

Transitional Living Program

Special Population Demonstration

PROCESS STUDY REPORT



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Transitional Living Program Special Population Demonstration Process Study Report

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Overview

Introduction

This report documents the findings from a process study of the Transitional Living Program (TLP) Special Population Demonstration Project (“the Demonstration”). The Family and Youth Services Bureau (FYSB) within the Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS) provided funding for the Demonstration, which ran from September 2016 to September 2018.

TLP was created under the Runaway and Homeless Youth Act to provide safe and stable housing and comprehensive supportive services to runaway and homeless youth ages 16 to 22 for up to 18 months. Through these activities, TLP aims to increase youth's stable housing, education, employment, permanent supportive connections, social and emotional well-being, and ultimately their self-sufficiency.

The Demonstration was intended to support TLPs in implementing enhanced and innovative services for two populations of youth at a heightened risk of homelessness: youth identifying as lesbian, gay, bisexual, transgender, and/or questioning (LGBTQ) and young adults who left foster care after age 18. FYSB funded the nine organizations selected for the Demonstration to operate enhanced and innovative service models for 24 months with the goal of achieving measurable progress towards self-sufficiency among those served.

Research Questions

The data collection and analysis were guided by five primary research questions.

1. How did grantees design and implement TLP housing and supportive service models for the TLP Demonstration?
2. How did grantees incorporate promising intervention strategies such as screening and assessment tools; comprehensive services; and safe, stable, and appropriate shelter?
3. How did grantees help youth build protective factors; for example, positive connections with schools, employment, health care, legal services, and appropriate family members and other adults?
4. How did grantees encourage a sense of inclusion, relevance, and respect, as well as protect against harassment, for youth in the program?
5. What challenges and successes did grantees experience in implementing the Demonstration?

Purpose

The objective of this process study was to document how TLP Special Population Demonstration grantees designed and implemented their specialized program models, challenges encountered, and lessons learned.

Key Findings and Highlights

▪ Grantees Designed and Implemented TLP Housing and Supportive Service Models

Grantees weighed the benefits and disadvantages when selecting one of three TLP housing models: single-site facilities in which TLP participants lived together in a group house, clustered apartments within a single apartment complex, and scattered-site apartments. All Demonstration TLPs provided case managers

that worked with youth to develop individual service plans (ISPs) and conducted screenings and assessments of youth to help inform ISP development.

- **Grantees Helped Youth Build Protective Factors**

TLPs employed aspects of the positive youth development framework designed specifically for youth who identified as LGBTQ and those who left foster care after age 18, and were aimed at helping youth generate self-acceptance. TLP staff recognized that many youth entering the TLPs lacked personal connections to family and others and had frequently experienced social rejection. Thus, grantees helped youth build protective factors through family mediation sessions, mentorship programs, and outings with peers.

- **Grantees Encouraged a Sense of Inclusion, Relevance, and Respect**

Several TLPs designed screening processes that minimized the burden on youth and enhanced the opportunities for trauma-informed engagement from the outset. TLPs also developed strategies to protect youth from harassment by encouraging a sense of inclusion, relevance, and respect among youth.

- **Grantees Experienced Challenges Implementing the Demonstration**

TLPs experienced two common challenges: (1) finding an appropriate referral source for LGBTQ youth or young adults who left foster care after age 18, (the two target populations) and (2) creating a program and service network to serve youth with higher levels of trauma and mental health issues than originally anticipated. Additionally, during eligibility determination and enrollment, youth were frequently reluctant to discuss their trauma histories and sexual identities and were often overwhelmed by enrollment paperwork and processes. In many cases, the TLPs developed innovative strategies to surmount these challenges.

Methods

Data collection for this process study included review of grantee applications and online materials and one- to two-day site visits with each of the nine grantees in May 2018. Prior to conducting the site visits, the research team reviewed the grant applications and notes on each grantee's implementation of the Demonstration. During each site visit, research staff toured the housing facilities and conducted interviews with the organization's executive director, TLP program director or manager, and other key TLP program staff such as case managers and clinical service providers.

