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Mathematica

## Building Evidence for a New Intervention or Program Takes Time

This brief describes the steps involved in building evidence on comprehensive service models throughout YARH. Readers—including program staff, funders, and evaluators—can draw on these experiences of building evidence to inform future evaluation efforts.

This brief uses the term *evidence* broadly and focuses on various types of evidence that, over time, can contribute to a solid understanding of a new program or intervention. We share the multistep evidence-building process (presented in Exhibit 1), discussing the various parties involved in building evidence and sharing examples of activities conducted and the resulting evidence. Our goal is not to document every evidence-building activity; rather, we hope to increase understanding of the complex nature of comprehensive evidence. We reference additional Youth At-Risk of Homelessness (YARH) products, hosted on the Office of Planning, Research, and Evaluation (OPRE) project page, when appropriate.

Throughout the YARH program, the Children's Bureau and Mathematica helped grantees develop and fine-tune comprehensive service models (also referred to as interventions). Eighteen organizations received funding for the first phase of YARH (YARH-1), from 2013 to 2015, to help them understand their local population and develop interventions through group technical assistance to grantees. The goal of YARH-1 was to produce interventions that were ready for implementation and provide evidence that the interventions were ready for evaluation.

During the second phase (YARH-2), six grantees received funding to refine and test early implementations of interventions between 2015 and 2019. Mathematica supported grantees through individual technical assistance. Each grantee's end goal was to (1) produce an intervention manual, (2) provide evidence that interventions could be implemented with fidelity, and (3) make any necessary changes to produce the desired outcomes.

### About this Project

The Children's Bureau in the Administration for Children and Families, U.S. Department of Health and Human Services, is funding a multiphase grant program to build the evidence base on what works to prevent homelessness among youth and young adults involved in the child welfare system. This program is called Youth At-Risk of Homelessness (YARH). YARH focuses on three populations:

1. Adolescents who enter foster care between ages 14 to 17,
2. Young adults aging out of foster care, and
3. Homeless youth and young adults up to age 21 with foster care histories.

Eighteen organizations received funding for the first phase (YARH-1), a two-year planning grant (2013–2015). Grantees used the planning period to conduct data analyses to help them understand their local population and develop a comprehensive service model to improve youth outcomes related to housing, education and employment, social-emotional well-being, and permanent connections. Six of those organizations received funding to refine and test their comprehensive service models during the second phase (YARH-2), a four-year initial implementation grant (2015–2019). During the third phase (YARH-3, 2019–2028), Mathematica is continuing to support the YARH-2 grantees (also known as sites) in building and disseminating evidence related to grantees' comprehensive service models. In addition, Mathematica designed and is implementing a federally-led summative evaluation of the state of Colorado's Pathways to Success comprehensive service model.

For more information on YARH, please see <https://www.acf.hhs.gov/opre/project/building-capacity-evaluate-interventions-youth/young-adults-child-welfare-involvement>.

For the third phase (YARH-3), Mathematica, with input from the Colorado-based Center for Policy Research (CPR), designed and are currently implementing a federally-led summative evaluation of the state of Colorado's Pathways to Success (Pathways) intervention. Mathematica continues to provide light-touch, individualized assistance to Colorado. The goal of YARH-3 is to conduct a summative evaluation and disseminate the most up-to-date findings.

## Building Evidence Takes Time

YARH took a comprehensive approach to building evidence throughout all the phases to align with the process of intervention development and testing. Evidence does not only come from the findings of rigorous impact evaluations. It can also include information such as the following:

- Demonstrating a population's need for a program
- Developing theories of change and logic models for interventions

