RCT was not a feasible option** at the time.

Nonetheless, **important lessons** were learned about TLPs and the youth they serve, as well as the **challenges and opportunities** in designing and implementing an RCT of the TLP. These lessons are documented in this report to inform future studies of the TLP or similar programs.

The remainder of the report is divided into six chapters and three appendices, as follows.

- **Chapter 2 (Overview of the TLP)** provides background on the TLP.
- **Chapter 3 (Evaluation Design)** summarizes the RCT design, including research questions, random assignment, data collection, and sampling.
- **Chapter 4 (Laying the Study Foundation)** focuses on the identification and recruitment of TLPs to participate in the study, developing study protocols, and obtaining study approvals. The chapter also discusses the decision to conduct a pilot of the impact study.
- **Chapter 5 (Implementing the Pilot Study)** describes key implementation features of the TLP Pilot Study, including our collaboration with each grantee to train staff and monitor random assignment. It discusses the ultimate decision to end the Pilot Study and not implement a full-scale RCT.
- **Chapter 6 (Lessons from the Pilot and Implications for Future**

### Pilot Study Participant Characteristics

A total of 163 youth enrolled into the Pilot Study. Upon enrolling into the study, participants were asked to complete a baseline survey. We profile some basic characteristics of the 163 youth who enrolled in the Pilot Study. A full description of study participant characteristics can be found in Appendix B.

**Age:** The average study participant was 19 years old when they enrolled in the study.

**Race/ethnicity:** The majority of study participants (53%) identified as black, non-Hispanic followed by white, non-Hispanic (21%), Hispanic (14%) and other, non-Hispanic (12%).

**Gender:** Study participants were slightly more likely to be male (54%) than female (42%) or non-cis gendered ("other gender", 4%).

**History of homelessness:** Study participants reported the number of times they experienced homelessness over their lifetime prior to joining the Pilot Study. The plurality of youth had experienced homelessness four or more times (31%). Twenty-eight percent of study participants had experienced homelessness one time, 19 percent two times, and 22 percent three times at the time of study enrollment.

**Education level:** At the time study participants enrolled in the Pilot Study, 45 percent had completed some high school or less. Thirty-nine percent had received their high school diploma or GED. Sixteen percent had some post-secondary education (12 percent completed some college or received an associate degree and 4 percent completed some vocational training or received a vocational credential).

**Employment:** Seventy-two percent of study participants were employed at some point during the year prior to joining the study.

**Research**) discusses lessons learned from designing and implementing the Pilot Study and how these lessons can be applied to improve the design of future impact evaluations of the TLP or similar programs.

- **Chapter 7 (Conclusion)** summarizes key findings and offers parting insights.
- The **Appendices** provide technical details about the research methodology (Appendix A), descriptive analysis of the TLP-eligible youth enrolled in the study (Appendix B), and construction of the measures used in the analyses (Appendix C).

### Pilot Study vs. Full-Scale Impact Study

When initially conceiving the TLP Evaluation, Abt Associates and ACF planned to conduct a full-scale RCT impact study that would build evidence about the impacts of FYSB's TLP on runaway and homeless youth.

A pilot was not part of the original plans for the evaluation. We originally designed a full-scale RCT based on preliminary information and assumptions about characteristics of TLPs (e.g., numbers of youth served, level of demand for services). As we began speaking with TLP grantees about their eligibility for the evaluation, we learned of several potential complications for the RCT design (see Section 4.1). Together, Abt and ACF decided first to pilot the impact study we had designed to gauge its feasibility.

The Pilot Study was intended to provide a trial of the planned impact study design and procedures. It sought to better understand:

- Numbers of youth served across TLPs;
- Levels of excess demand;
- Local availability of services for the control group;
- TLPs' capacities, concerns, and tolerances for executing random assignment; and
- Feasibility of locating youth for follow-up data collection.

The Pilot Study would engage a group of TLP grantees in the study for a pilot period of at least five months, and then we would decide whether to continue with those selected grantees, based on the number of youth enrolled in the study, the observed levels of excess demand, TLPs' fidelity to study procedures, the experiences of TLP staff and TLP youth in the study, and the evaluation team's ability to locate youth for and administer the first follow-up survey.

If successful, the Pilot Study would roll into a full-scale random assignment impact study. If signs pointed to incompatibility with the requirements of an RCT, then Abt and ACF would reassess and reconfigure the evaluation design.

Ultimately, the Pilot Study helped the study team and ACF determine that a full-scale RCT was not a feasible option at the time. However, it offered important lessons, described in this report, about how the TLP model and grant structure affect the feasibility of conducting evaluation research, and in particular an RCT.

## 2. Overview of the TLP

This chapter provides a general overview of the TLP as observed by the study team at the time the Pilot Study was planned and implemented.<sup>12</sup> Topics covered include the program model, its target population, and the information gaps precipitating ACF's decision to conduct a large-scale evaluation of the TLP.

### 2.1 The Program History and Model

FYSB's Transitional Living Program has been in existence for more than 45 years. The program was first authorized by a 1988 amendment to the Juvenile Justice and Delinquency Prevention Act of 1974. FYSB issued the first round of grants in 1990. Today, FYSB funds more than 230 TLPs to provide transitional housing, case management, and wrap-around support services to runaway and homeless youth ages 16 through 21 for up to 18 months.<sup>13</sup> In 2018, TLPs served more than 2,080 youth.<sup>14</sup> TLPs tend to be small.<sup>15</sup> The average TLP offers 10 beds and serves 10 youth per year.<sup>16</sup>

#### 2.1.1 What Does the TLP Offer Youth?

TLPs operate within an overarching service framework prescribed by FYSB, which requires they provide runaway and homeless youth: (1) **transitional housing**; (2) **intensive case management** with an individualized service plan; and (3) **wrap-around support services**.

At the time the Pilot Study was planned, these three components, described below, formed the core TLP model around which grantees built their programs. TLPs were also required to operate with an orientation toward trauma-informed care and positive youth development.<sup>17</sup> Still, local TLPs had flexibility in designing their programs and service delivery systems to address the

<sup>12</sup> In the time since the Pilot Study was conceived, some of the TLP grant requirements, frameworks, and emphases shifted. This report may not reflect the program's current characteristics. For the most up-to-date information, refer to FYSB's program website and recent notice of funding announcements: <https://www.acf.hhs.gov/fysb/programs/runaway-homeless-youth/programs/transitional-living>; [https://ami.grantsolutions.gov/files/HHS-2018-ACF-ACYF-CX-1352\\_0.pdf](https://ami.grantsolutions.gov/files/HHS-2018-ACF-ACYF-CX-1352_0.pdf); [https://ami.grantsolutions.gov/files/HHS-2019-ACF-ACYF-CX-1576\\_0.pdf](https://ami.grantsolutions.gov/files/HHS-2019-ACF-ACYF-CX-1576_0.pdf); [https://ami.grantsolutions.gov/files/HHS-2021-ACF-ACYF-CX-1905\\_0.htm](https://ami.grantsolutions.gov/files/HHS-2021-ACF-ACYF-CX-1905_0.htm).

<sup>13</sup> Under exceptional circumstances, youth may be permitted to stay in the TLP for up to 635 days.

<sup>14</sup> See: [https://www.acf.hhs.gov/sites/default/files/documents/fysb/tlp\\_fact\\_sheet\\_september\\_2020pdf.pdf](https://www.acf.hhs.gov/sites/default/files/documents/fysb/tlp_fact_sheet_september_2020pdf.pdf)

<sup>15</sup> In 2019, FYSB awarded five-year grants ranging in size from \$100,000 to \$250,000 annually. For details on the awards see <https://www.acf.hhs.gov/fysb/grant-funding/rhy-transitional-living-program-grants-fy2019>.

<sup>16</sup> These figures represent averages based on Abt Associates calculations using service volume data from programs awarded TLP grants in 2017.

<sup>17</sup> For information about trauma-informed care and positive youth development, see: <https://rhyclearinghouse.acf.hhs.gov/news/2019/03/runaway-and-homeless-youth-mental-health-and-trauma-informed-care>; <https://youth.gov/youth-topics/positive-youth-development>.

particular needs of the youth they serve, maximize their internal expertise, and leverage the capacities of their community's broader network of service providers.

### *Three Core Components*

**Transitional housing** can take several forms, including group homes, clustered or scattered-site apartments, and host family homes. The housing is often supervised. Prior to moving in, youth typically sign a TLP agreement that stipulates “house rules” (regarding chores, curfews, and behavioral expectations). FYSB intends for TLP housing to be available continuously to youth over a long period of time—up to 18 months should they need it.

In addition to housing, youth in TLP receive **intensive case management** that includes developing and regularly updating an individualized service plan (ISP). The ISP identifies a youth's goals in such domains as housing, education, employment, and personal development and the steps the youth will take to meet those goals. As part of case management, TLP staff plan and coordinate services toward those goals.

TLPs directly provide or help connect youth to an array of **wrap-around support services** to foster resiliency, positive youth development, health, human capital, and self-sufficiency. These services include basic life skills training, assistance with educational advancement, job attainment skills training, mental health care (e.g., counseling and psychiatric treatment as needed), physical health care (medical and dental care), substance use treatment, and other social services. TLPs also offer youth support for their basic needs, including food, clothing, hygiene products, and transportation. Sometimes the ISP identifies support services that youth need in order to work toward their goals; these services are offered on an individual basis. Other services are mandatory or encouraged as part of program requirements.

To ensure youth are ready for independent living when they exit the program, most TLPs require participating youth to be in school or at work for a designated number of hours per week. Services to make that possible, such as job skills training or educational assistance, can be arranged by the case manager, if not available from the TLP.

### *TLP's Theory of Change*

The three core components of the TLP package formed the foundation of the TLP's theory of change at the time the Pilot Study was planned (Exhibit 2-1).<sup>18</sup> According to that framework, transitional housing, case management, and wrap-around support services are the main “**program inputs**.” The theory of change anticipates that as a result of the inputs, delivered through participation in the TLP, youth will experience several near-term changes. These “**program outputs**” are continuous housing; the development of an ISP; participation in wrap-around support services to address emotional, social, and health needs; and participation in education or employment activities. The program outputs, in turn, are expected to lead to

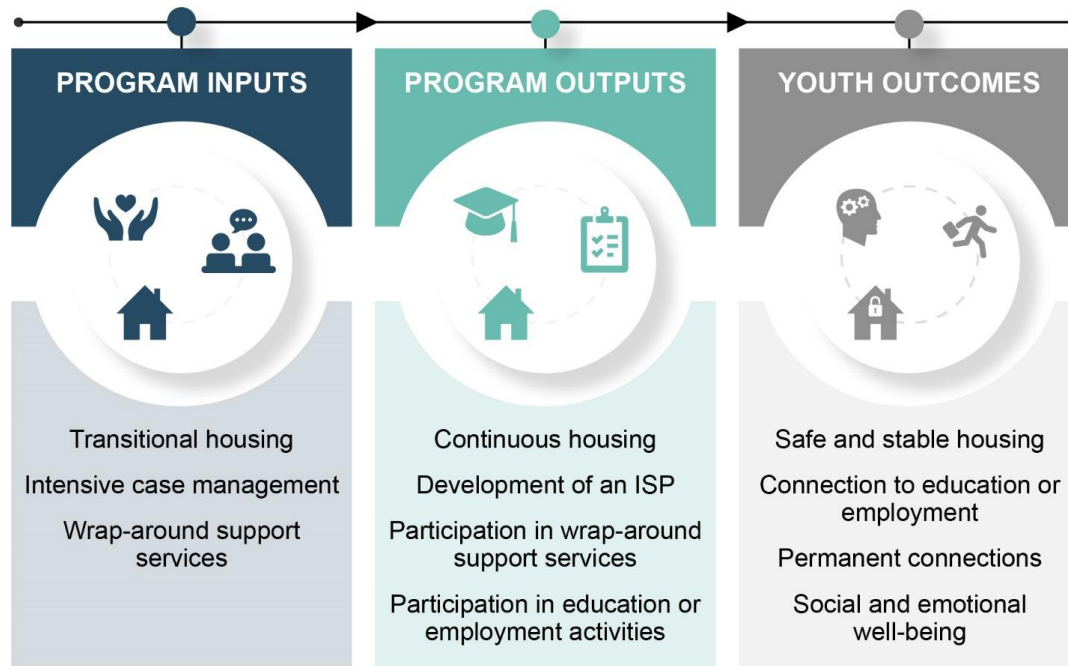
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<sup>18</sup> Sometime after Abt developed the study design, FYSB published a comprehensive logic model for the TLP. Readers interested in learning more about the current TLP program logic model should see: [https://www.acf.hhs.gov/sites/default/files/fysb/tlp\\_logic\\_model.pdf](https://www.acf.hhs.gov/sites/default/files/fysb/tlp_logic_model.pdf). Additional information about the TLP can also be found at <https://www.acf.hhs.gov/fysb/programs/runaway-homeless-youth/programs/transitional-living>.



longer-term, beneficial “**youth outcomes**”: safe and stable housing, connection to education or employment, permanent connections, and social and emotional well-being.

**Exhibit 2-1: TLP Theory of Change**



### 2.1.2 Whom Does the TLP Serve?

To receive TLP services, youth are required to meet clearly defined eligibility criteria set by each local program in alignment with FYSB’s grant requirements. They must also complete an application process that may span several days or weeks. The process varies among TLPs, but it often includes an application form, an initial eligibility screening, and an interview.

Among the grantees that participated in the Pilot Study, program eligibility criteria range widely. Some screen out youth with histories of violence, criminal records, active substance use issues, or severe mental health diagnoses that require medication management. Others have few eligibility criteria other than age and current homelessness.

Once accepted to the TLP, youth typically complete intake paperwork and participate in needs assessments. Because the application process involves multiple steps, TLPs seldom if ever provide youth with same-day entry, as would an emergency shelter. With limited bed space, some TLPs operate with an active waitlist and refer program applicants to local shelters and services while their application is in process and until a bed becomes available. Others tend to have open beds and can offer youth a bed once the application process concludes.

### 2.1.3 Knowledge Gaps Motivating the TLP Evaluation

There are two potential sources of information about TLP’s effects on youth. The first is program data from FYSB’s grant-monitoring activities. The second is the broader scholarly research literature on programs that serve youth experiencing or at risk of homelessness. Both sources

have gaps in the useable knowledge they provide to guide FYSB's TLP policy and programming decisions. Below we discuss the gaps and how they motivated the TLP impact study.

### ***What Program Information on TLPs Already Exists?***

FYSB requires all its runaway and homeless youth (RHY) grant recipients, including TLPs, to document their performance, including certain youth outcomes, according to a set of standards. That documentation occurs in a locally maintained homeless management information system (HMIS) known as RHY-HMIS.<sup>19</sup> There grantees record the number and demographics of youth served annually and a limited set of outcomes at the time youth exit the TLP, including housing destination upon exit, educational status, employment status, health, and well-being.<sup>20</sup> FYSB receives aggregate RHY-HMIS data on these TLP youth outcomes.

Though useful for monitoring program activities and performance, these data have several limitations when it comes to understanding the TLP's effectiveness. First, RHY-HMIS data do not inform FYSB about youth's long-term outcomes after TLP exit. Second, because the data are aggregated at the grantee level, they cannot be used to measure individual-level change in outcomes. Third, because they include only youth who participate in the TLP, it is not possible to compare the outcomes of youth served by the TLP to similar youth who do not access the program. Addressing these limitations requires additional data collection.

### ***What Information on the Effects of TLPs Exists in the Research Literature?***

Although there is a significant amount of research on the characteristics and needs of homeless youth and an emergent body of descriptive research on programs targeting them, reliable information about the effects of the TLP on youth is limited. To our knowledge, only one comprehensive national-level study of FYSB's TLP has been completed.

Conducted in the 1990s by CSR Incorporated, this was a multi-site evaluation using quasi-experimental methods to test the effects of the TLP on youth self-sufficiency and well-being (MacAllum, Kerttula, & Quinn, 1997). The study involved 10 TLPs and 285 youth, with 175 youth in a treatment group that received TLP services and 110 youth in a comparison group that did not.<sup>21</sup> Its results suggested that, after six months, youth who participated in TLP were more likely to be attached to employment and/or education, to have some savings, and to exhibit

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<sup>19</sup> As of April 2015, FYSB requires that all RHY grant recipients—including TLPs—use their local HMIS to capture data on the people they serve. Additional information on this requirement can be found on the Runaway and Homeless Youth Training and Technical Assistance Center (RHYTTAC) website: <https://www.rhyttac.net/rhy-hmis>.

<sup>20</sup> In late 2016, the Runaway and Homeless Youth Final Rule required TLP grantees to report performance standards for youth they serve. This included reporting goal attainment on four core outcomes: (1) safe and stable housing, (2) connection to education or employment, (3) permanent connections, and (4) social and emotional well-being. More information on the current performance standards for TLPs can be found in Section VI.3 of the TLP Funding Opportunity Announcement: [https://ami.grantsolutions.gov/files/HHS-2018-ACF-ACYF-CX-1352\\_2.pdf](https://ami.grantsolutions.gov/files/HHS-2018-ACF-ACYF-CX-1352_2.pdf).

<sup>21</sup> The comparison group consisted of youth who did not participate in the TLP because they were placed on a waitlist or were admitted but chose not to enroll. The youth in this comparison group were not systematically selected or matched by the study team to have similar characteristics at baseline to the youth in the treatment group, nor were they chosen at random.



signs of improved physical health and social and emotional well-being than were their comparison group counterparts. Results should be interpreted with some caution, however, because the study design was quasi-experimental (i.e., did not use random assignment). Such a design limits the extent to which outcomes can be causally attributed to the TLP.<sup>22</sup> Additionally, more than two decades have passed since this study was completed, and the findings may be limited by generational differences or outdated due to social and political changes.

The remaining literature on TLPs or TLP-like programs (i.e., programs that offer a similar package of housing, case management, and support services to runaway and homeless youth) is narrow in scope and scale. Most of the relevant studies are descriptive in nature, small in size, focused on single program sites or small geographic areas, or examine programs that target a specific subset of youth—often youth exiting foster care or youth identifying as lesbian, gay, bisexual, transgender, or questioning (e.g., Skemer & Jacobs Valentine, 2016; Brown & Wilderson, 2010; Nolan et al., 2006; Rashid, 2004).

Skemer and Jacobs Valentine (2016), for example, conducted a randomized controlled trial evaluation in Tennessee of a TLP-like program, known as an independent living program (ILP), that found slight gains in employment, housing stability, economic well-being, and some health and safety outcomes. However, it was limited to one organization in one state. As an ILP, its service population—youth exiting the foster care system and/or the juvenile justice system—differs from the broader RHY population served by FYSB-funded TLPs. Most importantly, the evaluation tested the effectiveness of enhanced case management, access to weekly sessions with a transitional living counselor, and access to cognitive behavioral therapy services—but it did not test the offer of housing. Because both study groups had access to housing provided by the program, the findings do not speak to the effects of the residential component. Although the study's findings may indicate the potential of TLPs to affect outcomes, they are not generalizable to FYSB's TLP due to the limited geography, differences in the population served, and the restricted program features tested.