The study team used the data collected during the site visits to conduct a cross-site analysis to identify and describe common practices and approaches to serving youth in the Demonstration TLPs. The authors highlighted crosscutting themes and illustrative approaches and practices that emerged from the data.

Glossary

AIDS: Acquired Immunodeficiency Syndrome

GED: General Education Diploma

HIV: Human Immunodeficiency Virus

ISP: Individual Service Plan

LGBTQ: Lesbian, Gay, Bisexual, Transgender, and Questioning

PYD: Positive Youth Development

SAMHSA: Substance Abuse and Mental Health Services Administration

The Demonstration: The TLP Special Population Demonstration Project

TIC: Trauma Informed Care

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

Executive Summary

This report documents the findings from a process study of the Transitional Living Program (TLP) Special Population Demonstration Project (“the Demonstration”). The Family and Youth Services Bureau (FYSB) within the Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS), provided funding for the Demonstration, which ran from September 2016 to September 2018.

The Demonstration

Nine homeless and youth services organizations from across the United States were awarded grants to participate in the TLP Special Population Demonstration. As part of the Demonstration, each grantee developed and implemented a new TLP to provide safe housing and supportive services to youth at a heightened risk of homelessness. The programs could serve lesbian, gay, bisexual, transgender, and/or questioning (LGBTQ) youth or young adults who left foster care after age 18, or both. Grantees were expected “to implement, enhance, and/or support a framework or model that incorporates promising strategies for the effective transition of homeless youth and/or young adults to self-sufficiency” (HHS/ACF, 2016, p. 1). The overall goal of the Demonstration was to help youth transition to self-sufficiency by promoting stable housing, connections to education and employment, permanent supportive connections with adults and peers, and social and emotional well-being.

Process Study

The objective of the process study is to document how grantees designed and implemented the Demonstration TLPs, challenges they encountered, and lessons learned in serving these special populations. The research team conducted one- to two-day site visits (in May 2018) with each of the nine grantees to examine the TLPs they implemented for the Demonstration. Prior to conducting the site visits, the research team reviewed the grant applications submitted to ACF for the awarded grantees and notes on each grantee’s implementation of the Demonstration provided by FYSB Federal Project Officers. Data collected during the site visits were used to conduct a cross-site analysis to identify and describe common practices and approaches to serving youth in the Demonstration TLPs. The data collection and analysis were guided by five primary research questions:

1. How did grantees design and implement TLP housing and supportive service models for the Demonstration?
2. How did grantees incorporate promising intervention strategies such as screening and assessment tools; comprehensive services; and safe, stable, and appropriate shelter?
3. How did grantees help youth build protective factors; for example, positive connections with schools, employment, health care, legal services, and appropriate family members and other adults?
4. How did grantees encourage a sense of inclusion, relevance, and respect, as well as protect against harassment, for youth in the program?
5. What challenges and successes did grantees experience in implementing the Demonstration?

Among the nine Demonstration TLPs, six served only LGBTQ youth, one served only young adults who left foster care after age 18, and two served both populations. Thus, the study is able to provide more information on how TLPs served LGBTQ youth. Brief grantee profiles are available in Appendix A.