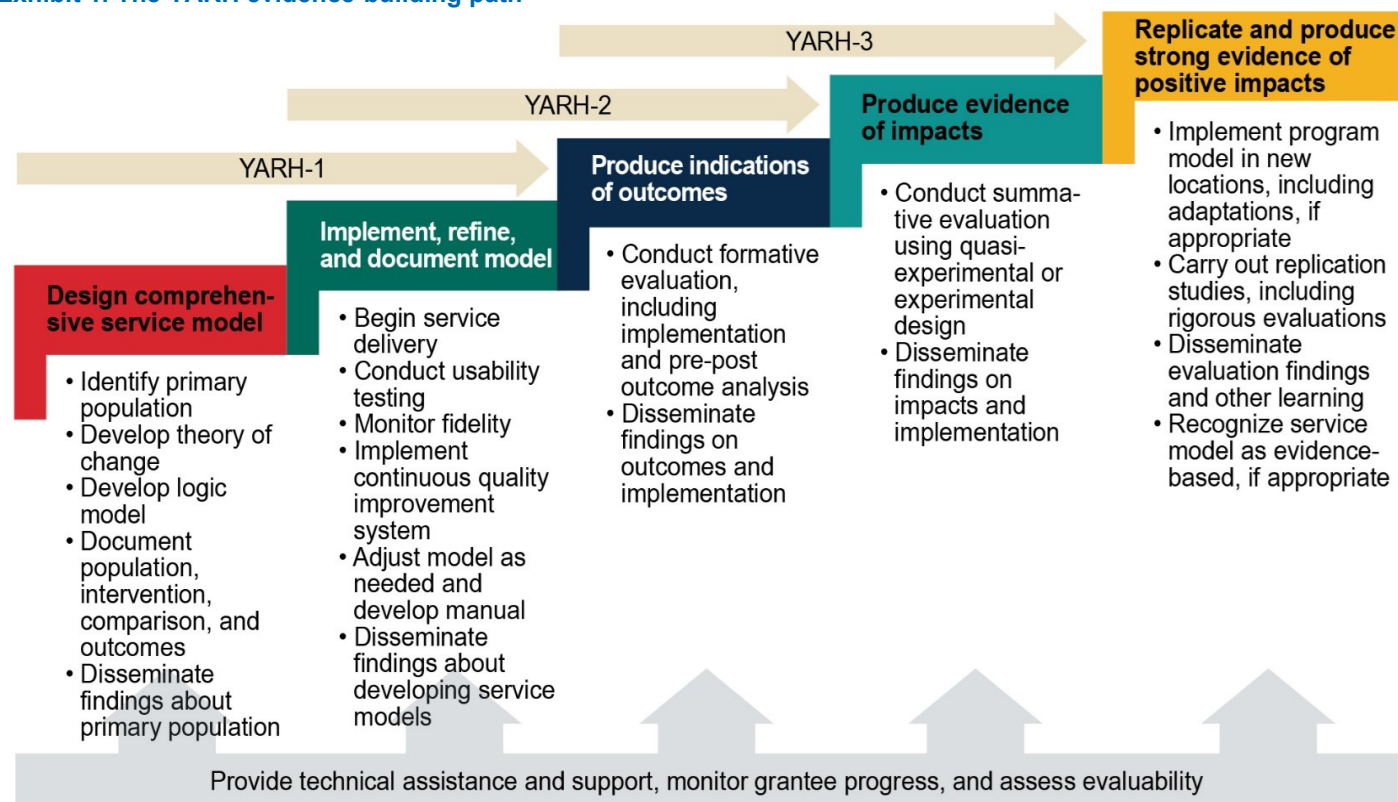
- Understanding whether intended staff can implement an intervention with fidelity
- Documenting changes in desired outcomes

Most importantly, each evidence-building step creates the foundation for the next, and the process is strengthened by ongoing commitment from multiple partners, including funders, evaluators, and staff. Involving community members with lived experience also provides important insights to help build evidence that is more relevant to the focal population and expands the reach of the evidence.

YARH is guided by the five-step process presented in Exhibit 1. For each step, we will do the following:

- Define and describe each step.
- Discuss activities that contribute to building evidence for each step.
- Use real-world examples from YARH.

**Exhibit 1. The YARH evidence-building path**



Adapted from: Langford, B.H., M. Flynn-Khan, and B.S. Lyght. *Investing in Evidence-Based Approaches for Youth Transitioning Out of Foster Care*. 2012. Available at <https://www.ytfg.org/ytfg-publications/investment-matters-investing-in-evidence-based-approaches-for-youth-transitioning-out-of-foster-care-2012>.

## Step 1. Design an intervention

Step 1 of the evidence-building path focuses on developing an intervention, based on a shared understanding of the problem that the intervention aims to address. It requires evidence about the problem, whom the problem affects, and how the problem affects them. Relevant parties typically define the primary population and define and document the intervention using a theory of change<sup>1</sup> and a logic model.<sup>2</sup> All of these tools help frame the purpose and intended outcomes of the intervention.