Evaluations specific to FYSB's TLP and the broader RHY population that the TLP serves are needed to quantify the impacts the TLP can have on the outcomes affecting the lives of runaway and homeless youth. This was the impetus for the RCT impact study of FYSB's TLP.

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<sup>22</sup> Without random assignment, youth self-select into study groups, possibly leading to systematic differences between the groups that influence their outcomes. In particular, youth who were admitted but chose not to enroll in TLP are likely to be different from those who did enroll in ways that are related to outcomes. This limits the ability to know whether the TLP caused any of the observed outcomes.

### 3. Evaluation Design

This chapter describes the evaluation design as planned for a large-scale evaluation and implemented during the Pilot Study. Topics covered include the research questions, random assignment, and data collection. Appendix A offers some additional technical details.

#### 3.1 Research Questions

The study centered around four research questions, which align with the youth outcomes hypothesized in the TLP's theory of change (see Exhibit 2-1).

1. What is the impact of the TLP on **safe and stable housing** (e.g., homelessness, continuity of housing, residential mobility)?
2. What is the impact of the TLP on **connection to education or employment** (e.g., employment status, education status, educational progress)?
3. What is the impact of the TLP on **permanent connections** (e.g., supportive relationships with adults and peers)?
4. What is the impact of the TLP on **social and emotional well-being** (e.g., symptoms of depression and traumatic stress)?

To answer these questions, we used a random assignment study design (Section 3.2) and surveyed youth about their experiences (Section 3.3).

#### 3.2 Random Assignment

We randomly assigned eligible youth who applied for the TLP to one of two groups:

- A treatment group composed of youth who were offered the full package of transitional housing, case management, and wrap-around support services; or
- A control group composed of youth who were not offered the full TLP package.

At the end of the study, we planned to measure the differences in their outcomes three months and 12 months after random assignment using survey data.

By using random assignment, we created two groups similar in all ways at the beginning of the study ("baseline"), except that the treatment group was offered access to the *full* TLP package, and the control group was not (see Section 3.2.1). Therefore, any differences found later between the average outcomes for the treatment group and the control group we could attribute directly to the TLP.

##### 3.2.1 Treatment versus Control Condition

The **treatment condition** was defined as the **full TLP package**—i.e., transitional housing, intensive case management with an ISP, and wrap-around support services. TLPs participating in the study were required to *offer* all three services to the treatment group. In addition, youth assigned to the treatment group could engage in any other services available in the community.

The **control condition** was defined as **no TLP housing**. Participating TLPs could *not* offer youth assigned to the control group housing in that TLP, nor could they refer control group youth

to other TLPs for housing or to programs that offered a TLP-like package of youth-focused housing plus services. However, TLP staff *could* offer or refer control group youth to the other two TLP components (case management or wrap-around support services) and to other non-housing services available in the community.<sup>23</sup> Although there was a “study embargo” on TLP housing, to ensure control group youth did not go unsheltered, the study team encouraged TLP staff to refer youth to local emergency shelters or other housing programs that were not TLPs or TLP-like programs.

The distinction between the treatment and control condition defines an evaluation’s “service contrast.” This study was designed to contrast the full TLP package (housing, case management, and wrap-around support services) to a control condition defined as any *non-TLP* housing and *any* support services available in the community (potentially including TLP’s case management and wrap-around services).

#### What Is a Study Embargo?

The exclusion from TLP housing of any youth not assigned to the treatment group is referred to as a “study embargo.” The embargo was designed to be in effect until the end of the study’s sample build-up period or for the duration of a control group youth’s time in the study (12 months), whichever came first. An embargo is a necessary component of any random assignment study. It ensures that control group members do not experience the treatment condition.

### 3.2.2 Modifications and Exemptions to Random Assignment

During grantee selection and recruitment, TLP staff and the Institutional Review Board (IRB)<sup>24</sup> expressed a variety of concerns about the RCT design. To alleviate several key concerns, the study team made some modifications to the random assignment design, described below.

#### **Modification to the Control Condition**

The study team had originally planned to define the control condition as the absence of the full TLP package. In other words, we had intended for participating TLPs *not* to offer youth in the control group any of the three core program components available to the treatment group (i.e., no TLP housing, no case management, and no support services). However, we ultimately modified the definition to avoid denying non-housing services offered by TLPs to control group youth. We did so in response to feedback from grantees and the IRB.

The IRB required that youth assigned to the control group have access to services to address their basic needs (for food, shelter, clothing, medical care, etc.). When discussing this with TLP staff, we learned that in many of the selected TLPs’ communities, social services were so sparse that there was little aside from the TLP locally available to youth. Some TLP staff expressed concern that control group youth might not have adequate support without TLP

<sup>23</sup> Prior to launching the Pilot Study, the Study Team worked with each TLP to develop a list of alternative housing and support services options for youth assigned to the control group.

<sup>24</sup> IRBs are responsible for reviewing and approving study plans in the context of protecting human subjects in research. They enforce federal regulations to ensure that study procedures protect the rights and welfare of human research subjects.

### Why Use Random Assignment?

The evaluation team and ACF opted to design the TLP impact study as an experimental evaluation with random assignment (i.e., a randomized controlled trial or RCT), because this method is superior in distinguishing the causal impact of a program from other factors that may influence outcomes.

When programs are voluntary, participants might differ systematically from nonparticipants in ways that affect their outcomes. It is possible to statistically control for observable differences (e.g., gender, age, prior history of homelessness) between participants and nonparticipants to reduce this bias. It is impossible to measure every possible difference between the two groups. Some differences are not easily observed. For example, youth who voluntarily enroll in TLPs may be more motivated to find housing than those who choose not to enroll. When comparing the housing outcomes among voluntary TLP participants versus nonparticipants, the differences could reflect differences in motivation between the two groups, rather than the effect of the program. Random assignment solves this problem.

Properly executed over large numbers of study participants, random assignment forms a treatment group and a control group that on average are statistically equivalent at the time of random assignment on observable characteristics and on hard-to-measure characteristics. Random assignment ensures that there are no systematic differences in the types of youth assigned to the two groups. Researchers can estimate a program's impact by comparing the two groups' later outcomes. Any differences in youth outcomes between the two groups can be attributed to the program.

services. To facilitate the study, we defined the control condition as *no TLP housing*, allowing TLPs to offer case management or support services to youth in the control group.

### Controlled Crossover

TLP staff expressed concerns that random assignment (i.e., denying control group youth access to TLP housing) would cause TLP beds to go unfilled for longer than usual (or longer than tolerable to the TLP staff). This could potentially occur if:

- A TLP had a lull in the demand for its beds;
- A TLP had not accurately predicted demand during study screening and recruitment; or
- Random assignment resulted in several youth in a row being assigned to the control group, leaving the TLP with no more youth on its waitlist or applying for entry.

To address this concern, we incorporated “controlled crossover” into the study design. If a bed remained vacant too long, the study team could randomly select a youth from the control group, reclassify the youth to the

### What Is Controlled Crossover?

Under certain circumstances, a youth assigned to the control group was selected at random and reclassified to the treatment group. Controlled crossover ensured TLP beds did not go unfilled for longer than usual due to random assignment.

treatment group, and then offer the youth a spot in the TLP.<sup>25</sup>

#### **Wildcards**

TLP staff expressed concerns that the study would prevent them from serving youth whose circumstances were so dire that staff would feel particularly compelled to serve them. To address this concern, we offered a special and limited exemption to random assignment (“wildcard” or “free pass”). For the Pilot Study, each participating TLP grantee had three wildcards to use at its discretion. When planning for implementation, we encouraged frontline TLP staff to work with their managers to define their process for determining when to use a wildcard.<sup>26</sup>

#### **What Are Wildcards?**

Wildcards provided an exemption to normal study procedures that allowed TLP staff to select, at their discretion, a limited number of applicants with unique circumstances to bypass the study and directly enter the TLP to receive housing (and other program services).

The wildcard exemption is common in RCTs and acknowledges the difficulty program staff can have in implementing random assignment. It offers service providers flexibility by allowing them, in a limited number of cases, to completely bypass the random assignment process and provide an applicant entry into the program. Applicants selected for a wildcard do not enter the study sample and never undergo study enrollment, random assignment, or data collection.

#### **Other Exemptions**

Based on concerns raised by the IRB, we excluded several especially vulnerable groups from the study because of the risk that participation in random assignment could pose to them. These were pregnant and parenting youth, youth in child protective custody (foster care), and youth with low literacy levels (less than a fifth-grade reading level) or cognitive or developmental delays.<sup>27</sup> These groups entered the TLP directly *without* going through study enrollment or random assignment.<sup>28</sup>

In addition, we learned during the grantee screening process that some TLPs had service contracts with state or local agencies requiring the TLP to serve referred youth (e.g., youth

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<sup>25</sup> That youth remained reclassified regardless of whether or not the youth accepted the spot. Under controlled crossover, reclassification to the treatment group did not threaten the study's random assignment design because the process by which youth were reclassified was also random.

<sup>26</sup> The process generally involved consultation among several TLP staff members, with sign-off by a program director or manager.

<sup>27</sup> Federal regulations require that *pregnant or parenting youth* and *youth in foster care* receive additional protections when participating in research. We deemed the potential risks associated with denying youth in these two groups TLP housing, if assigned to the control group, too great to include them in the study. *Youth with low literacy or cognitive/developmental delays* were excluded from the study because they may not be able to read or understand the study consent form or make an informed and voluntary decision to participate. Judgements about literacy level and cognitive/developmental delays were left to TLP staff conducting study enrollment.

<sup>28</sup> It would have been possible to address the IRB's concerns and to include these groups by modifying the study design or implementation plan. However, the study team and ACF agreed such modifications were not in the best interest of the evaluation or participating TLPs.

exiting foster care or the juvenile justice system, victims of human trafficking). Such youth were also exempted from the study.<sup>29</sup>

#### 3.3 Data Collection

The primary source of data for the evaluation was a set of surveys administered to youth in the treatment and control groups at several points in time.

- **Baseline survey:** During study enrollment and before random assignment, youth completed the study's baseline survey. It collected information about youth's housing experiences, supportive relationships with adults, symptoms of depression and traumatic stress, employment and educational status, and other relevant experiences. It also collected demographic information and asked about recent service receipt. (Findings from the baseline survey are presented in Appendix B.)
- **Follow-up surveys:** Two follow-up surveys were planned—at three months and 12 months after random assignment. The follow-up surveys repeated the questions asked at baseline and also asked youth about the services they had received since baseline (e.g., housing, education, employment, case management, life skills).

To maintain data security and participant confidentiality, the surveys were hosted on a web-based participant enrollment and tracking system (the “study portal”) developed by the study team.

Youth self-administered the baseline survey at the TLP with a TLP staff member on hand to launch the survey and assist in case of technical difficulties. For follow-up surveys, we had not planned an in-person field data collection effort.<sup>30</sup> Instead, at the appropriate time, the study team would invite youth via text message, email, or phone call to log into the study portal and complete the next survey. The follow-up and tracking surveys were designed to be self-administered by youth using an internet-enabled computer<sup>31</sup> in a location of their choice (e.g., the TLP, a library, resource center).

Study participants were provided a small incentive (in the form of a gift card to a national retailer) to compensate them for their time to complete each survey.

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<sup>29</sup> We did not originally plan on this exemption. After learning about these contractual obligations, the study team and ACF decided that allowing TLP grantees to serve these youth without randomly assigning them would facilitate grantees' participation in the evaluation. Under the exemption, if a participating TLP had a contractual obligation to serve a certain population, it could continue to offer such youth TLP beds, bypassing random assignment and the study. (We do not have information on how frequently this occurred during the Pilot Study.)

<sup>30</sup> Field data collection involves survey staff locating study participants where they are (e.g., in their homes, in their communities) to administer a survey in person. Such an effort was beyond the budget available for the study. The study team was uncertain whether locating youth for follow-up could be accomplished remotely, without a field effort. The Pilot Study provided an opportunity to test the feasibility and procedures for this remote effort to collect follow-up surveys.

<sup>31</sup> Although not designed for a smart phone or tablet, the survey could be taken on such a device.



## 4. Laying the Study Foundation

This chapter describes the study team's experience planning for the study's implementation. Topics covered include selecting TLP grantees to participate in the evaluation and developing study protocols and procedures in order to produce the RCT impact study as designed. The chapter also discusses the decision to conduct a pilot of the impact study, which was based on insights gained during the grantee selection process.

### 4.1 Selecting and Recruiting Grantees for the Study

In selecting and recruiting grantees for the study, our aim was to identify a set of TLPs that could collectively enroll 1,250 youth into the study (i.e., 1,250 across the treatment and control groups) within about 18 months.<sup>32</sup> Using FYSB's program data, we estimated we would need 13 to 15 TLPs to participate in the study to achieve the enrollment target. The Pilot Study helped determine whether this enrollment target was feasible.

Selecting TLPs to participate in the evaluation involved **identifying** TLPs as candidates for an RCT, **screening** them for eligibility, and **recruiting** them to participate. This section discusses that grantee selection process, the challenges encountered (in particular, those that led to the pilot decision), and the lessons learned.

#### 4.1.1 Identifying TLP Grantees for the Evaluation

We identified TLPs for the study from among those awarded TLP grants from FYSB in 2012 through 2014. There were several hundred organizations with active grants. Given the demands of an RCT, not all of them would be well suited for this study. We sought TLPs that:

1. Provided a strong **service contrast** between the treatment and control conditions;
2. Had a high enough **service volume** to build a sufficiently large sample;
3. Had **excess demand** sufficient to make random assignment feasible and fair;
4. Had local (non-TLP) **shelter and emergency services** that control group members could access; and
5. Operated as **transitional housing** rather than emergency shelter.

These eligibility criteria guided which TLPs we targeted for the study and our approach to screening and recruiting them. We further define the criteria in the box ("Criteria Used to Assess TLPs' Eligibility for the Study") on the next page.

We narrowed the pool of TLPs with active grants to the 30 TLPs we screened for eligibility first by rank-ordering the programs according to their service contrasts. Then, among the high-contrast TLPs, we prioritized those with the high service volumes for further consideration.

<sup>32</sup> Based on our calculations, this number of youth would ensure the study's ability to detect a difference in outcomes between the treatment and the control groups. (See discussion of sample size and statistical power in Appendix A.)

### Criteria Used to Assess TLPs' Eligibility for the Study

1. **Service Contrast:** The study required a strong service contrast, defined as the difference in housing available in the TLP (to the treatment group) versus that available from other local youth service providers (to the control group). We assessed service contrast by comparing the number of entries into a TLP to the number of entries into other nearby youth-focused housing programs, using data from RHY-HMIS and from the U.S. Department of Housing and Urban Development's Housing Inventory Count. We prioritized TLPs with relatively high service contrasts.
2. **Service Volume:** The study required a sufficient flow of youth into the TLPs to reach its target of 1,250 youth within 18 months. We used data from RHY-HMIS on the number of youth entering each TLP in previous years and on the number of beds at each TLP ("bed count") to calculate the number of youth the grantee would likely enroll in 18 months. We prioritized TLPs with relatively high service volumes so the study could enroll the required number of youth as quickly and cost-effectively as possible.
3. **Excess Demand:** For random assignment to be fair and feasible, participating TLPs needed to have excess demand for their programs. That is, at any given time, more eligible youth must be applying to enter the TLP than can be served. With excess demand, random assignment functions as a fair alternative to staff deciding who among multiple eligible youth is offered an open TLP bed. Without excess demand, a TLP bed could have remained empty if youth were assigned to the control group (and denied that bed). We asked TLPs about their excess demand in several ways and at several points in time, prioritizing those with relatively high excess demand (optimally two or three applicants per bed).
4. **Local Shelter and Emergency Services:** It was important for this study to ensure that the selected TLPs were located in communities where youth assigned to the control group would still have access to emergency housing and support services to meet their basic needs. We asked TLPs about locally available services and requested copies of their referral lists to understand their communities' capacities to assist RHY apart from the TLP.
5. **Transitional Housing:** To be eligible, a TLP could not function as an emergency shelter or be the only shelter provider for youth in crisis on a given night. This was an essential question raised by the IRB to ensure that random assignment would not deny youth access to emergency shelter. The evaluation team confirmed that the selected TLPs did not function in practice as emergency shelters, and that they had linkages to emergency shelters to which they could refer youth.

To bolster service contrast, we identified TLPs with overlapping service or referral areas and grouped them together.<sup>33</sup> When we prioritized a TLP for the study, we likewise prioritized its neighboring TLPs. Doing so reduced the chances of control group youth enrolling in a TLP and increased the potential for the study to detect program impacts. The result was to include as

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<sup>33</sup> We grouped together TLPs located within 45 miles of each other or in the same Continuum of Care (CoC).



potential study sites some lower-contrast, lower-volume TLPs alongside the higher-contrast, higher-volume TLPs.

### 4.1.2 Screening TLP Grantees' Eligibility for the Evaluation

We contacted the 30 TLPs identified as candidates for the study to introduce the study and verify their program information. This screening process took place in two rounds.

#### ***First Round***

In the first round, the study team held brief calls with the 30 candidate TLPs to further screen them on the five eligibility criteria (service contrast, service volume, excess demand, local shelter and emergency services, and transitional housing status).

The calls revealed that the service volume estimates from RHY-HMIS tended to overestimate grantees' actual service volumes.<sup>34</sup> This was due, in part, to some grantees including in their service counts youth who received only some of the three core TLP components (case management or wrap-around services, but not housing).

We also learned that, for some TLPs, FYSB's grant represented only a portion of their program's funding, with some TLP beds funded by non-FYSB sources. Several grantees that braided or blended funding from multiple sources initially felt less compelled to participate in the study. A few proposed to include only their FYSB-funded beds in the evaluation.

As a result, ACF and the study team decided to more comprehensively verify service volumes to ensure accurate information as the basis for selection into the study. We asked grantees to report the number of TLP beds they maintained (regardless of funding source) and the number of youth served in those beds during the past year. Grantees also characterized the level of demand for their services, including whether and how they maintained a waitlist.

Based on the new information provided, we reprioritized grantees based on updated service volume and service contrast information and selected 30 TLPs for the next round of screening.<sup>35</sup>

#### ***Second Round***

In the second round of calls, our aim was to confirm eligibility and also to identify any features that would limit a TLP's ability to carry out the study effectively. We asked about:

- Target population and program eligibility criteria;
- Intake processes (to understand whether random assignment could be easily integrated);
- Number of youth in groups exempted from random assignment;
- Agreements the grantee had with state or local agencies (e.g., child welfare, juvenile justice) that required the TLP to serve youth referred by those agencies, and the average number of youth served under those agreements;
- Staff and leadership support for the study and concerns about random assignment; and

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<sup>34</sup> This was the case for about half of the grantees contacted.

<sup>35</sup> Some TLPs were screened in both rounds of calls; others were newly identified for the second round.

- Each grantee's definition of the TLP model (the “intervention” they provided youth).

Discussions revealed that several grantees with high service volumes operated as fiscal agents, passing along grant funds to multiple independent TLPs in a coalition that were geographically dispersed or loosely coordinated. This organizational structure served the programs well, but it posed logistical challenges for the evaluation. Coordinating with multiple entities substantially increased the level of effort devoted to the grantee screening process. It would likewise have increased the level of effort required to execute a full-scale study. In at least one case, we determined the grantee's coalition of TLPs was not a good candidate for the evaluation.

We learned that some TLPs served a fair number of youth who would be exempt from the study because they belonged to an especially vulnerable group or were served by the TLP through a contractual agreement (see Section 3.2.2). This meant the study would have a reduced service volume relative to what we had anticipated.

We also learned that some grantees defined their program model differently than FYSB intended. Several TLPs considered the combination of case management and wrap-around supports—excluding transitional housing—to be the core function of their programs.<sup>36</sup> A few other grantees provided youth limited housing assistance (e.g., TLPs provide youth small amounts of cash assistance to help with a security deposit, only pay the first few months of rent on behalf of the youth, or only pay rent in months when youth are short of money) rather than fully subsidized housing.<sup>37</sup> The study team and ACF removed from consideration TLPs whose interventions diverged from FYSB's intended model.

### 4.1.3 The Pilot Study Decision

Following two rounds of screening, two main concerns led the study team to recommend that ACF pilot the TLP evaluation first, to better assess the feasibility of a full-scale RCT.

First, many TLP grantees expressed strong reservations about random assignment out of concern for the well-being of youth who would be assigned to the control group (i.e., denied access to TLP housing). Some discussed the potential for random assignment to re-traumatize youth—that youth who had already experienced so much rejection in their lives could perceive being assigned to the control group as yet more.

Other reasons related to the availability or suitability of alternative housing placements. This included concerns

#### Why Conduct a Pilot Study?

- Grantees' concerns about the well-being of youth assigned to the control group.
- Doubts about whether TLPs truly had sufficient service volume and excess demand.
- Uncertainty about the alignment of grantees with all five study eligibility criteria.

<sup>36</sup> These TLPs often provided the partial package to youth who had not qualified for TLP housing or as a means of engaging youth who were waiting for a TLP bed to open.

<sup>37</sup> This seemed to be a strategy to maximize the number of youth benefiting from the TLP, and it often was used by grantees that dispersed grant funds across several organizations or served a large geographic area.

about the safety of adult emergency shelters for youth (i.e., those age 18 and up who are too old for youth emergency shelters) and concerns that other longer-term housing programs were not tailored to address youth's needs. Apprehension about random assignment is common in the lead-up to an RCT, but the level we observed was unusually high.

Second, despite extensive vetting, we found it difficult to discern two key facts:

- Did candidate TLPs have the collective capacity to enroll 1,250 youth in 18 months?
- Did they have sufficient excess demand to support forming a control group?

Some TLPs reported experiencing uneven demand for their services due to seasonal variation in homelessness or other factors beyond their control. They described challenges in maintaining an active waitlist: how long youth stay in the TLP is unpredictable, and runaway and homeless youth on the waitlist are by definition transient and often hard to reach. Owing in part to these circumstances, grantees had difficulty quantifying the level of demand for their TLPs.

Beyond the concerns listed above, few grantees appeared to meet all five study eligibility criteria. For example, some grantees appeared to have excess demand but had low service volume. Others appeared to serve large numbers of youth, but they were reluctant to participate in the study due to concerns about housing placements for the control group.

After discussing these concerns, the study team and ACF decided to conduct a brief pilot with those grantees that appeared to best meet the study eligibility criteria.

The plan was to conduct the Pilot Study for at least five months and then decide whether to continue with those grantees, based on (1) the number of youth enrolled in the study, (2) the observed levels of excess demand, (3) the TLPs' fidelity to study procedures, (4) the experiences of TLP staff and TLP youth in the study, and (5) the study team's ability to locate youth to collect the first follow-up survey.

### What the Pilot Study Sought to Better Understand

- Service volumes across TLPs.
- Levels of excess demand.
- Feasibility of study procedures, including random assignment.
- Local availability of housing and essential services for the control group.
- TLP staff capacities, concerns, and tolerances for random assignment.
- Feasibility of locating youth for follow-up data collection.

### 4.1.4 Recruiting TLP Grantees to Participate in the Pilot Study

From among the grantees we screened, we selected 17 TLPs to recruit into the Pilot Study, with the expectation that they would not all be able to participate and a goal of including 13 to 15. We approached recruitment with an emphasis on:

- The value of a pilot;
- The trial aspect of the Pilot Study (an opportunity to learn whether the grantee was a good fit for the evaluation and vice versa);
- Design features intended to make random assignment more feasible (i.e., wildcards and controlled crossover);

- A financial incentive for grantees;<sup>38</sup> and
- Our shared desire to improve the well-being and future prospects of youth who are experiencing homelessness.

The study team and ACF held recruitment calls with grantees' leadership to extend an invitation to participate in the study, elaborate on the study plans, and address their questions. FYSB's Associate Commissioner or another FYSB leader joined the calls to reiterate the agency's commitment to the evaluation, help address questions, and hear firsthand any concerns TLPs had about the study. We also held webinars to explain the Pilot Study and its features in greater detail. We recommended that TLP staff at all levels (from leaders to frontline staff) and their service partners attend this webinar to familiarize their organizations with the study.

Some TLPs continued to express reluctance about the study design. A few declined to participate altogether or offered to participate only partially (i.e., to include only a subset of their TLP beds, in proportion to their funding received from FYSB). Other grantees that had been resistant during earlier stages of the selection process decided to participate.

Ultimately, 13 TLP grantees agreed to participate in the Pilot Study.

### **Lessons about Selecting and Recruiting Grantees for the Study**

Several aspects of the grantee selection and recruitment process provide useful lessons for future RCT-based evaluations of the TLP model and perhaps for evaluations of other programs with vulnerable target populations or small numbers of clients. We highlight them here and describe them further in Chapter 6.

- Ask fine-grained questions to accurately gauge excess demand.
- Be prepared to verify a TLP's service volumes.
- Recognize that annual service volumes for most TLPs are small.
- Consider the pros and cons of accounting for overlapping service areas when selecting TLPs.
- Account for exempted groups.
- Document variations on the TLP model and select grantees accordingly.
- Include additional (non-FYSB) grant-funded beds.
- Develop screening protocols to identify and understand multisite TLPs.
- Anticipate concerns about random assignment.

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<sup>38</sup> The grantee incentive was intended to offset the burden the study would impose on TLPs by adding additional roles and responsibilities to staff members' daily routines.

### 4.2 Developing Study Procedures

This section provides an overview of our experience obtaining study approvals and developing surveys, tracking methods, and study enrollment procedures. It discusses the rationale for certain study procedures and the challenges faced in aligning them with the study population's needs and rights as study participants.

#### 4.2.1 Obtaining Study Approvals

As with all research involving human subjects, the study procedures and surveys required review by an IRB. The IRB review process was lengthy and required multiple rounds of questions and revisions. The IRB carefully scrutinized our plans and procedures because the study involved runaway and homeless youth and a program that provided for their basic needs (see Section 3.2.2).

The IRB also gave detailed feedback on the surveys and requested a number of changes intended to make the surveys less burdensome and to avoid upsetting youth, including reducing the overall length of the surveys and the number of sensitive questions asked.

The IRB took a particular interest in the study's "adverse event" protocol,<sup>39</sup> which documented the procedures the study team and grantees would use if youth reported being in danger, suggested they might inflict harm on others, or became distressed at any point during the study. A list of national and local resources that specialized in dealing with emotionally charged situations, violence, abuse, or suicide was provided to TLP staff. This list was also placed at the end of each survey in case youth became upset while self-administering it.

#### 4.2.2 Developing Surveys

When developing the baseline and follow-up surveys, there was a natural tension between the desire to collect detailed information about a wide range of youth experiences and the need to keep the surveys brief. A short survey minimizes the burden on respondents, encourages them to complete it, and makes them more likely to complete subsequent follow-up surveys.

There was also tension between the desire to gain a detailed understanding of youth's experiences and concerns about how questions about sensitive topics (e.g., history of abuse, sexual activity, depressive symptoms, substance use) might distress TLP youth, particularly those with histories of trauma.

Following IRB feedback on the survey length and sensitivity, we worked with ACF to eliminate lower-priority questions and substitute briefer measures wherever possible.<sup>40</sup>

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<sup>39</sup> An adverse event is defined as any physical or psychological harm that occurs because of something directly or indirectly related to a subject's involvement in the study.

<sup>40</sup> The final baseline and follow-up surveys were also submitted to the U.S. Office of Management and Budget (OMB) for review and approval under the Paperwork Reduction Act.

### 4.2.3 Developing Tracking Methods

We considered follow-up data collection essential to the success of the study. Without high response rates to the follow-up survey from both treatment and control group members, it would be impossible to measure whether and by how much the TLP changed outcomes. Given the transience of runaway and homeless youth, we knew that achieving high response rates would be a challenge.

We considered including **field data collection** as part of the evaluation's tracking design. Although field efforts are a best practice for studies of hard-to-reach populations, they are expensive, and their costs increase with the number and the dispersion of study participants. Ultimately, the study team and ACF agreed that the resources available for the study made a field data collection effort cost prohibitive.

#### What Is Field Data Collection?

Field data collection deploys survey staff locally to locate study participants where they are (e.g., in their homes or communities) and gather data in person.

Instead, the study team aimed to maintain contact with youth over the study period without a field effort, using a centralized “remote” approach. We collected as much contact information as possible when youth enrolled into the study (i.e., at baseline), including permission to use **telephone, text messaging, email, mail, and social media** to reach them. Our remote tracking strategy relied heavily on these modes of communication to remain in touch with study youth and invite them to complete the follow-up surveys. We planned two **touchpoints** at six months and nine months after random assignment to ask youth to update their contact information. We also planned to email, text, or ship **incentives** (an electronic gift card to a national retailer) to youth who completed the survey.

Although runaway and homeless youth often do not maintain a fixed address and their cell phone numbers frequently change, research suggests that this population does connect to the internet and social networking sites (e.g., Facebook and Twitter).<sup>41</sup> Telephone, text messaging, email, and mail outreach are standard tracking options for most evaluations; social media outreach is not. Obtaining approval to use social media as part of the study required additional consultation with the IRB.

Social media is typically “outward facing.” That is, people or sites that a youth follows are visible to the public or to that youth’s “friends lists,” unless certain privacy settings are selected. The study team needed to mitigate the confidentiality risks that came with using social media as a means of contacting study youth. In addition, determining how best to request social media contact information from and locate study youth on social media platforms required careful planning. We present a few of our key tactics below.

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<sup>41</sup> For example, one study found that 93 percent of homeless youth in Denver and Los Angeles used the internet weekly, 46 percent used it daily, and the average number of days per week on social networking websites was 3.8 (Pollio et al., 2013).



- We created profiles on Twitter, Snapchat, and Facebook using a nondescript profile name. These social media profiles referenced the study using a neutral outward-facing name designed to avoid associations with homelessness.<sup>42</sup>
- We identified the information we would need in order to locate study youth on social media. We developed instructions to help youth locate their unique profile identifiers (e.g., within their profile page URL, for Facebook) so they could provide their identifiers to the study.
- We configured the study's social media profiles so that the study's "friends lists" were not visible to the public.
- We planned for one study team member to regularly monitor updates to each platform's security and privacy policies. To protect against unintentional exposure of participant information to others, if a platform's policy changes could not be reconciled, the study would disable its account for that platform.

### 4.2.4 Developing Study Enrollment Procedures

The TLP Pilot Study integrated study enrollment procedures into each TLP's customary routines. We worked closely with the TLPs to document their existing program intake and entry processes and to align the study enrollment procedures in ways that we hoped would minimize disruption and maximize fidelity to the study design.

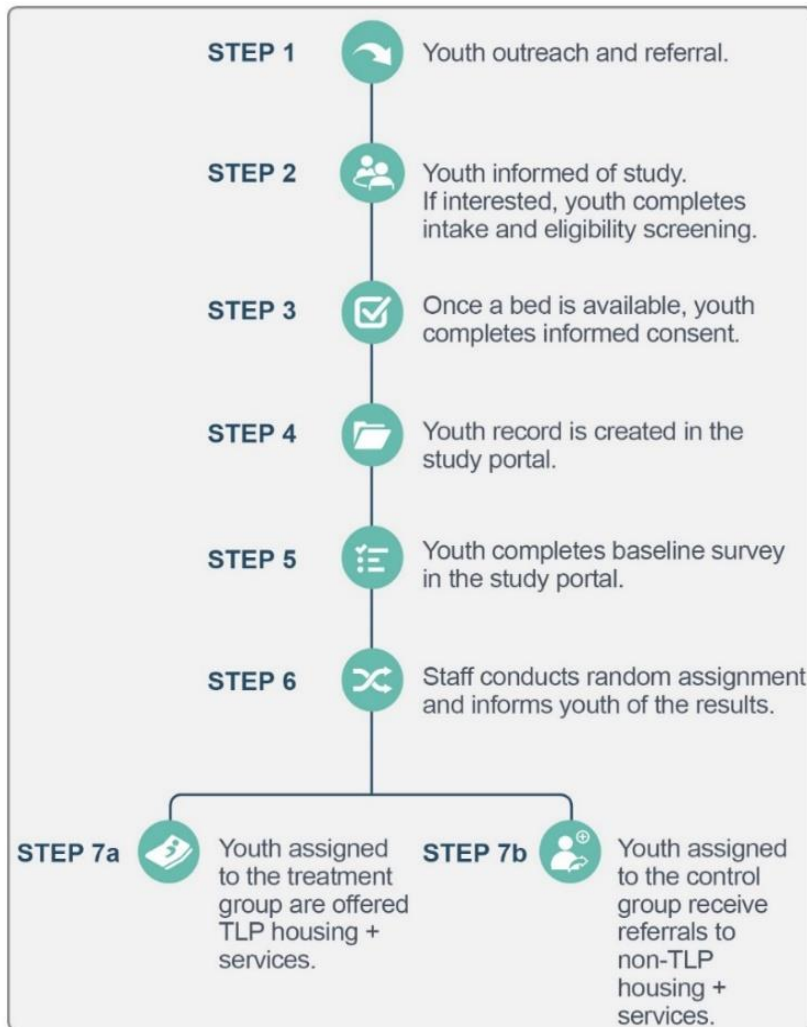
We began by documenting each TLP's processes from the time a youth initially encountered the agency to the point when the youth entered the program. We then overlaid study procedures on top of each agency's processes (Exhibit 4-1).

This exercise helped build rapport between members of the study team and TLP staff. Grantees appreciated having their intake and entry processes fully documented. Some commented they had never before seen the process laid out step-by-step.

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<sup>42</sup> The study was branded as "Successful Transitions to Adulthood Research Study (STARS)" on all youth-facing study documents. That name was chosen to avoid any indication that youth were part of a homelessness services study, which might deter them from connecting to the study on social media—or participating in the study more broadly.

**Exhibit 4-1: Study Enrollment Procedures, Including Random Assignment**



### ***Workflow around a Coordinated Entry System***

A few of the grantees in the Pilot Study participated in their local Continuum of Care's (CoC) "coordinated entry" system.<sup>43</sup> Those grantees' TLPs could receive applicants only through a community-wide intake process. With a CoC involved, developing study enrollment procedures was more complex because of the number of parties involved (i.e., the CoC administrators and potentially dozens of emergency shelters, street outreach programs, or other points of intake).

<sup>43</sup> Coordinated entry is defined by HUD as "a process developed to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed for, referred, and connected to housing and assistance based on their strengths and needs." For more information see: <https://www.hudexchange.info/resources/documents/Coordinated-Entry-and-HMIS-FAQs.pdf>.



We worked with the TLPs and their CoC administrators to understand their coordinated entry system and how the CoCs prioritized youth for housing. Although coordinated entry intake and referral practices varied, typically a youth's score on a needs assessment and position on a central prioritization list determined if and when they would be referred to a TLP. Once a TLP bed became available, the CoC would refer the next eligible youth off its priority list to the TLP (for enrollment in the study).

We took three steps to limit the burden imposed by random assignment on a community's network of CoC partners or to streamline the monitoring required of the study team. For example, for one participating TLP:

- All parties agreed to allow only youth who entered the coordinated entry system from the TLP's top two referral sources to be referred to the TLP and enrolled in the study;
- We established a procedure by which youth randomly assigned to the control group could be matched quickly to alternative, non-TLP placements, such as local rapid re-housing programs; and
- When possible, random assignment was conducted by the CoC's referring agency or another CoC partner, rather than by the TLP.

### **Lessons Learned about Developing Study Procedures**

Developing the protocols for the study was an intricate process that required multiple rounds of review and revision. From it, we learned lessons that can inform future TLP studies or other evaluations of programs for vulnerable or hard-to-reach populations. We highlight them here and describe them further in Chapter 6.

- Engage the IRB early and often.
- Consult with TLP staff and youth when designing surveys and study protocols.

## 5. Implementing the Pilot Study

This chapter describes the study team's experience implementing random assignment. It discusses which aspects of the study were successful and which were more challenging, offering insights on the features of either the TLP or the study design that contributed to those successes and challenges. Topics covered include delivering TLP staff training, monitoring intake and study enrollment, and tracking youth and follow-up survey response rates. We also discuss the ultimate decision to end the Pilot Study and not implement a full-scale RCT.

### 5.1 Delivering TLP Staff Training

Prior to launching the study, the study team conducted a one-day training at each TLP for all program staff who would enroll or otherwise come into contact with study youth. The information covered was documented in a detailed study handbook and other training materials provided to TLP staff. Topics included the step-by-step study enrollment procedures and human subjects protections. Staff were also asked to role-play to practice using the study scripts and to envision new study-related steps as part of their work routine.

During in-person training on study procedures at the first two TLPs, frontline staff expressed a lot of concerns about the study's random assignment design. It was evident that although we had secured buy-in from the TLPs' leadership (e.g., the agency's executive director or TLP manager) during recruitment, information about the study had not been communicated throughout the organization. In fact, the training might possibly have been the first time frontline TLP staff were hearing about the study's random assignment design.

To overcome this challenge going forward, we asked the rest of the grantees in the study to have their executive directors or TLP managers talk with frontline staff about the study in advance of the training. To the extent possible, the study team also held an introductory study webinar with frontline staff prior to the on-site training. In addition, the study team's director or deputy-director attended each of the remaining in-person trainings to answer questions about the study design and address any staff concerns as they arose. These changes improved staff buy-in and helped the remaining in-person trainings to run smoothly.

Although the study team endeavored to train all TLP staff in person, this was not entirely possible due to some amount of staff turnover, which was expected. When a new TLP staff member needed training, we scheduled a two- to three-hour training webinar. To keep staff engaged during a webinar, we streamlined the original training presentation to emphasize the core information TLP staff needed in order to perform their study responsibilities. We encouraged new TLP staff to shadow staff who had attended the in-person training and who were already implementing the study procedures.

Although the remote training was no substitute for the more intensive in-person version, it generally worked well. At one site, however, TLP staff seemed to be unable to absorb all the material presented to them remotely, in part because they were called away several times during the webinar by case management responsibilities. We found it necessary to provide them additional training and technical assistance with study procedures during regular monitoring calls. This underscores the importance of an organization dedicating time for study training.