Program staff and evaluators can collect data from a number of different sources, including interviews, focus groups, case reviews, administrative data, and existing literature. Program staff and evaluators typically use data in this step to define a problem and indicate how their intervention might address that problem. They could consider staffing needs, training, and activities. Program staff and evaluators might define and describe the primary population to align intended outcomes with their needs. Program staff and evaluators could consider whether it is possible to modify an existing intervention to better address the issue for the primary population, or whether a new intervention needs to be developed.

By the end of Step 1, there should be a clear description of how the intervention works. Proper documentation helps the parties involved demonstrate they have reviewed the needs of the population and are responding to them accordingly. Dissemination of evidence at this step ensures that the intervention is building on existing evidence in the field by sharing new efforts, so that the parties can learn with others who may be focused on the same problem or may be using a similar approach.

### Examples from YARH

Eighteen YARH-1 (two years, 2013–2015) grantees focused most of their efforts toward designing their interventions. Grantees conducted analyses of administrative data to understand and define their primary populations. This included out-of-agency administrative data and data on risk factors for youth homelessness from child welfare agencies, juvenile and criminal justice departments, and public assistance agencies. Grantees obtained these data by

signing memoranda of understanding with other organizations, matching youth records with other agencies, and using publicly available aggregate data. They also conducted case record reviews to identify patterns of experiences and issues that youth who lived in homeless shelters had encountered ([Stagner et al. 2017](#)).

YARH-1 grantees also sought feedback directly from youth and young adults. One YARH-1 grantee partnered with 16 youth advisory boards in its state. The advisory boards convened with youth and state-employed adolescent specialists every two months to gather feedback on the preliminary intervention. Specialists shared youth feedback and perspectives with the project team, brought youth to steering committee meetings, and helped youth prepare presentations at summits to inform program design ([Gothro and Caplan 2018](#)).

Grantees also fielded surveys and focus groups with youth to gather data, which helped identify risk factors for youth and young adult homelessness after leaving foster care ([Ross and Selekman 2017](#)).

By the end of YARH-1, grantees finished data collection and were able to provide some sense of their population and their needs and describe how the intervention would address those needs. Program staff then documented their interventions using theories of change and logic models.

Grantees added their theories of change and logic models to their intervention manuals to document the intervention. Webinars explaining the YARH-2 early interventions are available on the [Child Welfare Information Gateway](#). After defining their interventions, staff then considered how to differentiate the treatment and comparison groups to document and define intended outcomes for each group.

## Step 2. Implement, refine, and document the intervention

After designing the intervention, program staff are ready to begin small-scale service delivery. To build evidence, staff and evaluators need to test whether staff can implement an intervention with fidelity. Evidence generated during this step involves implementing pilot versions of an intervention and documenting findings from those tests. Program staff and evaluators can refine interventions based on these findings. The

<sup>1</sup> A theory of change identifies the root problem and the desired outcomes and documents the theory behind how the intervention will address the problem and achieve the outcomes. It is theoretical in nature, not pragmatic like a logic model.

<sup>2</sup> For a given intervention, the logic model describes the resources available (or inputs), the activities involved (the direct outputs), and the short- and long-term impacts.

activities during this step are vital to understanding intervention implementation before gathering more traditional forms of evidence.

Examples of evidence-building activities in this step include:

- Using **administrative data** to track program recruitment, participation, and outcome precursors.
- Conducting **usability testing**, or small-scale tests of interventions, to confirm that program elements and processes are working as intended. These tests might focus on new or challenging aspects of interventions, including strategies for recruitment, assessment, and engagement.
- Documenting intervention **fidelity**. Program staff and evaluators must establish clear indicators of fidelity to demonstrate whether staff can execute the intervention as intended. Measures of fidelity will vary, but all involve tools that program staff and evaluators use to support adherence to the intervention. These measures should ensure that staff deliver and complete services as intended. Fidelity measures may also include tracking enrollment and engagement and establishing clear benchmarks and goals.
- Establishing **continuous quality improvement** (CQI) processes that can also help reinforce fidelity and identify challenges and solutions as they occur. For example, program staff and evaluators could regularly review their data to track whether program participants are heading toward their desired outcomes.
- Reviewing the data and **adjusting the intervention** accordingly. Staff could then use the evidence to create training manuals so that other programs can replicate a full-scale implementation of an intervention with fidelity.