## 5.2 Monitoring Intake and Study Enrollment

There was a series of intake steps that TLP staff completed before youth entered the TLP (see Section 4.2.4). The study team monitored TLP staff in those steps. This effort was twofold:

- We ensured that TLP staff were implementing study procedures according to plan, referred to as ***fidelity monitoring***.
- We monitored the pace of enrollments into the study and the completion of each step in its proper order to ensure the study enrollment and subsequent random assignment were valid, referred to as ***enrollment monitoring***.

### 5.2.1 Monitoring Fidelity to Study Procedures

To support TLP staff, the study team conducted regular check-in calls with each grantee. A monitoring protocol guided these calls. It was designed to help us understand how TLP staff were implementing the study procedures and identify areas for training or technical assistance.

Most TLPs maintained high levels of fidelity to the study procedures throughout the pilot. TLP staff had an easy time inserting the study procedures into their program intake and entry routines. The groundwork laid in understanding each TLP's usual process, overlaying the study procedures on that process, and providing detailed training likely contributed to that success.

#### ***Fidelity Challenges***

The most common challenges for TLPs were explaining the study to youth, informing youth of their control group assignment and the study embargo,<sup>44</sup> and forgetting an enrollment step.

#### *Explaining the study*

Even with sample scripts, some TLP staff reported challenges explaining the study to youth. A few TLPs had detailed and lengthy application and screening processes, and staff had a hard time asking youth to complete the usual rounds of paperwork and interviews and then have access to the program be determined by chance. One TLP reported that when youth are in crisis, as many are when applying to TLP, it is difficult for them to process something abstract like informed consent.

#### *Informing youth of control group assignment*

Several TLPs struggled with how to inform youth of their status if they were randomly assigned into the control group. Staff reported that denying a bed to a youth in need (creating the control group) was the most challenging aspect of implementing the study. Staff said they felt stressed and nervous during the random assignment process. One TLP reported that once assigned to the control group, youth disengaged and did not seek help from the TLP. A few youth became very upset or cried upon being assigned to the control group.

To overcome this challenge, we worked with TLPs to adjust how staff informed youth about a control group assignment. We encouraged staff work out a Plan B (i.e., alternative housing

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<sup>44</sup> Recall that the study embargo meant that control group youth could not be served in a TLP bed until after their time in the study ended or the TLP completed study enrollment, whichever came first.

options) with each youth in case he or she was assigned to the control group. TLP staff reported that having a Plan B ready before random assignment helped ease their own stress and reduced or eliminated youth's distress due to a control group assignment.

### *Omitting an enrollment step*

Accidentally skipping a study enrollment step was another common challenge. For example, on at least one occasion, a TLP conducted random assignment before a bed became available or served youth in the TLP before enrolling them in the study. To address this challenge, the study team provided additional training and continued to closely monitor the enrollment process.

### **5.2.2 Monitoring Study Enrollment Flow**

With an overall study enrollment target of 1,250 youth in 18 months, the 13 participating TLPs needed to collectively enroll an average of 70 youth per month. We closely watched the rates of enrollment and the use of TLP beds for the study to understand whether the study could achieve its goal.

#### ***Enrollment Metrics***

The study team checked TLPs' enrollment data in the study portal prior to each monitoring call. We tracked weekly enrollment statistics, identified any concerns about TLP enrollment flows, and kept ACF abreast of progress in building the study sample. This monitoring was important for projecting the study's ultimate timeline and understanding its overall viability.

#### ***Enrollment Challenges***

Rates of enrollment varied across TLPs in the Pilot Study. Some programs were able to continually find youth to fill empty TLP beds. Other programs struggled with empty beds for long stretches after the study launched. Overall, TLP service volumes were much smaller than anticipated, even relative to the adjusted values after verifying RHY-HMIS data (Section 4.1.2).

Over the 10 months that we implemented the pilot (November 2016 to August 2017), the 13 participating TLPs enrolled a total of 163 youth, an average of 16 per month, or 1.2 per month per grantee. Even at the highest total monthly enrollment of 32, the 13 participating TLPs would have yielded a sample of only 576 youth in 18 months. In short, the enrollment rate did not support the 18-month timeline for sample build-up.

We learned of a variety of reasons for the low demand and inflow of youth into the TLPs:

- For some TLPs, partner agencies did not want to refer youth to the TLP without a guarantee that the youth would receive TLP housing.
- Other TLPs reported that youth did not want to participate in a study or to be subject to random assignment.
- For other TLPs that maintained waitlists, the need to wait until a bed was available to complete intake interviews (see Section 4.2.4) may have complicated enrollment. Many TLPs had trouble contacting the youth next in line once a bed became available, or the TLPs learned that the youth had found alternative housing.
- Other causes of low demand related to fluctuating or seasonal demand among youth and the availability of alternative housing services elsewhere in the community.

In response to low inflows of youth, we brainstormed with TLP staff about ways to bolster their outreach and referral pipelines. We worked with TLP staff to anticipate upcoming TLP exits and identify the right time to seek out new applicants. When referral partners were apprehensive about the study design, leaders from the study team joined meetings to help explain the study and answer questions, which seemed to allay concerns. Some TLPs also responded by seeking new referral sources to increase their applicant pools.

Occasionally, controlled crossover (Section 3.2.2) was used when inflows were low and beds remained empty for a long time (in one case, for three months). The process went smoothly, although some TLP staff initially misunderstood it and wanted to select which control group youth would be reassigned to the treatment group, rather than selecting the youth randomly.

### 5.3 Tracking Youth and Follow-up Survey Response Rates

We had planned for a follow-up survey response rate of 60 to 70 percent, recognizing this rate was ambitious given the complexities of tracking this particularly mobile population. The Pilot Study would answer the question, *Could a remote tracking approach substitute for the more intensive field data collection typically used with hard-to-reach populations?*

During the Pilot Study, 163 youth completed the baseline survey, and 154 youth became eligible to take the three-month follow-up survey. Their average response rate to the follow-up survey across treatment and control group youth was 23 percent.

We attribute the low follow-up survey response rate to poor contact information and youth's unresponsiveness to the study's survey invitations. The contact information youth provided on the baseline survey was often minimal, and much was outdated by the three-month survey. When contact information appeared to be correct, many youth did not respond to survey invitations. When surveyors were able to reach a youth by telephone, they often were unable to get past initial introductions before the youth ended the phone call.

We cannot know for certain why youth provided so little contact information and were unresponsive to the follow-up survey requests. We hypothesize that runaway and homeless youth tend to guard both their privacy and their ability to "fly under the radar." Youth may have been wary of an unfamiliar entity, especially a government-funded one, asking for their contact information. Several TLP staff noted that because the study was abstract—youth were never introduced to any of the study team members and therefore had no rapport with them—youth were less likely to respond to any follow-up efforts by the study team or its agents. It is also possible that youth who felt the baseline survey was too long or the questions made them uncomfortable were disinclined to take another survey three months later.

Very few youth consented to be contacted via social media. Among those who did, some did not take the steps needed to friend or follow the study or did not provide enough information for us to verify their account. In debriefing calls, TLP staff suggested that, in addition to wariness about a government study and a lack of personal connection to the study team, youth may have avoided social media because of a perceived risk that friends or family members would find out they had experienced homelessness. Staff also noted that some youth have multiple accounts for the same platform and create a new account if they forget their login credentials, making successful social media contact even more unlikely.

The Pilot Study did not include field data collection because of budgetary constraints. Our experience with other research projects would suggest that robust field surveying may have increased response rates for TLP's difficult-to-reach population.<sup>45</sup>

The study team also did not employ TLP staff to help locate youth or provide us youth's most recent contact information. We were concerned that TLP staff would have more contact with youth assigned to the treatment group than with youth assigned to the control group, thus biasing follow-up survey response rates in favor of the treatment group.

### 5.4 Ending the Pilot Study

Each TLP's participation in the Pilot Study was intended to last for at least five months and then continue as part of a full-scale random assignment impact study if the pilot confirmed that the grantee met the study requirements (sufficient service volume, excess demand for services, etc.; see Section 4.1.1).

In spring through summer 2017, the study team, in consultation with ACF, assessed the viability of proceeding with the planned RCT evaluation of TLP. We determined that the TLPs selected for the evaluation would not produce the desired sample size of 1,250 youth within the original 18-month enrollment timeframe. Moreover, the 23 percent response rate to the three-month follow-up survey was not sufficient to detect any measurable impacts on the study's long-term outcomes of interest. As a result, ACF terminated the Pilot Study, releasing the 13 TLPs from further participation and the control group youth from the study embargo.

#### **Lessons about Implementing an RCT with Runaway and Homeless Youth**

Implementing the Pilot Study provided a wealth of insight into the feasibility of conducting an RCT of the TLP. The experience suggests several lessons that can inform future studies of TLP or other programs for vulnerable or hard-to-reach populations. We highlight them here and describe them further in Chapter 6.

- To facilitate a smooth study launch, gain support for the study at all staff levels.
- Understand that uncertainties about service volumes and delays in launching random assignment are risks to the study timeline.
- Work with program staff to maintain demand for program slots.
- Develop alternative housing plans prior to random assignment.
- Consider alternatives to remote tracking for follow-up.
- Plan for a more reliable means of tracking than social media.

<sup>45</sup> In the Family Options Study, an RCT in which Abt tracked homeless families for an 18-month and a 36-month follow-up, we achieved response rates of 81 percent and 78 percent, respectively, using an in-person field effort. Often the same local interviewers who had developed rapport with the families at baseline were able to continue to find and interview the families over the three-year period. The cost of the tracking effort was \$167.59 per completed follow-up survey (McGinnis & Rodriguez, 2016).



## 6. Lessons from the TLP Pilot Study

The Pilot Study offered important lessons about how the TLP model and grant structure affect the feasibility of conducting evaluation research, and in particular an RCT. Below is a summary of the key insights gained during grantee selection (Section 4.1) and the development and implementation of the study procedures (Section 4.2 and Chapter 5). Most of the lessons learned relate either to elements of the TLP model that made developing and implementing the study procedures challenging or to elements of the study design that could be improved. Many of these lessons could inform a future evaluation of the TLP model or perhaps evaluations of other programs with vulnerable target populations or small numbers of clients.

### 6.1 Lessons about Selecting and Recruiting Grantees for the Study

- ***Ask detailed questions to accurately gauge excess demand***

Some grantees had difficulty describing the level of demand for their TLPs. This made gauging the feasibility of random assignment difficult. Through multiple rounds of screening, we learned we needed to probe TLP staff on several factors that contribute to excess demand (i.e., service volume, average length of stay in a TLP, frequency and duration of empty beds, waitlist size and procedures, and ease of enrolling a youth from the waitlist when a TLP bed became available). When asked to consider these factors, some grantees realized they did not have as much excess demand as they initially stated or that their excess demand fluctuated. Because excess demand is fundamental to conducting random assignment fairly and ethically, this step became a critical component of the grantee selection and recruitment process.

- ***Be prepared to verify a TLP's service volumes***

We initially relied on TLP service volume data tracked in RHY-HMIS to identify the TLPs with the highest service volumes. However, when screening TLPs for the study, we learned there was sometimes confusion or inaccuracy in the numbers they reported in RHY-HMIS. Some TLPs comingled youth who received the full TLP package (transitional housing, individualized case management, and wrap-around support services) with youth who received only a partial package (case management and supportive services, but not housing). This upwardly skewed the records of TLPs' service volumes and led to challenges in gauging the number of TLPs needed for the study.

- ***Recognize that annual service volumes for most TLPs are small***

Most FYSB-funded TLPs serve a relatively small number of youth annually—about 10 youth per year on average. TLPs with large service volumes might serve 25 to 30 youth per year. By comparison, in many impact studies of other types of programs, a single program site might enroll several hundred study participants a year. Small program sizes among TLP grantees means evaluating the TLP requires either (1) including a large number of grantees in the study or (2) planning for an extended study enrollment period (perhaps years) to build a sample of youth large enough to detect program impacts. These considerations have implications for the level of effort necessary to recruit, train, and monitor participating grantees—either a large

number over a shorter period of time or a smaller number over a longer period of time—and therefore the overall cost of the evaluation.

- ***Consider the pros and cons of accounting for overlapping service areas when selecting TLPs***

To preserve the service contrast and maximize the Pilot Study's potential to detect program impacts of interest, we grouped TLPs that potentially shared a service or referral area. That is, we recruited smaller TLPs that were located near larger TLPs prioritized for study inclusion.<sup>46</sup> The disadvantage of this strategy is that it allocated limited study resources to TLPs that we would otherwise have not included in the study. Including these smaller TLPs at the expense of including a more moderate-size TLP also had potential implications for the study timeline: It would take longer to enroll the required number of study participants. Because TLPs' annual service volumes tend to be low (averaging one or two persons per bed per year), future impact studies will likewise want to weigh the tradeoff between a strong service contrast versus the need to quickly enroll a sample large enough to detect program effects.

- ***Account for exempted groups***

Several particularly vulnerable groups were, by design, exempted from random assignment (e.g., pregnant and parenting youth, youth with cognitive or developmental delays). During grantee selection and recruitment, it was important to identify the types and numbers of study-exempted youth each TLP would serve and the implications for the expected service volume. Exempting special groups helped to gain grantees' buy-in, but it also reduced the number of youth a grantee could be expected to enroll into the study. Future studies are encouraged to identify exempted groups early in the planning process in order to obtain accurate service volume estimates to accurately forecast the number of programs and timeframe required to reach the target sample size.

- ***Document variations on the TLP model and select grantees accordingly***

We encountered differences between how FYSB defines the TLP model and how its grantees implemented their programs locally. For example, some TLPs offered short-term rental assistance rather than the long-term supervised housing FYSB intends. Other grantees considered the combination of case management and wrap-around support services (but no housing) as meeting the requirements of the TLP model. These grantees were able to reach more youth and increase their overall service volume. However, because the core components of their models varied from FYSB's definition, we could not include them in the Pilot Study. Future studies will need to clearly define the program model to be tested (whether all or some of the core components) and confirm how each component is implemented by grantees. Establishing a common definition of the intervention early in recruitment can help the evaluator target screening and recruitment efforts to the most appropriate grantees.

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<sup>46</sup> This was done to help ensure that youth assigned to the control group at one of the prioritized TLPs could not enroll in a nearby TLP that was not participating in the study.

- ***Include additional (non-FYSB) grant-funded beds***

Several TLP grantees selected for the Pilot Study braid and blend funding sources to increase the number of youth they can serve in the TLP or to expand the number of supportive services they can offer youth in-house. In these cases, FYSB's TLP grant is only a portion of the funding they use to implement their programs, with some of the TLP beds funded by non-FYSB sources. Some of these grantees initially felt less compelled to participate in the study. A few proposed to include only their FYSB-funded TLP beds in the evaluation. This request was problematic to the RCT design because grantees wanted to serve youth in the control group in these non-FYSB-funded TLP beds. After deliberation, the study team and ACF agreed that the study would include all TLP beds, regardless of funding source. For future studies, the expectation that all TLP beds will be included in the study, regardless of funding source, should be clearly communicated to grantees early in the recruitment phase.

- ***Develop screening protocols to identify and understand multisite TLPs***

Several grantees with high service volumes over large catchment areas function as multiple independent TLPs or a loosely coordinated coalition, even though they are overseen by a single grant recipient. The level of effort required to work with these multisite TLPs during screening, recruitment, and study implementation increases in proportion to the number of distinct program sites. In at least one case, we opted to exclude multisite TLPs because of resource limitations. For future studies, it will be important to understand a grantee's service volume relative to the number of sites and estimate how many youth each site will contribute to the sample.

- ***Anticipate concerns about random assignment***

From our earliest communications about the study, TLP staff expressed strong reservations about random assignment, because it meant denying TLP housing to youth randomly assigned to the control group. To encourage buy-in, the study team and ACF invested additional resources and made some modifications to the original research design. We held webinars with TLP staff, created exemptions for vulnerable populations, allotted wildcards that TLPs could use to allow a small number of youth to bypass the study, and added controlled crossover. We worked to build rapport with TLP staff, which included emphasizing our shared goals of reducing youth homelessness and improving the well-being of youth experiencing homelessness. Involving FYSB as the funding agency during the grantee recruitment process was also essential to gaining grantees' support. Participation of FYSB's top leaders sent a clear message that the study was important. This approach to recruitment was successful for the Pilot Study. Future evaluations should anticipate the possibility that providers will express significant concerns about an RCT and the extra time, resources, and design modifications that may be needed to overcome them.

### 6.2 Lessons about Developing Study Procedures

- ***Engage the IRB early and often***

Because the Pilot Study involved random assignment of a vulnerable population, the IRB extensively reviewed the study procedures, surveys, and the TLPs' local service contexts. We worked closely and continuously with the IRB to protect the rights and well-being of study

participants. We submitted several revisions to the study procedures and surveys to address the IRB's concerns. Additional procedures were put in place to train TLP staff and study team staff on how to handle an adverse event, should one occur. Future studies of TLP, particularly RCTs, should plan for close collaboration with an IRB to ensure participant protections are in place and should anticipate a lengthy and intensive IRB study approval process.

- ***Consult with TLP staff and youth when designing surveys and study protocols***

ACF and the study team initially developed a robust survey that included very detailed and probing questions on the outcomes of interest. Concerns that the survey length would reduce response rates and that some questions could distress youth led us to revise the surveys. The revisions reduced both the burden on respondents and the likelihood of triggering an adverse response, while still collecting sufficient information on the outcomes of interest. Balancing these considerations was challenging. The revised baseline survey was still somewhat lengthy and included several questions that youth may still have found invasive. We cannot know for sure, but it is possible, and these aspects of the survey could have contributed to the low response rate for the three-month follow-up survey.

In future studies, the study team should create surveys limited to the key outcomes of interest and tailored to ask about sensitive information in a way that is least likely to upset youth. We recommend gaining feedback on the survey from a small sample of TLP staff and TLP youth, a process known as “cognitive pre-testing.”<sup>47</sup> While consulting with TLP staff and youth on the surveys, evaluators should also seek their input on study protocols, including enrollment and random assignment procedures. The information gained could improve youth's experience with the surveys, help to structure the study processes to be more youth-friendly, help to ease concerns and gain buy-in from TLP staff, and possibly support a higher follow-up survey response rate.

### 6.3 Lessons about Implementing an RCT with Runaway and Homeless Youth

- ***To facilitate a smooth study launch, gain support for the study at all staff levels***

Challenges to gaining buy-in and undivided attention from frontline staff during study training highlighted the importance of securing support for the study at all organizational levels. Gaining agreement from grantee leaders is an essential first step, but evaluators should ensure that frontline staff are well informed about the study design and objectives.

Recruiting TLP grantees (or other homelessness services providers) into an RCT is achievable, but future evaluators must understand what is important to grantees and how an RCT aligns and advances their priorities. To promote understanding and dispel myths, rumors, or concerns that could otherwise stymie study efforts, we suggest providing program leaders with FAQ-style materials to disseminate among program staff. In addition, the study team should make

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<sup>47</sup> In such cognitive pre-testing, youth complete the survey and provide feedback in one-on-one exit interviews or as part of a focus group. Their feedback includes their overall survey experience and whether any questions are hard to understand or answer. The survey is then revised accordingly.

personal contact (via an informational webinar or an advance site visit) with *all* staff who will be involved in the study.

The study team cannot assume TLP staff will have dedicated time to participate in study training. It may help to work with program leadership and frontline staff to ensure their usual responsibilities are covered during training sessions.

Future researchers may also consider engaging FYSB's Federal Program Officers early in the research to help with program staff engagement and buy-in to the study. While this practice was not used for the Pilot Study, the Study Team found it to be an effective practice on a future study of the TLP (see Mahathey et al., 2021).

- ***Understand that uncertainties about service volumes and delays in launching random assignment are risks to the study timeline***

TLPs participating in the Pilot Study enrolled fewer youth than anticipated. We partially attribute this to lower than expected bed turnover (youth stayed longer in TLP than was typical) and uneven demand for services (perhaps because partners were reluctant to refer clients to a random assignment study). Delays in launching random assignment also jeopardized the study enrollment target. We had expected programs would begin study enrollment shortly after staff training, but many did not. In most cases, delays were due to challenges in predicting when a bed would open up or unforeseen staffing transitions. In one case, a TLP did not enroll its first study participant until six months after training. For future studies, we suggest involving the funder in conversations with grantees about their study launch dates and the implications of delays, setting the study launch date well in advance (upon agreement to participate), and then seeking to avoid delays or to clarify the implications for enrollment numbers as challenges arise.

- ***Work with program staff to maintain demand for program slots***

Many TLPs experienced uneven demand for services after the Pilot Study launched. That is, a TLP would experience waves of excess demand followed by little to no demand, which resulted in its TLP beds remaining empty. TLP staff offered several possible reasons, including seasonal variation in demand and referral partners or youth avoiding the study and its random assignment design. A future evaluation of TLP or a similar program should work with program staff to ensure adequate levels of outreach and referral on an ongoing basis. That might mean gaining buy-in for the study not just from the TLP staff, but also from their referral partners.

- ***Develop alternative housing plans prior to random assignment***

During the Pilot Study, several youth became upset or disengaged from TLP services and staff after being assigned to the control group. The length of some TLPs' eligibility determination processes may have been a contributor. In programs with detailed and lengthy youth application and screening processes, it may have been especially frustrating for youth (and TLP staff) to have access to the program be determined by chance after multiple rounds of intake paperwork and interviews. The solution we devised was for TLP staff and the youth to work out a Plan B in advance of random assignment. This seemed to make the possibility of being assigned to the

control group more of a reality, easier to focus on during informed consent, and less frightening for the youth (and less stressful for TLP staff).

Finding ways to streamline or reorganize the processes of intake, eligibility determination, and study enrollment may also be useful in future studies. Notably, random assignment went extremely smoothly in TLPs that participated in their CoC's coordinated entry system. This is perhaps because coordinated entry relieved TLP staff of the burden of random assignment (which was performed instead by the CoC), and it provided youth assigned to the control group immediate housing alternatives.

- ***Consider alternatives to remote tracking for follow-up***

The low response rate to a follow-up survey collected only three months after youth enrolled in the study was a major reason the study team and ACF concluded that a full-scale study was not feasible using the existing data collection plan. Though costly, a field data collection effort would yield better response rates because dedicated members of the study team are embedded locally to perform study enrollment, tracking, and follow-up surveys. These field staff, who often are residents of the communities in which the study sites are located, function as the face of the study, and they build rapport and trust with participants. In addition, future studies, particularly quasi-experimental or descriptive studies, should consider how collaboration with TLP staff and possibly staff from other local housing and homelessness programs could assist in locating youth for follow-up.

- ***Plan for a more reliable means of tracking than social media***

Although social media had seemed like a promising way to reach youth, it turned out that TLP youth were protective of their social media accounts and seldom shared their social media information with the study. TLP staff noted that youth likely did not want to connect to the study on social media because they did not want to risk friends or family members learning they had experienced homelessness. Additionally, some youth hold multiple accounts for the same platform, making maintaining contact through social media challenging. Social media's inherent complexities are made even more challenging by the need to maintain the confidentiality of study participants. Social media outreach may still be a viable option for future studies, but additional work would be needed to determine how to effectively engage runaway and homeless youth that way. Researchers should consider which platforms youth prefer, a streamlined process for friending the study, and ways to mitigate concerns about confidentiality. A preliminary focus group with youth, perhaps in conjunction with cognitively pre-testing surveys, to explore these factors may offer insights to bolster social media engagement.



## 7. Conclusion

The Pilot Study offered important lessons about how the TLP model and grant structure affect the feasibility of conducting evaluation research, and in particular an RCT. Conducting a rigorous RCT tends to be resource intensive, and complexities in the design or challenges in implementation add to the complexity. As currently structured and funded, TLPs are challenging candidates for an RCT evaluation. RCTs ideally need the participating organizations to have (1) large service volumes to build up sample quickly and (2) excess demand for their services. Although RCTs can be conducted with organizations that have low service volumes, doing so will increase the number of grantees that need to be recruited, the length of time required to reach the required sample size, the costs of monitoring and field operations, and the overall cost to conduct the study.

The study cost per enrolled youth grows substantially as more grantees are added to the sample because of the fixed evaluation costs associated with each additional grantee. This math constrains a study's ability to increase sample size without significantly adding to the budget. Given TLPs' service volumes, to obtain a sample as large as 1,250 youth from TLPs in a timeframe of 18 or fewer months would have required more resources than were available for the present effort.

Randomization into a housing program is possible, but it requires careful consideration for how to do so in a way that ensures the well-being of the youth assigned into the control group and buy-in from staff at all levels of participating organizations. A primary requirement for randomization into a housing program is grantees consistently having excess demand for services. Only then is random assignment a fair substitute for staff judgments about allocating access to a limited resource among multiple eligible youth.

Many grantees selected for the Pilot Study had difficulty gauging and communicating their level of excess demand such that the study team and ACF could judge the feasibility of a full-scale RCT. We believe that most grantees when asked to characterize the level of demand for their services considered whether there was a high *need* in the community for their services and whether they maintained a *waitlist* for TLP beds. But neither of these factors addresses how often those beds remained empty or whether multiple eligible youth were on hand to fill an open bed. Because of the transience of the population served, TLP waitlists are hard to maintain, youth often move on if a TLP cannot serve them immediately, and TLP staff work hard to find creative ways to accommodate youth and keep them engaged in their programs.

During the Pilot Study, some TLP beds remained empty for long periods of time (from several weeks up to three months), and when a youth finally applied, random assignment to the control group meant the bed remained empty for even longer. Conducting controlled crossover to fill the bed negatively affected the study's ability to maintain a control group of adequate size to detect TLP's impacts. Any future evaluation of the TLP should find a way to efficiently verify that the grantees being considered for inclusion in the study have provided accurate service volume data and are implementing interventions consistent with FYSB's model. A future evaluation could benefit from ongoing technical assistance to TLP grantees on these matters.

An unexpected finding from the Pilot Study is that coordinated entry helped to offset TLP staff members' distress. Among the few TLPs in the Pilot Study that participated in a coordinated entry system, the process of conducting random assignment in conjunction with coordinated entry allowed direct services providers to focus on services and not on study assignment, while having specialized staff at the CoC partner(s) be responsible for system-wide intake and triage. In addition, the CoC provided an immediate housing placement for youth assigned to the control group. They would be immediately placed back on the coordinated entry waitlist to be matched to a non-TLP housing program, such as rapid re-housing. Participating in coordinated entry appeared to help even out service volume fluctuations, alleviate issues with excess demand, bolster staff buy-in, and ensure control group youth immediately received alternative (non-TLP) housing.

Our experience during the Pilot Study suggests that a tracking strategy led by an off-site study team was not sufficient to locate and engage youth in follow-up surveys. In debriefing interviews, TLP staff suggested that youth may have been unresponsive to follow-up efforts because they were not introduced to members of the study team and had no rapport built with the study. If budgets of future studies allow, a field data collection effort would likely yield better response rates. Local field staff are able to build rapport and trust with participants, and this familiarity is helpful for achieving high response rates, even over long follow-up periods (McGinnis & Rodriguez, 2016). As an added benefit, the role of field staff could be structured to shoulder the burden of random assignment, relieving program staff of the stress and perceived conflict of interest that performing randomization tends to provoke.

A dedicated design and feasibility stage may be a consideration for a future RCT of the TLP model. Its value would come from the study team's ability to:

- Discern the viability of an RCT (or an alternative design); and
- Observe firsthand, through site visits, the suitability of grantees for an RCT by verifying the presence of essential program features (e.g., client inflow, staff capacity).

Site visits also enabled the study team to begin building rapport with program staff at all levels, including opportunities to explain the study to frontline staff and hear their concerns. Site visits would also provide an opportunity to cognitively pre-test the surveys and study procedures with youth and make refinements based on youth's input.

Ultimately, the Pilot Study found that an RCT as designed and implemented during the pilot period was not feasible within the project's timeline and budget. However, future studies of TLP or similar housing models can learn from the lessons of this pilot study and further contribute to the body of evidence on transitional living programs for runaway and homeless youth.

## Appendix A: Technical Details of Impact Study

This appendix provides technical details on the random assignment protocol and sample size, and statistical power for the Pilot Study.

### Random Assignment Protocol

For the TLP Pilot Study, we set the probability at which participants would be randomly assigned to the treatment group at 0.667. Stated another way, on average, out of every three youth randomized, our algorithm assigned two youth to the treatment group and one to the control group. We set the ratio at 2:1 rather than the more standard 1:1 ratio to help address TLP staff concern that their programs remain able to serve as many youth as possible. We balanced this concern against the need to create (within a reasonable period of time) a control group large enough to provide adequate statistical power to detect TLP's impacts.

For a given sample size (e.g., a total sample of 1,250 youth), the study would have the most power to detect an impact (i.e., have the best chance of detecting an impact) if the treatment-to-control ratio were 1:1, and it would have less power to detect an impact if the treatment-to-control ratio was 2:1 or 3:1. Given the trade-off between the desire to serve more youth, and the need to have adequate power to detect effects, the 2:1 ratio was chosen, as it allowed for more youth to receive the intervention, but still ensured that the study would be adequately powered to detect the program's impacts.

To ensure that no one TLP could, by happenstance, receive more control group assignments than treatment group assignments, we programmed random assignment separately for each TLP.<sup>48, 49</sup>

The study portal and the algorithm that randomly assigned youth to either the treatment or the control group were programmed and maintained by the study team. However, the portal and algorithm were set up to enable TLP staff to conduct random assignment on the spot with each youth who enrolled in the study, inform the youth of his or her treatment or control group status in person, address any questions or concerns about that assignment, and discuss next steps.

### Controlled Crossover

During the Pilot Study, a special accommodation was made to alleviate concerns that random assignment (i.e., denying control group youth access to the program) would cause TLP beds to go unfilled for longer than usual (or longer than tolerable to the TLP staff).

<sup>48</sup> In other words, random assignment was blocked by TLP. If a TLP reserved some of their beds for specific subpopulations of youth (e.g., if a TLP restricted certain beds to male youth and others to female youth, or if they reserved certain beds for minors), random assignment was also blocked by to the relevant subpopulation(s).

<sup>49</sup> If a single algorithm governed random assignment across all TLPs, a TLP could inadvertently receive a disproportionate share of control group assignments as a result of the timing of its youth's enrollments into the study relative to enrollments at other TLPs. Conducting random assignment separately in each TLP avoided this undesirable situation.

If a bed remained vacant too long, the accommodation was “controlled crossover,” a process that allowed the study team to randomly select a youth from the control group, reclassify the youth to the treatment group, and then offer the youth spot in the TLP.<sup>50</sup> Such a youth would stay reclassified regardless of whether or not the youth accepted the spot.

The reclassification did not threaten the random assignment design because the process by which youth were reclassified to the treatment group under controlled crossover was also random. To maintain the integrity of random assignment, when controlled crossover occurred, we recalculated the probability of assignment to the treatment group for every member of the affected randomization block.<sup>51</sup>

## Sample Size and Statistical Power

The study must have an adequate sample size to ensure that a study can detect a reasonably-sized difference in outcomes between the treatment and the control groups (if a difference exists). The likelihood of detecting a program’s impact is termed “statistical power.”

The sample size needed to achieve adequate statistical power for a study is determined by a number of factors, including:

1. The probability at which participants will be randomly assigned to the treatment group;
2. The desired or anticipated size of the effect the study wants to be able to detect (“minimum detectable effect size”); and
3. The anticipated response rate to a follow-up survey (or level of attrition from the study).

The study team’s power calculations indicated that a sample of at least 1,250 youth would be necessary to adequately power the impact analysis. At this sample size, for the study to have an 80 percent chance to detect effects (i.e., 80 percent power), the estimated minimal detectable effect sizes (MDEs) were 0.20 standard deviations for continuous outcomes (e.g., delinquency score at 18 months) and 5 to 10 percentage points for binary outcomes (e.g., yes/no currently employed). These calculations assumed a random assignment probability of 0.667, a 70 percent response rate at follow-up, and a regression *R*-square of 0.04.<sup>52</sup>

<sup>50</sup> When planning for the Pilot Study, study team members discussed with each selected TLP approximately how long its beds typically remained vacant. During the pilot, this period was used to determine when controlled crossover might be warranted.

<sup>51</sup> The integrity of the experiment does not require that all youth have the same probability of assignment; it only requires that the probability can be calculated and used in weighting the sample properly.

<sup>52</sup> This low *R*-square provided a conservative MDE estimate and was selected based on effects observed on homelessness in a study of housing vouchers and families receiving welfare (Mills et al., 2006). (Impact estimates with a higher *R*-square value would yield smaller MDEs.)

## Appendix B. Characteristics of Youth Enrolled in the Study

This appendix includes the results of a descriptive analysis of youth who enrolled in the Pilot Study. As part of the study's RCT design, participating youth were randomly assigned either to a treatment group, that was offered TLP housing and services, or to a control group, that was referred to non-TLP housing and services (Section 3.2). Using baseline survey data collected from members of the treatment and control groups, we profile 163 youth<sup>53</sup> who met TLP eligibility requirements but had not received any program services, describing:

- Demographic characteristics and history of homelessness;
- Life goals and recent service receipt;
- Social and emotional well-being;
- Health, risk behaviors, and consequences;
- Education and employment; and
- Financial circumstances.<sup>54</sup>

### Demographic Characteristics and History of Homelessness

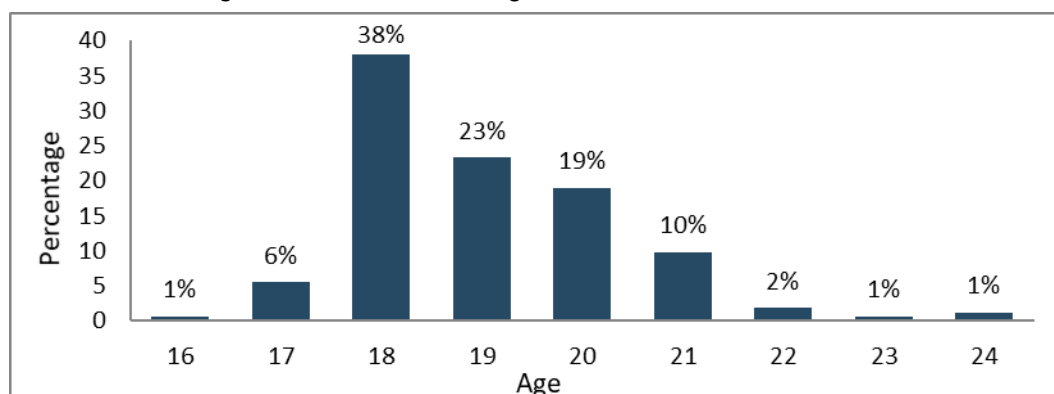
At study enrollment, TLP-eligible youth ranged in age from 16 to 24 years, though most (80 percent) were between 18 and 20, with 18 being the most common age (Exhibit B-1).<sup>55</sup> The mean age for respondents was 19 years (Exhibit B-2). The standard deviation was 1.3 years.

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<sup>53</sup> Between November 2016 and August 2017, 167 youth were enrolled in the study and invited to take the baseline survey at one of 13 participating TLPs. Three of the youth enrolled did not complete the baseline survey, and one completed the survey but was later deemed ineligible for the study due to a low literacy level. The final analytic sample comprised 163 respondents.

<sup>54</sup> Details on the measures are provided in Appendix C. For each measure, we report the mean, standard deviation (SD), and range for continuous variables or frequency distributions for categorical or binary variables. Unless otherwise specified, the statistics reported exclude missing responses. Responses are treated as missing if the question was logically skipped, unanswered, or if the respondent did not know or refused to answer.

<sup>55</sup> FYSB requires that TLPs serve youth ages 16 through 21. For the four youth whose ages fall outside this range, we do not know whether respondent or staff errors resulted in erroneous birthdates or whether TLPs sometimes serve youth older than the designated maximum age.

**Exhibit B-1: Age Distribution of TLP-Eligible Youth**

Source: Abt Associates analysis of TLP Evaluation baseline survey.

Note: Percentages may not sum to 100 due to rounding.

Youth in the Pilot Study sample represented diverse backgrounds (Exhibit B-2). Slightly more than half identified as Black non-Hispanic (53 percent) and about one-fifth as White non-Hispanic (21 percent). Fewer described themselves as either Hispanic (14 percent) or Other non-Hispanic (12 percent).<sup>56</sup> Young men were somewhat more prevalent than young women in the study sample (54 versus 42 percent), with very few youth identifying as transgender or another gender identity.

**Exhibit B-2: Demographic Characteristics**

Characteristic	N	Percentage
Age (mean)	163	19.0
<b>Race/ethnicity</b>	161	
White non-Hispanic		21
Black non-Hispanic		53
Other non-Hispanic		12
Hispanic		14
<b>Gender</b>	160	
Male		54
Female		42
Other		4

Source: Abt Associates analysis of TLP Evaluation baseline survey.

Note: *N* represents the number of valid (non-missing) responses (see Appendix C for further information).

Percentages may not sum to 100 due to rounding.

<sup>56</sup> Other non-Hispanic includes Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, and “other” race.



Roughly one quarter (28 percent) of the youth in the Pilot Study sample had applied to the TLP following their first experience of homelessness (Exhibit B-3). The remaining three quarters (72 percent) had experienced homelessness multiple times.

**Exhibit B-3: History of Homelessness**

Characteristic	N	Percentage
<b>Number of times homeless (lifetime)</b>	162	
1 time		28
2 times		19
3 times		22
4 or more times		31

Source: Abt Associates analysis of TLP Evaluation baseline survey.

Note: *N* represents the number of valid (non-missing) responses (see Appendix C for further information).

Percentages may not sum to 100 due to rounding.

Among those who had been homeless more than once ( $n = 117$ ; not shown), more had experienced homelessness four or more times (43 percent) than two times (26 percent) or three times (31 percent).