## Examples from YARH

Grantees who participated in YARH-1 and YARH-2 completed this step during the combined six-year planning and initial implementation grants (2013–2019). These grantees participated in early program implementation to determine the efficacy of their intervention designs.

It was vital that each grantee document every aspect of early implementation, so they could record the evidence they were building. As part of the documentation process, grantees used a Population, Intervention, Comparison Group, and Outcomes (PICO) template, which helped grantees define the components and intended outcomes of their interventions. As they conducted early implementation,

grantees revised their PICO templates to reflect changes and adjustments as they occurred.

Grantees created fidelity tools as they developed their interventions, or used existing fidelity tools, because the tools provided information for development and could be used when monitoring future implementations. For example, one grantee used an established intervention, which included fidelity tools as part of its program materials. The intervention required each participating youth or young adult to establish an individualized set of goals and required them to meet with a team of facilitators and peer supports to help them stick to their plan and meet their goals. Fidelity tools included documenting who attended team meetings and how they were committing to supporting the youth in achieving their goals.

Another grantee actively tracked program enrollment and each participant's level of engagement with the intervention by hosting monthly CQI conversations using reports based on monthly data. Each of these calls helped the grantee monitor and track progress on data entry and quality. The grantee used these reports to review its intervention and ensure that youth were receiving services consistently across sites. This allowed the grantee to track whether participating youth and young adults were receiving services as intended.

Finally, grantees disseminated findings, both as part of YARH and independently, of their work. Products included: updated interventions, including updated intervention manuals; logic models; theories of change; and documentation on how early implementation affected their service delivery. They then began to outline their plans to produce indicators of outcomes.

## Step 3. Produce indicators of outcomes

Producing indicators of outcomes generates evidence by demonstrating whether the program as implemented changes outcomes in the desired direction. Program staff and evaluators can build evidence by conducting a formative evaluation or pilot study to learn more about the program, its implementation, and its promise for changing outcomes.

**Formative evaluations** assess the extent to which staff implement an intervention with fidelity and whether outcomes or precursors to outcomes are trending in the desired direction. Changes in outcomes take time, and staff and evaluators may not see a shift in desired outcomes but could see a shift in precursors to



outcomes, depending on the length of the formative evaluation.

As part of a formative evaluation, staff and evaluators can conduct **pre-post testing** to see whether changes are happening in the desired direction over time. In a pre-post test, staff and evaluators collect data from participants before providing the intervention and then after providing the intervention. This supports staff and evaluators in understanding whether changes are happening in outcome domains. If changes are not occurring in the desired direction, staff and evaluators can refine the intervention to achieve the desired outcomes. However, at this point, it will be unclear whether the changes are a result of an intervention or other factors that had a similar influence on outcomes.

To determine whether staff implement the intervention with fidelity, staff and evaluators should use fidelity tools created in earlier steps. For instance, staff and evaluators may set thresholds for fidelity during a formative evaluation and identify whether staff are providing a percentage of the intervention within the threshold. Following these steps, staff and evaluators could consider conducting full evaluations of large-scale implementations of interventions.

## Examples from YARH

In YARH, grantees conducted formative evaluations to determine whether there was improvement in the short-term outcomes—such as school performance,

### Pilot studies

Staff and evaluators may conduct a **pilot study** to determine whether an intervention is working as intended and achieving precursors to outcomes. Many people use the terms *formative evaluations* and *pilot studies* interchangeably—but for YARH, they have different foci. Although a team may learn about implementation during a pilot study, the focus is not on understanding implementation in detail. Rather, the focus is on whether the team can conduct the study and whether outcomes are moving. Ideally, a pilot study would use the same design as the intended evaluation to enable the team to learn whether the processes they plan to use in the future will work. For instance, if staff and evaluators plan to conduct a randomized controlled trial, the pilot study could use a smaller sample but still conduct a randomized controlled trial. Pilot studies also tend to be shorter than evaluations, so the focus is likely on precursors to outcomes rather than actual outcomes, if they require time to appear.

housing, and overall well-being—for the youth and young adults who participated in their intervention. One YARH grantee monitored fidelity by measuring enrollment and engagement as part of its formative evaluation. The grantee conducted a formative evaluation that examined whether youth and young adults could achieve short-term outcomes, whether the intervention was implemented with fidelity across all sites, and whether there were any differences across sites. Based on the formative evaluation, they determined that for the intervention to be successful, the study team needed to modify some elements, such as setting realistic graduation timelines and requirements so participants could reach their goals in a timely manner. This formative evaluation is described in detail in the [Colorado Pathways to Success Formative Evaluation Final Report](#) (Davis et al. 2020).