**Life Goals and Recent Service Receipt**

At study enrollment, youth in the Pilot Study sample were asked to rate the importance of 10 life goals (Exhibit B-4). Youth almost unanimously agreed that three goals closely aligned with independent living—the root purpose of TLP—were very important to them: obtaining stable housing (94 percent), developing skills to live on one's own (89 percent), and getting and keeping a job (82 percent).

**Exhibit B-4: Life Goals ("Very important" only)**

Characteristic	N	Percentage
Obtaining stable housing	161	94
Developing skills to live on one's own	161	89
Getting and keeping a job	161	82
Developing a relationship with positive role models	160	80
Obtaining a HS diploma, GED, or other education/training	161	71
Learning to deal better with people	160	63
Avoiding peers involved in harmful/destructive behavior	159	62
Receiving other public services/supports	158	61
Anger management	160	43
Overcoming drug/alcohol dependency	159	25

Source: Abt Associates analysis of TLP Evaluation baseline survey.

Note: *N* represents the number of valid (non-missing) responses (see Appendix C for further information). Percentage of respondents reporting goal was "Very important." Youth indicating goal was "Not Applicable" were included in the *N* and percentage calculations; goal was treated as not being very important for these youth. (See Appendix C for details on how these "Not Applicable" responses could be interpreted.)

In the 30 days prior to study enrollment, youth reported receiving a variety of services in the categories of employment or educational assistance, mental or physical health care, life skills,<sup>57</sup> family reunification, and other services (e.g., support and guidance from a mentor, legal assistance). On average, TLP-eligible youth had engaged in four services within the past month (Exhibit B-5). The number of services received varied widely, ranging from 0 to 24 (SD = 4.1). More than half of the youth in the sample (60 percent) had received assistance with employment or education. Relatively few youth had received help reunifying with their family (less than 10 percent).

**Exhibit B-5: Service Receipt in the Past 30 Days**

Characteristic	N	Percentage
Number of services received (mean)	163	4.0
<b>Type of services received</b>	163	
Employment or education		60
Mental or physical health care		69
Life skills		38
Family reunification		7
Other services		37

Source: Abt Associates analysis of TLP Evaluation baseline survey.

Note: *N* represents the number of valid (non-missing) responses (see Appendix C for further information).

## Social and Emotional Well-Being

Runaway and homeless youth face challenging life circumstances, including the ongoing and daily stress of securing such basic necessities as food, shelter, and safety. Some also face mental health issues, substance use issues, and trauma history. As such, their social and emotional well-being is at risk. A major function of the TLP is to stabilize youth, provide for their basic needs, address trauma and health conditions, and otherwise promote social and emotional well-being.

To gauge a youth's social and emotional status at study enrollment, the baseline survey included a variety of measures, among them screening tools for symptoms of depression and post-traumatic stress disorder (PTSD). The survey also inquired about whether youth had supportive relationships with adults and whether youth had been exposed to violence, abuse, or neglect.

<sup>57</sup> The life skills category includes services in seven areas: living skills, self-care skills, money management, relationships and communication, domestic violence, pregnancy prevention, and parenting or pregnancy supports.

Depressive symptoms were measured using an 11-item version of the Center for Epidemiologic Studies Depression Scale (CESD-11; Kohout et al., 1993). High scores on this measure indicate high levels of depressive symptoms and thus the potential risk for clinical depression. In this sample of TLP-eligible youth, scores ranged from 0 points (the lowest possible score on the scale) to 21 points (out of a possible 22 points), with an average score of 10.2 (SD = 5.3; Exhibit B-6).

**Exhibit B-6: Social and Emotional Well-Being**

Characteristic	N	Mean	Standard Deviation	Minimum	Maximum
<b>Depressive symptoms</b>					
Sum score of depressive symptoms <sup>a</sup>	155	10.2	5.3	0.0	21.0
<b>PTSD symptoms</b>					
Sum score of PTSD symptoms <sup>a</sup>	156	15.8	7.0	6.0	30.0
<b>Support from adults</b>					
Presence of supportive adult in life (%)	162	91	N/A	N/A	N/A
Extent of positive support from an adult <sup>a,b</sup>	158	4.5	2.0	0.0	6.0
<b>Victimization</b>					
Victim of violence (%) <sup>c</sup>	162	48	N/A	N/A	N/A
Extent of exposure to violence <sup>a,d</sup>	159	1.7	1.7	0.0	8.0
Victim of abuse or neglect (%)	154	63	N/A	N/A	N/A
Extent of abuse or neglect <sup>a,e</sup>	119	2.0	2.5	0.0	8.0

Source: Abt Associates analysis of TLP Evaluation baseline survey.

Note: *N* represents the number of valid (non-missing) responses (see Appendix C for further information).

<sup>a</sup> Sum of scores among respondents who completed the entire scale.

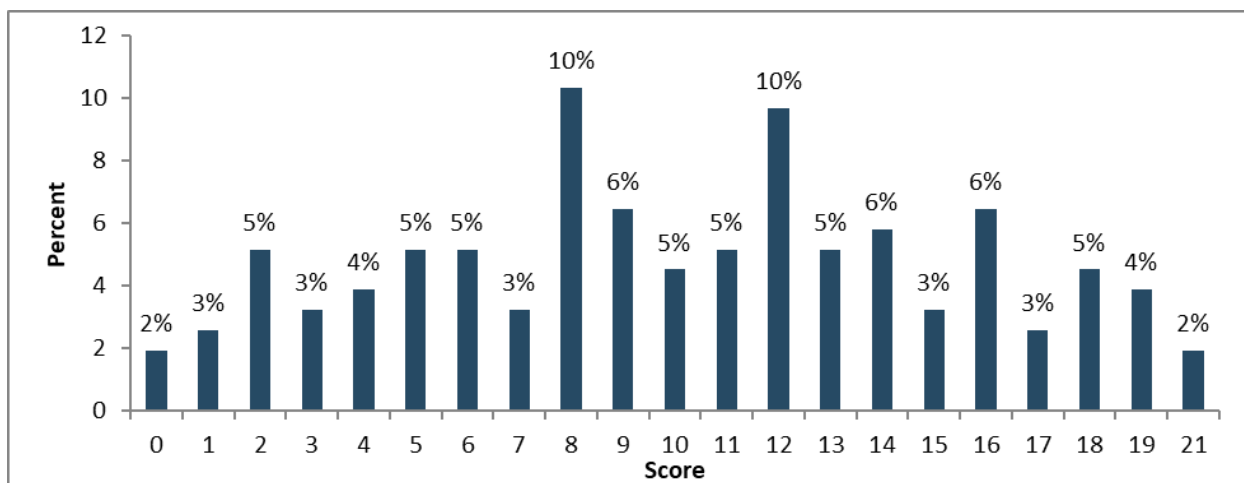
<sup>b</sup> Number of supportive relationships.

<sup>c</sup> Victim of one of four possible acts of violence.

<sup>d</sup> Number of exposures to any of eight acts of violence.

<sup>e</sup> Number of incidents of abuse and neglect.

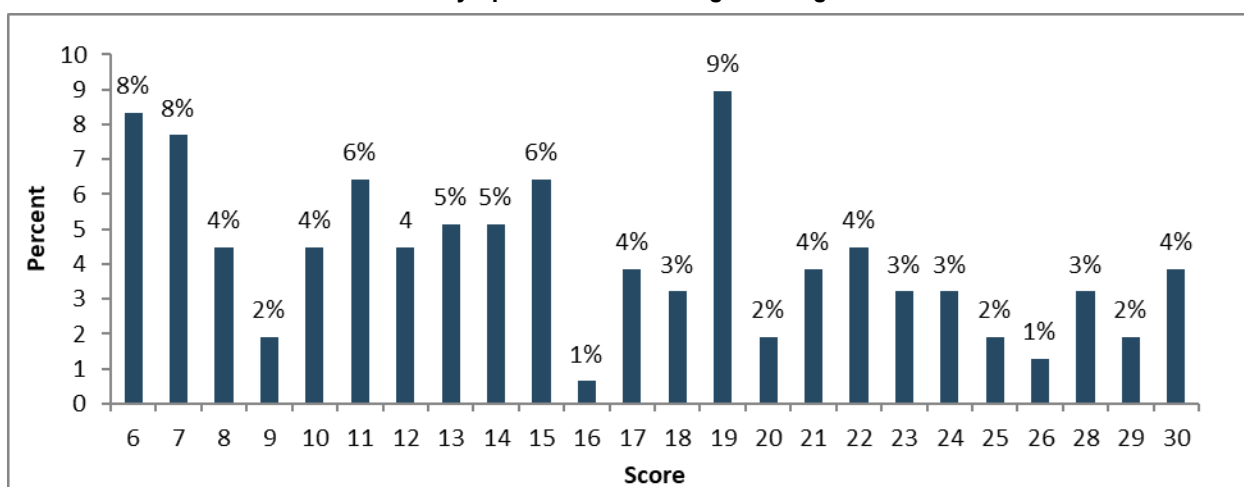
Roughly half (47 percent) of youth in the Pilot Study sample had scores in the middle of the range, from 8 to 14 points, and about one quarter (23 percent) scored at the high end of the range, from 15 to 21, as shown in Exhibit B-7 below. The pattern of scores suggests that TLP-eligible youth varied widely in their risk for depression, with a majority having moderate to high risk.

**Exhibit B-7: Distribution of Depressive Symptom Scores Among TLP-Eligible Youth**

Source: Abt Associates analysis of TLP Evaluation baseline survey.

Note: Percentages may not sum to 100 due to rounding.

Symptoms of PTSD were measured using a six-item version of the PTSD Checklist Civilian Form (Abbreviated PCL-C; Lang et al., 2012). High scores on this measure indicate high levels of PTSD symptoms (and thus potential risk for a clinical diagnosis of PTSD), with scores of 14 points or higher indicating the possibility of PTSD.<sup>58</sup> Scores among TLP-eligible youth ranged from 6 to 30 points (out of a possible range from 6 to 30). The average score was 15.8 (SD = 7). More than half (57 percent) had scores of 14 points or higher (Exhibit B-8). Results suggest that although youth also varied widely in their risk for PTSD at study enrollment, a majority described symptoms consistent with PTSD.

**Exhibit B-8: Distribution of PTSD Symptom Scores among TLP-Eligible Youth**

Source: Abt Associates analysis of TLP Evaluation baseline survey.

Note: Percentages may not sum to 100 due to rounding.

<sup>58</sup> See also [https://www.thenationalcouncil.org/wp-content/uploads/2021/04/Abbreviated\\_PCL.pdf?daf=375ateTbd56](https://www.thenationalcouncil.org/wp-content/uploads/2021/04/Abbreviated_PCL.pdf?daf=375ateTbd56)

A concern among practitioners, policymakers, and advocates is that runaway and homeless youth lack permanent and positive social connections (e.g., stable adult mentors or role models) to help them achieve their goals. In the Pilot Study sample, the vast majority of youth (91 percent) identified at least one supportive adult in their life. Youth identified a variety of support they received through these relationships. On average, youth identified 4.5 out of six possible types of support provided by the positive adult relationships in their lives (e.g., adults whom “you can talk to about personal problems,” “help you reach your goals,” or “say something nice to you if you do something good”).

Although the results suggest that most TLP-eligible youth had at least one positive social connection at the time they applied to TLP, it is not known whether these are permanent or more transitory connections. Moreover, although most TLP-eligible youth appear to have positive social connections, a meaningful minority (9 percent) did not identify any supportive adults present in their lives.

Whether associated with their family history or with the dangers inherent in homelessness, runaway and homeless youth are at heightened risk of experiencing violence or abuse/neglect (“victimization”). Nearly half (48 percent) of the TLP-eligible youth in the Pilot Study sample had been the victim of one of the four following violent acts: someone pulled a knife or gun on them; someone shot them; someone cut or stabbed them; or someone jumped them. On average, in the 12 months prior to TLP enrollment, youth had been exposed to 1.7 out of eight violent events—either through direct experience or by observing violence.<sup>59</sup> Almost two thirds (63 percent) of TLP-eligible youth had experienced abuse or neglect (e.g., physical abuse, sexual abuse, neglect of basic needs) at some point in their lives. The range in the number of types of victimization reported was wide, from zero to eight out of eight types.<sup>60</sup> On average, youth who experienced abuse or neglect reported two types.

### Health, Risk Behaviors, and Consequences

Among TLP-eligible youth, receipt of mental health care was more prevalent than receipt of physical health care in the month prior to study enrollment (Exhibit B-9 below). More than half (58 percent) had received mental health care, whereas slightly more than one third (38 percent) had received physical health care.

Youth in the Pilot Study sample reported engaging in risky behaviors related to substance use and sex (Exhibit B-9). Nearly two thirds reported using drugs or alcohol in the past 30 days, with tobacco use being most prevalent (46 percent) followed by marijuana (34 percent), alcohol (24 percent), and other illegal drugs (8 percent). More than half (59 percent) the youth in the sample

<sup>59</sup> The eight events queried: “You saw someone shoot or stab another person,” “Someone pulled a knife or gun on you,” “Someone shot you,” “Someone cut or stabbed you,” “You got into a physical fight,” “You were jumped,” “You pulled a knife or gun on someone,” and “You shot or stabbed someone.”

<sup>60</sup> The eight experiences queried related to physical abuse, sexual abuse, abandonment, nutritional neglect, and medical neglect. See Appendix C for the specific questions.

were currently sexually active.<sup>61</sup> Roughly one third (36 percent) of the sample—or a 62 percent majority of sexually active youth—reported having had unprotected sex in the past three months.

A very small but meaningful minority of TLP-eligible youth (5 percent) reported having traded sex for goods or shelter in the three months prior to applying for TLP (Exhibit B-9). Runaway and homeless youth are at risk for human trafficking and sometimes resort to sex trade as a means of survival.

The incidences of pregnancy (for young men, having gotten someone pregnant) and parenting were low for both females and males in the sample, but slightly higher among males (Exhibit B-9). These sexual consequences among TLP-eligible youth females appear to be similar to the national rates of teen pregnancy (43.4 per 1,000; Kost et al., 2017, p. 34) and live births (20.3 per 1,000; Martin et al., 2018, p. 4).<sup>62</sup>

**Exhibit B-9: Health, Risk Behaviors, and Consequences**

Characteristic	N	Percentage
<b>Health</b>	163	
Received physical health care in past 30 days		38
Received mental health care in past 30 days		58
<b>Drug and alcohol usage</b>		
Any drug or alcohol use in past 30 days	149	63
Tobacco use in past 30 days	145	46
Alcohol use in past 30 days	157	24
Marijuana use in past 30 days	149	34
Use of other illegal drugs in past 30 days	155	8
<b>Sexual activity</b>		
Currently sexually active (past 3 months)	155	59
Had unprotected sex (past 3 months)	148	36
Traded sex for goods or shelter (past 3 months)	152	5
<b>Sexual consequences</b>		
Currently pregnant (among female respondents)	61	3
Expecting to be a father in next 9 months (among male respondents)	83	10
Parenting/has children (among female respondents)	67	4
Parenting/has children (among male respondents)	86	9

Source: Abt Associates analysis of TLP Evaluation Baseline Survey.

Note: N represents the number of valid (non-missing) responses (see Appendix C for further information). 8 youth who were either missing gender or reported a gender other than male or female were excluded from the findings on sexual consequences.

<sup>61</sup> “Currently sexually active” is defined as having had vaginal or anal sex in the three months prior to the survey.

<sup>62</sup> The national rates of teen pregnancy and live births are among young women ages 15 to 19 in the United States. They translate into 4.3 percent and 2.0 percent, respectively. Among young women ages 20 to 24 nationally, the pregnancy rate is 127.4 per 1,000 (or 12.7 percent; Kost et al., 2017, p. 31) and the birth rate is 73.8 per 1,000 (or 7.4 percent; Martin et al., 2018, p. 4).



## Education and Employment

Overall, youth in the Pilot Study sample had low levels of education for their age (the sample's age range was 16 to 24, with 93 percent being age 18 or older). Nearly half (45 percent) had not yet completed high school, somewhat more than one third (39 percent) had a high school diploma or GED, and fewer than one fifth (16 percent) had any education beyond high school (Exhibit B-10).<sup>63</sup>

Compared to national rates of educational attainment among those ages 18 to 24, a substantially larger percentage of TLP-eligible youth in this sample had less than a high school education (45 percent versus 13.4 percent). The percentage who had a high school diploma or GED was slightly above the national rate (39 percent versus 30.5 percent), but the percentage with at least some college was substantially lower than the national rate (12 percent versus 56 percent) (Snyder et al., 2018, Table 104.40).

**Exhibit B-10: Education and Employment**

Characteristic	N	Percentage
<b>Education level</b>	163	
Some high school or less		45
High school diploma/GED		39
Vocational credential/Some vocational training		4
Associate's degree/Some college		12
College degree		0
Currently in school/training	158	20
Ever dropped out of school	163	34
Employed in the past year	163	72
Currently employed	163	36
Currently in school or employed	162	49

Source: Abt Associates analysis of TLP Evaluation baseline survey.

Note: *N* represents the number of valid (non-missing) responses (see Appendix C for further information).

Percentages on education level may not sum to 100 due to rounding.

Compared to national rates of dropout among those ages 16 to 24, dropout among TLP-eligible youth in the Pilot Study sample appears to be higher (34 percent versus 5.9 percent) (Snyder et al., 2018, Table 219.70). Only 20 percent of the sample were currently attending school or in training,<sup>64</sup> suggesting that most had paused or stopped their schooling prior to or shortly after receiving a high school diploma (Exhibit B-10).

Youth in the sample were only slightly more attached to employment than they were to education. About one third (36 percent) held a job at the time of study enrollment. This is lower than the national rate of employment among those ages 16 to 24, which is 50.7 percent (Bureau

<sup>63</sup> Among the subset of sample members who were age 18 or older, education level was as follows: some high school or less, 42 percent; high school diploma or GED, 41 percent; vocational credential or training, 5 percent; Associate's degree or some college, 12 percent; college degree, 0 percent.

<sup>64</sup> Four youth indicated they were not currently enrolled in school/training, but had received some type of schooling in the past year. They completed the survey in the summer; therefore, these four youth may have been on summer break and in school/training during the academic year.

of Labor Statistics, 2018). However, more TLP-eligible youth—nearly three quarters (72 percent)—had been employed at some point in the past year. This pattern of findings suggests that the TLP-eligible youth struggled to maintain stable employment (Exhibit B-10).

### Financial Circumstances

To better understand financial circumstances among TLP-eligible youth at the time of study enrollment, the baseline survey asked them about their banking and money management experiences. Half of the youth surveyed were “banked” (i.e., had a checking or savings account). This rate seems to be on par with the low rates of engagement with mainstream financial services among those ages 18-20 nationally (also 50 percent; Gruenberg, 2016). However, one might argue that runaway and homeless youth may have greater need for such financial tools as a checking or savings account in the context of severed connections with parents or other family members.

Only 16 percent of the Pilot Study sample reported receiving assistance with money management (such as a class, program, or workshop) in the month prior to study enrollment. This may reflect a lack of service availability more than a lack of need. Yet somewhat surprisingly, only 40 percent of the youth surveyed reported having difficulty making ends meet (“financial hardship”), despite experiencing homelessness at the time of the survey (Exhibit B-11).

**Exhibit B-11: Financial Circumstances**

Characteristic	N	Percentage
Has a checking or savings account (“banked”)	163	50
Has difficulty making ends meet (“financial hardship”)	161	40
Received assistance with money management in past 30 days	163	16

Source: Abt Associates analysis of TLP Evaluation baseline survey.

Note: *N* represents the number of valid (non-missing) responses (see Appendix C for further information).

## Appendix C: Construction of Analysis Measures

This appendix provides detailed information on all the survey measures included in Appendix B this report.

The survey items used for analysis were first cleaned in order to identify and set to “missing” any contradictory responses (e.g., youth reporting homelessness more times than nights) and any items “straight-lined” by respondents<sup>65</sup> and to recode free-text responses into existing response options. A set of analysis variables, presented in the exhibit, was constructed based on these cleaned survey items.

The first column of the exhibit describes the characteristic measured; the second column gives the survey question and response options as presented to respondents; and the final column describes how we recoded the measure for analysis in this report, if at all.

Measures constructed for analysis that rely on a single survey question are coded as missing if the response to the survey question is missing. For measures constructed from multiple survey questions, the coding depends on whether the measures are binary (Yes/No) or continuous (e.g., number of times).

- **Binary analysis measures** that rely on multiple survey questions are coded as Yes if at least one of the survey question responses is a Yes. They are coded as No if every one of the relevant survey question response is a No. If none of the relevant survey question responses is a Yes but some are missing, then the binary measure is coded as missing.
- **Continuous analysis measures** that rely on multiple survey questions are coded as missing if any of the relevant survey question responses is missing (unless otherwise noted in the exhibit).

Responses are treated as missing if the question is logically skipped, unanswered, or if the respondent doesn’t know the answer or refuses to answer.

Findings on characteristics of TLP-eligible youth enrolled in the Pilot Study are reported in Appendix B. All results there exclude missing responses.

Findings presented in Exhibit B-4 include youth that indicated the goal was “Not Applicable.” The goal was treated as not being very important for these youth. Although the goal was coded as not being important in the percentage calculations, a response of “Not Applicable” could have multiple interpretations. Youth may indicate the goal was not applicable because it was never a priority, or the goal may have been very important at one point, but no longer applied after it was achieved.

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<sup>65</sup> Straight-lining (or non-differentiation in responses) occurs when a survey respondent provides invalid responses for a series of questions by selecting the same answer repeatedly or by alternating between answers in a predictable but not meaningful way.

## Exhibit C-1: Construction of Analysis Measures

Characteristic	Survey Question and Response Options	Recoding for Analysis
<b>Demographic Characteristics</b>		
Age	Not applicable	Subtracted date of birth <sup>a</sup> from survey date <sup>b</sup> to calculate age in years.
Race/ethnicity	<p><u>Question I1 and I2</u></p> <p>Are you of Hispanic, Latino, or Spanish Origin? (Select only one answer.)</p> <ul style="list-style-type: none"> <li>• No, not of Hispanic, Latino, or Spanish origin</li> <li>• Yes, Puerto Rican</li> <li>• Yes, Cuban</li> <li>• Yes, another Hispanic, Latino, or Spanish origin</li> </ul> <p>What is your race? (Select all that apply.)</p> <ul style="list-style-type: none"> <li>• White</li> <li>• Black or African American</li> <li>• American Indian or Alaska Native</li> <li>• Native Hawaiian or Other Pacific Islander</li> <li>• Asian</li> <li>• Other (Please specify)</li> </ul>	<p>Recoded as:</p> <ul style="list-style-type: none"> <li>• White non-Hispanic</li> <li>• Black non-Hispanic</li> <li>• Other Non-Hispanic (includes Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, and other)</li> <li>• Hispanic</li> </ul>
Gender	<p><u>Question H11a</u></p> <p>Would you describe your gender as male, female, or something else? (Select only one answer.)</p> <ul style="list-style-type: none"> <li>• Male</li> <li>• Female</li> <li>• Transgender Male to Female</li> <li>• Transgender Female to Male</li> <li>• Something else</li> <li>• Don't know</li> <li>• Rather not say</li> </ul>	<p>Recoded as:</p> <ul style="list-style-type: none"> <li>• Male</li> <li>• Female</li> <li>• Other</li> </ul>

Characteristic	Survey Question and Response Options	Recoding for Analysis
<b>Demographic Characteristics</b>		
Number of times homeless	<p><u>Question A1</u></p> <p>Over your entire life, including right now, about how many times have you been homeless?</p> <ul style="list-style-type: none"> <li>• 1 time</li> <li>• 2 times</li> <li>• 3 times</li> <li>• 4 or more times</li> </ul>	No recoding.
<b>Life Goals</b>		
Life goals	<p><u>Question C8</u></p> <p>People have different goals. On a scale of 1 to 3, where 1 = Not At All Important to Me and 3 = Very Important to Me, how important are each of the following goals for you?</p> <ul style="list-style-type: none"> <li>• Obtaining a high school diploma, getting a GED, or getting other additional education or training</li> <li>• Getting and keeping a job</li> <li>• Learning to deal better with people</li> <li>• Learning to better manage my temper and avoid getting into fights</li> <li>• Getting away from peers/friends who are involved in harmful or destructive behaviors</li> <li>• Getting stable housing</li> <li>• Getting other public services/supports</li> <li>• Overcoming drug/alcohol dependency</li> <li>• Developing a relationship with positive role models</li> <li>• Developing skills to live on my own</li> <li>• Other (Please Specify): _____</li> </ul>	<p>Recoded as:<sup>c</sup></p> <ul style="list-style-type: none"> <li>• Obtaining a HS diploma, GED, or other education/training</li> <li>• Getting and keeping a job</li> <li>• Learning to deal better with people</li> <li>• Anger Management</li> <li>• Avoiding peers involved in harmful/destructive behavior</li> <li>• Obtaining stable housing</li> <li>• Receiving other public services/supports</li> <li>• Overcoming drug/alcohol dependency</li> <li>• Developing a relationship with positive role models</li> <li>• Developing skills to live on one's own</li> </ul> <p>Recoded as a goal if "very important" to respondent; not a goal if "somewhat" or "not at all important" to respondent.</p>

Characteristic	Survey Question and Response Options	Recoding for Analysis
<b>Services Received</b>		
Type of services received	<p><u>Questions C5a–C5y</u></p> <p>In the past 30 days, since [insert current date minus 30 days] have you received any of the following services? (Select all that apply)</p> <p>Employment/education:</p> <ul style="list-style-type: none"> <li>• Employment services, career planning, or job-coaching (for example, advice about your career goals, referrals to jobs, help with filling out job applications, help with interviewing for a job)</li> <li>• Academic advising (for example, advice about educational goals or plans, help applying or enrolling in education services or classes)</li> <li>• Advising on vocational or technical training (for example, advice about vocational or technical training, help applying or enrolling in vocational or technical training)</li> <li>• Tutoring</li> <li>• Help with a learning disability or special education needs</li> <li>• A class, program or workshop on work skills and study skills</li> </ul> <p>Mental or Physical Health Care:</p> <ul style="list-style-type: none"> <li>• Treatment or counseling for your use of alcohol or any drug</li> <li>• Treatment or counseling for any problems with your behaviors or emotions</li> <li>• Individual counseling or individual therapy. By this we mean, you met one-on-one with a psychologist, therapist, or counselor to talk about problems or things that were bothering you</li> <li>• Family counseling. By this we mean, you and members of your family met with a psychologist, therapist, or counselor to talk about problems or things that were bothering you and your family</li> <li>• Group counseling (not with family members). By this we mean, you met in a group with a psychologist, therapist, or counselor to talk about problems or things that were bothering you and other people in the group</li> <li>• Peer-to-peer counseling. By this we mean, you met with a peer (a friend or someone your age) to talk about problems or things that were bothering you</li> </ul>	<p>Recoded into four binary (yes/no) variables:</p> <ul style="list-style-type: none"> <li>• Employment/Education</li> <li>• Mental or Physical Health Care</li> <li>• Life skills</li> <li>• Reunification</li> <li>• Other Services</li> </ul> <p>Where each variable was coded 1 if any of the services within the respective category was selected, and 0 if none was selected.</p>



Characteristic	Survey Question and Response Options	Recoding for Analysis
	<ul style="list-style-type: none"> <li>• Medical care from a psychiatrist. By this we mean, you met with a doctor or to get medication to help with problems with your behaviors or emotions</li> <li>• Medical care from a doctor, nurse, or other health professional for a regular check-up or when you were sick or injured</li> </ul> <p>Life Skills:</p> <ul style="list-style-type: none"> <li>• A class, program, or workshop on daily living skills (for example, nutrition, home safety, handling emergencies, using a computer)</li> <li>• A class, program, or workshop on safe sex, preventing pregnancy, or abstinence (not having sex)</li> <li>• A class, program, or workshop on domestic violence</li> <li>• A class, program, or workshop on self-care skills (health care, personal safety, personal cleanliness)</li> <li>• A class, program, or workshop on money management</li> <li>• A class, program, or workshop on relationships and communication skills (for example, communicating with others, managing your anger, resolving conflicts, keeping healthy relationships)</li> <li>• A class, program, or workshop on parenting or pregnancy</li> </ul> <p>Reunification:</p> <ul style="list-style-type: none"> <li>• Family reunification services (help getting in touch with or getting back together with your family)</li> </ul> <p>Other Services:</p> <ul style="list-style-type: none"> <li>• Support, advice, or guidance from a mentor, coaching, or “buddy” you were matched with</li> <li>• Legal services (help, advice, or representation from a lawyer or legal professional)</li> <li>• Other (Please Specify): _____</li> </ul>	
Number of services received	<p><u>Question C5</u></p> <p>In the past 30 days, since [insert current date minus 30 days] have you received any of the following services? (Select all that apply)</p> <p>[List of services presented in previous entry]</p>	Count of the number of services received across all 24 services queried.

Characteristic	Survey Question and Response Options	Recoding for Analysis
<b>Social and Emotional Well-Being</b>		
Depressive symptoms (Sum Scale Score <sup>d</sup> )	<p><u>Question D2</u></p> <p>Below is a list of the ways you might have felt or behaved. How often you have felt this way during the past week? (0=Hardly ever or never; 1=Some of the time; 2=Much or most of the time)</p> <ul style="list-style-type: none"> <li>• I did not feel like eating; my appetite was poor.</li> <li>• I felt depressed.</li> <li>• I felt that everything I did was an effort.</li> <li>• My sleep was restless.</li> <li>• I was happy.</li> <li>• I felt lonely.</li> <li>• People were unfriendly.</li> <li>• I enjoyed life.</li> <li>• I felt sad.</li> <li>• I felt that people dislike me.</li> <li>• I could not get “going.”</li> </ul>	<p>To calculate the sum scale score, two positively valenced symptoms, “I was happy” and “I enjoyed life,” were reverse coded to be consistent with the depressive symptoms. No recoding of the depressive symptoms. The sum scale score represents the sum of all 11 items and is set to missing if any of the items in the scale are missing.<sup>e</sup></p>
PTSD symptoms <sup>f</sup> (Sum Scale Score)	<p><u>Question D3</u></p> <p>The next questions are about problems and complaints that people sometimes have in response to stressful life experiences. Please indicate how much you have been bothered by each problem in the past month. For these questions, the response options are: 1=“not at all”, 2=“a little bit”, 3=“moderately”, 4=“quite a bit”, or 5=“extremely.”</p> <ul style="list-style-type: none"> <li>• Repeated, disturbing memories, thoughts, or images of a stressful experience from the past?</li> <li>• Feeling very upset when something reminded you of a stressful experience from the past?</li> <li>• Avoiding activities or situations because they reminded you of a stressful experience from the past?</li> <li>• Feeling distant or cut off from other people?</li> <li>• Feeling irritable or having angry outbursts?</li> </ul>	<p>No recoding of PTSD symptoms. The sum scale score represents the sum of all six items and is set to missing if any of the items in the scale are missing.</p>

Characteristic	Survey Question and Response Options	Recoding for Analysis
	<ul style="list-style-type: none"> <li>Having difficulty concentrating?</li> </ul>	
Presence of supportive adult	<p><u>Question D4</u></p> <p>Currently, in your life, are there responsible adults or mentors who... (Select yes or no for each).</p> <ol style="list-style-type: none"> <li>1. Pay attention to what's going on in your life?</li> <li>2. Say something nice to you if you do something good?</li> <li>3. You can talk to about personal problems?</li> <li>4. You can go to if you are really upset about something?</li> <li>5. Care about what happens to you?</li> <li>6. Help you reach your goals?</li> </ol>	<p>Recoded as:</p> <ul style="list-style-type: none"> <li>Supportive adult present if indicated "Yes" to one or more of the six types of supportive relationship.</li> <li>Supportive adult not present if did not indicate "Yes" to any of the six types of supportive relationship.</li> </ul>
Extent of positive support from adult	<p><u>Question D4</u></p> <p>Currently, in your life, are there responsible adults or mentors who... (Select yes or no for each).</p> <ol style="list-style-type: none"> <li>1. Pay attention to what's going on in your life?</li> <li>2. Say something nice to you if you do something good?</li> <li>3. You can talk to about personal problems?</li> <li>4. You can go to if you are really upset about something?</li> <li>5. Care about what happens to you?</li> <li>6. Help you reach your goals?</li> </ol>	<p>Count of the number of "Yes" responses across all six types of social support.</p>
Victim of violence <sup>9</sup>	<p><u>Question H1</u></p> <p>In the past 12 months, that is since [current date minus 12 months], how often did each of the following things happen? (Never, Once, More than once)</p> <ul style="list-style-type: none"> <li>Someone pulled a knife or gun on you.</li> <li>Someone shot you.</li> <li>Someone cut or stabbed you.</li> <li>You were jumped.</li> </ul>	<p>Recoded as:</p> <ul style="list-style-type: none"> <li>Victim of violence if indicated directly experiencing at least one of the four violent acts "once" or "more than once."</li> <li>Not victim of violence if did not indicate directly experiencing any of the four violent acts "once" or "more than once."</li> </ul>

Characteristic	Survey Question and Response Options	Recoding for Analysis
Extent of exposure to violence <sup>9</sup>	<p><u>Question H1</u></p> <p>In the past 12 months, that is since [current date minus 12 months], how often did each of the following things happen? (Never, Once, More than once)</p> <ul style="list-style-type: none"> <li>You saw someone shoot or stab another person.</li> <li>Someone pulled a knife or gun on you.</li> <li>Someone shot you.</li> <li>Someone cut or stabbed you.</li> <li>You got into a physical fight.</li> <li>You were jumped.</li> <li>You pulled a knife or gun on someone.</li> <li>You shot or stabbed someone.</li> </ul>	Count of the number of types of exposures to violence. Each type of exposure that was experienced “once” or “more than once” was coded as 1 and contributed to the count.
Victim of abuse or neglect	<p><u>Question H15</u></p> <p>Did any of your caregivers fail to give you regular meals so that you had to go hungry or ask other people for food?</p> <ul style="list-style-type: none"> <li>Yes</li> <li>No</li> <li>Don’t Know</li> <li>Rather not say</li> </ul> <p><u>Question H16</u></p> <p>Did any of your caregivers ever throw or push you? For example, push you down a staircase or push you into a wall?</p> <ul style="list-style-type: none"> <li>Yes</li> <li>No</li> <li>Don’t Know</li> <li>Rather not say</li> </ul> <p><u>Question H17</u></p> <p>Did any of your caregivers ever hit you hard with a fist, or kick you or slap you really hard?</p>	<p>Recoded as:</p> <ul style="list-style-type: none"> <li>Victim of abuse or neglect if indicated “Yes” to at least one of the eight survey items.</li> <li>Not victim of abuse or neglect if did not indicate “Yes” to any of the eight survey items.</li> </ul>

Characteristic	Survey Question and Response Options	Recoding for Analysis
	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Don't Know</li> <li>• Rather not say</li> </ul>	
	<p><u>Question H18</u></p> <p>Did any of your caregivers ever beat you up such as hitting or kicking you repeatedly?</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Don't Know</li> <li>• Rather not say</li> </ul>	
	<p><u>Question H19</u></p> <p>Did you ever have a serious illness or injury or physical disability, but your caregivers ignored it or failed to get you medical care or other treatment for it? (Some examples are an infection that became serious because it was not treated soon enough, a broken bone that did not get fixed, or problems seeing or hearing that were not treated with glasses or hearing aids.)</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Don't Know</li> <li>• Rather not say</li> </ul>	
	<p><u>Question H20</u></p> <p>Did any of your caregivers ever abandon you? (By "abandon," we mean leave you, walk out on you, ditch or dump you.)</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Don't Know</li> <li>• Rather not say</li> </ul>	
	<p><u>Question H21</u></p>	

Characteristic	Survey Question and Response Options	Recoding for Analysis
	<p>Did any of your caregivers ever touch or kiss you against your will? (By “against your will,” we mean when you did not want them to or without your permission.)</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Don’t Know</li> <li>• Rather not say</li> </ul> <p><u>Question H22</u></p> <p>Did any of your caregivers ever have sexual intercourse, oral sex, or anal sex with you against your will? (By “against your will,” we mean when you did not want them to or without your permission.)</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Don’t Know</li> <li>• Rather not say</li> </ul>	
Extent of abuse or neglect	<p><u>Questions H15–H22</u></p> <p>[Survey presented in previous entry]</p>	Count of the number of “Yes” responses across all eight types of abuse or neglect.
<b>Health, Risk Behaviors and Consequences</b>		
Received physical health care in the past 30 days	<p><u>Question C5u</u></p> <p>In the past 30 days, since [insert current date minus 30 days] have you received any of the following services? (Select all that apply)</p> <ul style="list-style-type: none"> <li>• Medical care from a doctor, nurse, or other health professional for a regular check-up or when you were sick or injured</li> </ul>	No recoding.
Received mental health care in the past 30 days	<p><u>Questions C5g–C5m</u></p> <p>In the past 30 days, since [insert current date minus 30 days] have you received any of the following services? (Select all that apply)</p> <ul style="list-style-type: none"> <li>• Treatment or counseling for your use of alcohol or any drug</li> </ul>	<p>Recoded as:</p> <ul style="list-style-type: none"> <li>• Having received mental health care if indicated “Yes” to one or more of the seven survey items.</li> <li>• Not having received mental health care if respondent did not indicate “Yes” to any of the seven survey items.</li> </ul>