## Step 4. Produce evidence of impacts

This step involves conducting a summative evaluation to estimate impacts. Program staff and evaluators build evidence by conducting studies to show a cause-and-effect relationship between an intervention and its outcomes. Evidence from the previous steps is needed to ensure that the intervention is ready for a summative evaluation. The process of assessing readiness for the YARH federally-led summative evaluation is described in detail in the [Innovation and Support for Assessing Summative Evaluation Readiness: Lessons Learned](#) brief (McCormick et al. 2023).

Before conducting an evaluation, staff and evaluators will want to develop research questions the evaluation aims to address. In addition to developing research questions that examine the intervention's impact, it can be helpful to include questions that assess intervention implementation, including implementation barriers and facilitators. The evaluation's goals—as outlined by the research questions—have implications for the evaluation's design.

To show a cause-and-effect relationship, staff and evaluators need to identify a comparison group similar to the treatment group on important characteristics at the start of the intervention. Having a comparison group like the treatment group illustrates that changes are attributable to the intervention and not to external factors that influence potential outcomes. However, program staff and evaluators still run the risk of unobservable characteristics influencing outcomes.

## Evaluation designs

After staff and their evaluators have developed research questions and identified a comparison condition, they can consider two evaluation designs.

- A **quasi-experimental design** can show a cause-and-effect relationship between an intervention and outcomes without using random assignment.
- A **randomized controlled trial** shows a cause-and-effect relationship between an intervention and outcomes using random assignment to the intervention. Randomized controlled trials are often referred to as the gold standard in evaluation design because their random nature minimizes the potential of confounding factors to affect outcomes of interest.

After determining the study's design, staff and evaluators should verify that the study design is appropriate for the mode(s) of data collection and support staff responsible for recruiting and engaging participants and potentially collecting data. Teams may collect the data in a variety of ways, including surveys, interviews, focus groups, administrative data, document reviews, and observations. The data collected should align with the research questions. For instance, if research questions focus on understanding the experience of program participants, staff and evaluators may want to consider conducting interviews.

## Examples from YARH

In YARH, grantees received feedback from ACF and Mathematica related to their readiness for a summative evaluation. Ultimately, Mathematica recommended and ACF decided to conduct a summative evaluation of the Pathways intervention developed by the Colorado Department of Human Services and its local evaluator, the Center for Policy Research (Colorado team).

The YARH study team—including ACF, the Colorado Department of Human Services, CPR, and Mathematica—used evidence developed in earlier steps to guide evaluation design decisions. The summative evaluation examines the effect of Pathways and business-as-usual services provided by counties in Colorado through federal Chafee program funds.<sup>3</sup>

The summative evaluation's impact study uses a quasi-experimental design, which means Mathematica did not randomize counties to a treatment or control condition.

To ensure the comparison and treatment groups are similar in the quasi-experimental design, the study team is using census and administrative data to ensure that youth and young adults in both conditions, have similar characteristics, such as race and ethnicity, average age at intake, and total population experiencing poverty. The team will use baseline survey data to look at similarities between the youth and young adults in each condition.

## Exhibit 2. YARH summative evaluation research questions

### Pathways implementation study research questions

1. How are services under the Pathways service model distinct from those available in the comparison condition?
2. Which factors (facilitators and barriers) contribute to or hinder initial and ongoing service delivery in Pathways hubs?<sup>4</sup>
3. What did the Pathways hubs do to support initial and ongoing service delivery with fidelity?
4. Which services, supports, and key child welfare policies and regulations affect youth and young adults in the intervention and comparison groups in the locations where the summative study occurs?
5. What perceptions do youth and young adults have of Pathways' services? Which services are delivered to youth and young adults in Pathways? What strategies do Pathways Navigators use to promote and maintain youth and young adult engagement? How does engagement vary among youth and young adults participating in the Pathways service model?

### Pathways impact study research questions

1. What is the impact of Pathways on key outcomes, including, but not limited to, housing, educational attainment, employment, permanency, and well-being?
2. Is Pathways particularly effective for key subgroups of the primary population?
3. Do features of Pathways' implementation influence youth outcomes?