Characteristic	Survey Question and Response Options	Recoding for Analysis
	<ul style="list-style-type: none"> <li>• Treatment or counseling for any problems with your behaviors or emotions</li> <li>• Individual counseling or individual therapy. By this we mean, you met one-on-one with a psychologist, therapist, or counselor to talk about problems or things that were bothering you</li> <li>• Family counseling. By this we mean, you and members of your family met with a psychologist, therapist, or counselor to talk about problems or things that were bothering you and your family</li> <li>• Group counseling (not with family members). By this we mean, you met in a group with a psychologist, therapist, or counselor to talk about problems or things that were bothering you and other people in the group</li> <li>• Peer-to-peer counseling. By this we mean, you met with a peer (a friend or someone your age) to talk about problems or things that were bothering you</li> <li>• Medical care from a psychiatrist. By this we mean, you met with a doctor or to get medication to help with problems with your behaviors or emotions</li> </ul>	
Tobacco use in the past 30 days	<p><u>Question H3a–H3b</u></p> <p>The next two questions are about CIGARETTES and OTHER TOBACCO PRODUCTS. Think back over the past 30 days and record on how many days, if any, you used cigarettes and/or other tobacco products.</p> <p>During the past 30 days, on how many days did you smoke part or all of a cigarette? (Include menthol and regular cigarettes and loose tobacco rolled into cigarettes)</p> <p>During the past 30 days, on how many days did you use other tobacco products? (Include any tobacco product other than cigarettes such as snuff, chewing tobacco, and smoking tobacco from a pipe)</p>	<p>Recoded as:</p> <ul style="list-style-type: none"> <li>• Having used tobacco in the past 30 days if smoked tobacco or used other tobacco products on at least 1 day in the past 30 days.</li> <li>• Not having used tobacco in the past 30 days if reported 0 days for both smoking tobacco and using other tobacco products.</li> </ul>
Alcohol use in the past 30 days	<p><u>Question H4a</u></p> <p>The next question is about ALCOHOL.</p> <p>By alcohol, we mean BEER, WINE, WINE COOLERS, MALT BEVERAGES, or HARD LIQUOR. Different groups of people in the United States may use alcohol for religious reasons. However, this may not be true for your religious, cultural, or ethnic group. For example, some churches serve wine during a church service. If you drink wine at church or for some other</p>	<p>Recoded as:</p> <ul style="list-style-type: none"> <li>• Having consumed alcohol in the past 30 days if consumed on at least 1 day in the past 30 days.</li> <li>• Not having consumed alcohol in the past 30 days if reported 0 days for alcohol consumption.</li> </ul>

Characteristic	Survey Question and Response Options	Recoding for Analysis
	<p>religious reason, do not count these times in your answers to the questions below. Think back over the past 30 days and record on how many days, if any, you consumed alcohol.</p> <p>During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?</p>	
Marijuana use in the past 30 days	<p><u>Question H4b</u></p> <p>The next question is about MARIJUANA or HASHISH. Marijuana is sometimes called weed, blunt, hydro, grass, or pot. Hashish is sometimes called hash or hash oil.</p> <p>Think back over the past 30 days and record on how many days, if any, you used marijuana or hashish.</p> <p>During the past 30 days, on how many days did you use marijuana or hashish?</p>	<p>Recoded as:</p> <ul style="list-style-type: none"> <li>• Having used marijuana in the past 30 days if used on at least 1 day in the past 30 days.</li> <li>• Not having used marijuana in the past 30 days if reported 0 days for marijuana use.</li> </ul>
Use of other illegal drugs in the past 30 days	<p><u>Question H5a–H5d</u></p> <p>The next question is about OTHER ILLEGAL DRUGS, excluding marijuana or hashish, which include substances like inhalants or sniffed substances such as glue, gasoline, paint thinner, cleaning fluid, or shoe polish (used to feel good or to get high), heroin, crack or cocaine, methamphetamine, hallucinogens (drugs that cause people to see or experience things that are not real) such as LSD (sometimes called acid), Ecstasy (MDMA), PCP, peyote (sometimes called angel dust), and prescription drugs used without a doctor's orders, just to feel good or to get high.</p> <p>Think back over the past 30 days and report on how many days, if any, you used other illegal drugs.</p> <p>During the past 30 days, on how many days did you use any other illegal drug?</p> <p>During the past 30 days, on how many days did you use cocaine or crack?</p> <p>During the past 30 days, on how many days did you use methamphetamine? (Also called meth, crystal meth, crank, go, and speed)</p> <p>During the past 30 days, on how many days did you inject drugs? (Count only injections without a doctor's orders, those you had just to feel good or to get high.)</p>	<p>Recoded as:</p> <ul style="list-style-type: none"> <li>• Having used other illegal drugs in the past 30 days if used other illegal drugs, cocaine or crack, methamphetamine, or drugs you injected to feel good or get high, on at least 1 day in the past 30 days.</li> <li>• Not having used other illegal drugs in the past 30 days if reported 0 days for other illegal drugs, cocaine or crack, methamphetamine, and drugs you injected to feel good or get high.</li> </ul>

Characteristic	Survey Question and Response Options	Recoding for Analysis
Currently sexually active	<p><u>Questions H6 and H8</u></p> <p>Sexual intercourse is when a male puts his penis into a female's vagina.</p> <p>At any time from [current date minus 3 months] to today, have you had sexual intercourse, even once?</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Don't Know</li> <li>• Rather not say</li> </ul> <p>Anal sex is when a male puts his penis in someone else's anus, or their butt, or someone lets a male put his penis in their anus or butt.</p> <p>At any time from [current date minus 3 months] to today, have you had anal sex, even once?</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Don't Know</li> <li>• Rather not say</li> </ul>	<p>Recoded as:</p> <ul style="list-style-type: none"> <li>• Currently sexually active if had sexual intercourse or anal sex in the past 3 months.</li> <li>• Not currently sexually active if reported not having had sexual intercourse and not having had anal sex in the past 3 months.</li> </ul>
Had unprotected sex in the past 3 months	<p><u>Questions H7 and H9</u></p> <p>At any time from [current date minus 3 months] to today, have you had sexual intercourse without you or your partner using a condom, even just once?</p> <ul style="list-style-type: none"> <li>• Yes, I have had sexual intercourse without using a condom</li> <li>• No, I have used a condom each time I had sexual intercourse</li> <li>• Don't know</li> <li>• Rather not say</li> </ul> <p>In the time from [current date minus 3 months] to today, have you had anal sex without you or your partner using a condom, even just once?</p> <ul style="list-style-type: none"> <li>• Yes, I have had anal sex without using a condom</li> <li>• No, I have used a condom each time I had anal sex</li> <li>• Don't know</li> <li>• Rather not say</li> </ul>	<p>Recoded as:</p> <ul style="list-style-type: none"> <li>• Having had unprotected sex if respondent or respondent's partner did not use a condom when having sexual intercourse or anal sex in the past three months.</li> <li>• Not having had unprotected sex if respondent and respondent's partner used a condom when having sexual intercourse and anal sex in the past three months.</li> </ul>

Characteristic	Survey Question and Response Options	Recoding for Analysis
Traded sex for goods or shelter	<p><u>Question H10a</u></p> <p>At any time from [current date minus 3 months] to today, have you received anything in exchange for having sexual relations with another person, such as money, food, drugs, or shelter? By sexual relations we mean sexual intercourse, anal sex, or oral sex.</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Don't Know</li> <li>• Rather not say</li> </ul>	No recoding
Pregnant/expecting	<p><u>Question I7</u></p> <p>Are you currently pregnant or expecting to become a father in the next 9 months?</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Don't know</li> </ul>	No recoding
Parenting/has children	<p><u>Question I6a</u></p> <p>Do you have any children (even if they don't stay with you)?</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	No recoding
<b>Education and Employment Characteristics</b>		
Education level	<p><u>Question E1</u></p> <p>What is the highest level of education you have completed? (By completed we mean the grade or level you have actually finished, not the grade or level you are currently in. If you are in high school, and it is summer, what grade did you complete this spring?)</p> <ul style="list-style-type: none"> <li>• 6th grade or less</li> <li>• 7th grade</li> <li>• 8th grade</li> </ul>	<p>Recoded as</p> <ul style="list-style-type: none"> <li>• Less than a high school degree</li> <li>• High School degree or GED</li> <li>• Vocational credential/ Some vocational training</li> <li>• Associate's Degree/ Some college</li> <li>• College Degree</li> </ul>

Characteristic	Survey Question and Response Options	Recoding for Analysis
	<ul style="list-style-type: none"> <li>• 9th grade</li> <li>• 10th grade</li> <li>• 11th grade</li> <li>• GED or high school equivalency</li> <li>• High school diploma (12th grade)</li> <li>• Some vocational or trade school after graduating high school or getting your GED</li> <li>• Earned a credential from a vocational or trade school after graduating high school or getting your GED</li> <li>• Associate's degree (community or two-year college)</li> <li>• Some college</li> <li>• Four-year college degree or higher</li> </ul>	
Currently in school/training	<p><u>Questions E9a–E9f</u></p> <p>Which months were you enrolled in:</p> <ul style="list-style-type: none"> <li>• Adult Basic Education – current month, year</li> <li>• ESL classes – current month, year</li> <li>• GED classes – current month, year</li> <li>• High school or classes toward a regular high school diploma – current month, year</li> <li>• College or classes toward an Associate's degree or Bachelor's Degree at a 2-year or 4-year college – current month, year</li> <li>• Vocational, career, or technical training at a community or private college</li> </ul>	<p>Recoded as:</p> <ul style="list-style-type: none"> <li>• Currently in school/training if currently enrolled in any of these response options.</li> <li>• Not currently in school/training if not currently enrolled in any of these response options.</li> </ul>
Ever dropped out of school	<p><u>Question E5</u></p> <p>Have you ever dropped out of school?</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	No recoding
Employed in the past year	<p><u>Question F1</u></p>	No recoding

Characteristic	Survey Question and Response Options	Recoding for Analysis
	<p>In the time from [current date minus 12 months] to today, have you worked at a job or business for pay?</p> <p>By worked at a job or business for pay, we mean working at a job where you get paid money for the work you do or working for someone besides yourself and getting paid for it. It does not include odd jobs, informal work, illegal or “off-the-books” work, or work where you did not get paid.</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	
Currently employed	<p><u>Questions F6a– F6d</u></p> <p>Are you still working at [employer #a]?</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> <p>Are you still working at [employer #b]?</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> <p>Are you still working at [employer #c]?</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> <p>Are you still working at [employer #d]?</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	<p>Recoded as:</p> <ul style="list-style-type: none"> <li>• Currently employed if currently working at any of up to 4 reported jobs in the past 12 months.</li> <li>• Not currently employed if not currently working at any of up to 4 reported jobs in the past 12 months.</li> </ul>
Currently in school or employed	<p><u>Questions E9a–E9f and F6a–F6d</u></p> <p>Which months were you enrolled in:</p> <ul style="list-style-type: none"> <li>• Adult Basic Education – current month, year</li> <li>• ESL classes – current month, year</li> <li>• GED classes – current month, year</li> <li>• High school or classes toward a regular high school diploma – current month, year</li> </ul>	<p>Recoded as:</p> <ul style="list-style-type: none"> <li>• Currently in school or employed if reported to be currently enrolled in any of these education/training items or currently working at any of up to 4 reported jobs in the past 12 months.</li> <li>• Not currently in school or employed if neither currently enrolled in any of these education/training items nor currently working at any of up to 4 reported jobs in the past 12 months.</li> </ul>



Characteristic	Survey Question and Response Options	Recoding for Analysis
	<ul style="list-style-type: none"> <li>College or classes toward an Associate's degree or Bachelor's Degree at a 2-year or 4-year college – current month, year</li> <li>Vocational, career, or technical training at a community or private college</li> </ul> <p>Are you still working at [employer #a]?</p> <ul style="list-style-type: none"> <li>Yes</li> <li>No</li> </ul> <p>Are you still working at [employer #b]?</p> <ul style="list-style-type: none"> <li>Yes</li> <li>No</li> </ul> <p>Are you still working at [employer #c]?</p> <ul style="list-style-type: none"> <li>Yes</li> <li>No</li> </ul> <p>Are you still working at [employer #d]?</p> <ul style="list-style-type: none"> <li>Yes</li> <li>No</li> </ul>	
<b>Money Management Characteristics</b>		
Has a checking or savings account	<p><u>Questions F11–F12</u></p> <p>Do you currently have a savings account?</p> <ul style="list-style-type: none"> <li>Yes</li> <li>No</li> </ul> <p>Do you currently have a checking account?</p> <ul style="list-style-type: none"> <li>Yes</li> <li>No</li> </ul>	<p>Recoded as:</p> <ul style="list-style-type: none"> <li>Having a checking or savings account if indicated “Yes” to either survey question.</li> <li>Not having a checking or savings account if indicated “No” to both survey questions</li> </ul>
Has difficulty making ends meet	<p><u>Question F10</u></p> <p>At the end of the month do you usually have...</p> <ul style="list-style-type: none"> <li>Some money left over</li> <li>Just enough money to make ends meet</li> </ul>	<p>Recoded as:</p> <ul style="list-style-type: none"> <li>Having difficulty making ends meet if indicated not having enough money to make ends meet.</li> </ul>

Characteristic	Survey Question and Response Options	Recoding for Analysis
	<ul style="list-style-type: none"> <li>Not enough money to make ends meet</li> </ul>	<ul style="list-style-type: none"> <li>Not having difficulty making ends meet if indicated having some money left over or just enough money to make ends meet.</li> </ul>
Received money management services in the past 30 days	<p><u>Question C5r</u></p> <p>In the past 30 days, since [insert current date minus 30 days] have you received any of the following services? (Select all that apply)</p> <ul style="list-style-type: none"> <li>A class, program, or workshop on money management</li> </ul>	No recoding

## Notes:

<sup>a</sup> Date of birth was collected when obtaining respondents' consent.

<sup>b</sup> Recorded date of survey completion.

<sup>c</sup> Select other "Please Specify" responses were recoded to one or more of the existing life goals categories.

<sup>d</sup> Center for Epidemiologic Studies Depression Scale, 11-item version (CESD-11; Kohout et al., 1993).

<sup>e</sup> Sum scale score set to missing for two participants who straight-lined survey items on depressive symptoms.

<sup>f</sup> PTSD Checklist Civilian Form, six-item version (Abbreviated PCL-C; Lang et al., 2012).

<sup>g</sup> Adapted from Harris et al. (2009).

## References

- Brown, S., & Wilderson, D. (2010). Homelessness prevention for former foster youth: Utilization of transitional housing programs. *Children and Youth Services Review*, 32(10), 1464-1472. [https://econpapers.repec.org/article/eeecysrev/v\\_3a32\\_3ay\\_3a2010\\_3ai\\_3a10\\_3ap\\_3a1464-1472.htm](https://econpapers.repec.org/article/eeecysrev/v_3a32_3ay_3a2010_3ai_3a10_3ap_3a1464-1472.htm)
- Bureau of Labor Statistics. (2018). *College enrollment and work activity of recent high school and college Graduates—2017*. Washington, DC: U.S. Department of Labor. Retrieved from <https://www.bls.gov/news.release/hsgec.t02.htm>; see also <https://www.bls.gov/news.release/pdf/hsgec.pdf>
- Gruenberg, M. J. (2016, June). Remarks of the chairman of the Federal Deposit Insurance Corporation at the Annual National Summit of the Urban Financial Services Coalition, Washington, DC. Retrieved from <http://www.ufscnet.com/understanding-the-unbanked-and-underbanked/>
- Harris, K. M., Halpern, C. T., Whitsel, E., Hussey, J., Tabor, J., Entzel, P., & Udry, J. R. (2009). *The National Longitudinal Study of Adolescent Health: Code book* [Online document]. <http://www.cpc.unc.edu/projects/addhealth/codebooks/wave1>
- Kohout, F. J., Berkman, L. F., Evans, D. A., & Cornoni-Huntley, J. (1993). Two shorter forms of the CES-D (Center for Epidemiological Studies) depression symptoms index. *Journal of Aging and Health*, 5(2), 179-193. <https://www.ncbi.nlm.nih.gov/pubmed/10125443>
- Kost, K., Maddow-Zimet, I., & Arpaia, A. (2017). Pregnancies, births, and abortions among adolescents and young women in the United States, 2013: National and state trends by age, race and ethnicity. Washington, DC: Guttmacher Institute. Retrieved from [https://www.guttmacher.org/sites/default/files/report\\_pdf/us-adolescent-pregnancy-trends-2013.pdf](https://www.guttmacher.org/sites/default/files/report_pdf/us-adolescent-pregnancy-trends-2013.pdf)
- Lang, A. J., Wilkins, K., Roy-Byrne, P. P., Golinelli, D., Chavira, D., Sherbourne, C., Rose, R. D., Bystritsky, A., Sullivan, G., Craske, M. G., & Stein, M. B. (2012). Abbreviated PTSD Checklist (PCL) as a guide to clinical response. *General Hospital Psychiatry*, 34, 332-338.
- MacAllum, C., Kerttula, M. A., & Quinn, E. (1997). Evaluation of the Transitional Living Program for Homeless Youth: Phase II report. Unpublished report to the Administration on Children, Youth and Families. Washington, DC: CSR.
- Mahathey, Anna, Scott Brown, Tanya de Sousa, Karen Loya, Jessica Thornton Walker, and Alisa Santucci (2021). Findings from the Transitional Living Program Youth Outcomes Study, OPRE Report 2021-191, Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.
- Martin, J. A., Hamilton, B. E., Osterman, M. J. K., Driscoll, A. K., & Drake, P. (2018). *Births: Final data for 2016* (National Vital Statistics Reports, Vol. 67, No. 1). Hyattsville, MD:

- National Center for Health Statistics. Retrieved from [https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67\\_01.pdf](https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_01.pdf)
- McGinnis, D., & Rodriguez, B. (2016). Tracking and interviewing Family Options Study participants. *Cityscape*, 18(2), 201-219. Retrieved from <https://www.huduser.gov/portal/periodicals/cityscpe/vol18num2/ch12.pdf>
- Mills, G., Gubits, D., Orr, L., Long, D., Feins, J., Kaul, B., & Wood, M. (2006). *Effects of housing vouchers on welfare families*. Cambridge, MA: Abt Associates
- Nolan, M. R., Brown, J., Davies, S., Nolan, J., & Keady, J. (2006). *The Senses Framework: Improving care for older people through a relationship-centred approach* (Getting Research into Practice (GRiP) Report No 2. Project Report). University of Sheffield. Retrieved from [http://shura.shu.ac.uk/280/1/PDF\\_Senses](http://shura.shu.ac.uk/280/1/PDF_Senses)
- Pollio, D. E., Batey, D. S., Bender, K., Ferguson, K., & Thompson, S. (2013). Technology use among emerging adult homeless in two U.S. cities. *Social Work*, 58(2), 173-175. <https://www.ncbi.nlm.nih.gov/pubmed/23724580>
- Rashid, S. (2004). Evaluating a Transitional Living Program for homeless, former foster care youth. *Research on Social Work Practice*, 14(4), 240-248. <https://journals.sagepub.com/doi/10.1177/1049731503257883>
- Skemer, M., & Jacobs Valentine, E. (2016). *Striving for independence: two-year impact findings from the Youth Villages Transitional Living Evaluation*. New York: MDRC. [https://www.mdrc.org/sites/default/files/YV\\_2016\\_FR.pdf](https://www.mdrc.org/sites/default/files/YV_2016_FR.pdf)
- Snyder, T. D., de Brey, C., & Dillow, S. A. (2018). *Digest of Education Statistics 2016* (NCES 2017-094). Washington, DC: National Center for Education Statistics, Institute of Education Sciences, U.S. Department of Education.