<sup>3</sup> The John H. Chafee Foster Care Program for Successful Transition to Adulthood (Chafee Program) is a federal program that provides funding to states to support current and former foster care youth and young adults in achieving self-sufficiency. Colorado operates a county-administered Chafee Program across the state. For the summative evaluation, some Colorado counties continue to provide business-as-usual Chafee Program services.

<sup>4</sup> Some counties in Colorado have a small number of youth and young adults who need child welfare services. In these cases, adjacent counties form a hub for service provision.

The YARH study team developed research questions in partnership with program and research consultants—including questions about facilitators, barriers, and impacts—indicating the need for both an implementation and an impact study. More information about this process is available in the [Innovation and Support for Assessing Summative Evaluation Readiness: Lessons Learned](#) brief (McCormick et al. 2023). Exhibit 2 presents the research questions for each study.

The YARH study team uses survey and administrative data to estimate the program’s impact on outcomes, and it uses interviews, focus groups, and document review to understand implementation and link implementation features to youth and young adult outcomes. Additional products describing the summative evaluation—including design and analytic reports—are available on the [YARH Office of Planning, Research, and Evaluation website](#) and the [OSF web page](#).

## Step 5. Replicate and produce strong evidence of positive impacts

When an intervention works in one environment (population or implementing staff), there might be interest in replicating it in another environment (with other members of the population or other implementing staff). An intervention that demonstrates consistent outcomes in different environments adds to the evidence that it has a reliable effect on outcomes.

When replicating an intervention, it is important to keep the implementation and the data collected as consistent as possible. Maintaining the same or very similar intervention conditions can help demonstrate that outcomes are the result of the intervention, not changes in implementation. When replicating an intervention, it is important to document fidelity to the intervention and clarify how intervention elements stayed the same or were modified.

After replicating an intervention, staff and evaluators can look at the original, rigorous evaluation to assess whether the original evidence is consistent with the replication(s). If the evidence is inconsistent, they can refer to their fidelity documentation to help contextualize the findings. This documentation might help evaluators (1) hypothesize why the intervention worked differently, (2) consider how changes to the intervention influenced outcomes, and (3) potentially

consider another evaluation to further understand the intervention’s impact.

### Clearinghouses as an evidence-building tool.

Clearinghouses act as centralized and trusted sources of evidence on practices, interventions, and policies. Staff and evaluators might want to submit findings from steps 4 and 5 to clearinghouses to make the evidence available to others. Staff and evaluators might also draw on clearinghouse design and execution standards to design rigorous replication studies. Examples of such standards include a strong comparison group similar to the intervention group, large sample sizes with low attrition, and rigorous study design (either a quasi-experimental or randomized controlled trial). Clearinghouses can also help disseminate findings to other program staff and leaders looking for evidence-based practices to implement.

The following two clearinghouses serve as trusted sources of evidence for child welfare practices and programs:

- [The California Evidence-Based Clearinghouse for Child Welfare](#) disseminates evidence-based practices for children and families involved with the child welfare system.
- [The Title IV-E Prevention Services Clearinghouse](#) disseminates evidence-based programs and services for enhanced support to children and families to prevent foster care placements.

## Conclusion

As YARH demonstrates, building evidence takes years, but there are lessons learned along the way, and they all help create evidence. Throughout YARH, grantees have developed and implemented interventions. They refined their interventions through developing training materials, implementing CQI processes, and reviewing evidence to adjust their interventions. Then, grantees conducted several types of studies to document and assess if outcomes are moving in the intended direction.

This led ACF to select Pathways in Colorado for the summative evaluation. Following the evaluation, others may replicate Pathways in another setting to assess whether the original evidence is consistent with replication.

In the process of building evidence, grantees engaged evaluators, funders, community members, and participants to evaluate findings, disseminate evidence, and help program staff learn about the effectiveness of their interventions. The work of YARH has shown that

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building evidence takes time, but during that time, multiple types of evidence can help programs better understand their interventions.

YARH embraces the time it takes to build different types of evidence to support new interventions. ACF expanded the YARH grant program from two to three phases when the initial evidence did not yet support moving to a summative evaluation. ACF started the journey with an open mind about what evidence is, and it encouraged grantees to remain open-minded as well. YARH is scheduled to end in early 2028, and more evidence about the work of the grantees will be added to the [OPRE YARH website](#) as it is developed.

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