Summary of Findings

How Grantees Designed and Implemented TLP Housing and Supportive Service Models

- The Demonstration grantees implemented three broad TLP housing models: single-site facilities in which TLP participants lived together in a group house, clustered apartments within a single apartment complex, and scattered-site apartments. When selecting an appropriate model, grantees had to consider both the benefits and disadvantages of each housing type for the population they were serving, local housing conditions, and existing grantee partnerships and staffing structures. Among the benefits of each housing type, TLP staff reported that the scattered-site model benefitted youth because youth could strategically select apartments located in neighborhoods where they already had connections or where they wanted to remain after program exit. Clustered apartments allowed youth to live in the same building and interact with one another more easily, but because youth also had individual apartments, they could retreat if they needed privacy. Single-site facilities afforded the least privacy and the greatest amount of interaction among youth, which sometimes led to conflict.
- In all the Demonstration TLPs, case managers worked with youth to develop individual service plans (ISPs), which outlined the goals youth would achieve during their time in the program and the services in which they would engage. The extent to which the ISP development process was youth driven varied across the Demonstration TLPs. In some programs, youth took the lead in the development of their ISP; in other programs, case managers more directly led the process, with input from youth.
- TLP staff conducted screenings and assessments of youth to help inform ISP development. However, across the Demonstration TLPs, there was no commonly used tool for assessing youths' mental health, substance use, or trauma history.
- Many of the education, employment, and job training services that were provided to youth by external organizations were also provided in-house by the Demonstration TLPs, meaning that youth had some choice about how and from whom they received services. Across the Demonstration TLPs, life skills training and family mediation¹ were the only services that were provided exclusively in-house.

¹ Family mediation is defined here and throughout the report as an informal process initiated by the TLP to help engage youth with their families to promote communication and connection.

- Many of the TLP program managers had a different understanding of whether their Demonstration TLP incorporated specific evidence-informed strategies or best practices for serving youth. Some TLP program managers had different interpretations of the term “evidence-informed practices” and were unclear as to whether or not evidence-informed practices were being implemented in their TLPs. Others reported that their TLP was still in the process of implementing such practices.
- As part of the TLP service model, the Demonstration TLPs were instructed to create aftercare services that would provide ongoing assistance to youth upon program exit. Overall, the TLPs varied in the frequency and nature of aftercare services they provided or planned to provide to TLP youth. Access to aftercare services at some TLPs tended to be youth driven, that is, these TLPs only followed up with youth upon the youth’s request. However, four TLPs reported that their staff had regularly scheduled check-ins with youth after their program exit regardless of whether youth requested aftercare outreach.

How Grantees Helped Youth Build Protective Factors

- TLPs employed aspects of the positive youth development framework in ways that were designed specifically for youth who identified as LGBTQ and those who left foster care after age 18. For example, some TLPs helped youth recognize their strengths and self-value by helping youth to identify what they liked about themselves. Other TLPs helped youth accept and appreciate diversity, which was especially important among youth who identified as LGBTQ. These TLPs provided youth with opportunities to help them learn about their racial and ethnic identities in addition to their sexual and gender identities. Staff at one TLP customized their approach to youths’ needs by giving youth their own space, calling youth by their preferred pronouns, and providing case management that focused on youths’ individual needs. These program features aimed at helping youth generate self-acceptance.
- TLP staff recognized that many youth entering the Demonstration TLPs lacked personal connections to family and others and had frequently experienced social rejection. Thus, grantees helped youth build protective factors. For example, grantees encouraged youth to develop positive relationships by encouraging participation in such activities as family mediation sessions, mentorship programs, and outings with peers. However, some TLPs experienced challenging group dynamics within the TLP that made fostering positive connections among youth in the program difficult.

How Grantees Encouraged a Sense of Inclusion, Relevance, and Respect

- Recognizing the high rates of trauma among the population served, several TLPs in the Demonstration intentionally designed screening processes that minimized the burden on youth and enhanced the opportunities for trauma-informed engagement from the outset. Program staff reported that they would not push youth to make disclosures about their experiences, especially if doing so seemed like it would provoke a trauma response. Instead, staff worked closely with youth to build trusting relationships over time, giving youth the time and space they needed to feel comfortable and adjust to the TLP setting. This was especially important when working with youth who identified as LGBTQ, as many had been stigmatized because of their sexual orientation or

gender identity and could be reluctant to divulge personal information to new people. Accessible in-house clinical staff also supported trauma-informed engagement. For example, some TLPs had trained staff to conduct human trafficking assessments and provide counseling. Once the TLP's clinical staff developed a relationship with the youth, they were encouraged to help youth access and develop relationships with other clinical providers in the community prior to the youth's exit from the TLP.

- The Demonstration TLPs also encouraged a sense of inclusion, relevance, and respect for youth in their programs by developing strategies for protecting TLP youth from harassment. For example, staff at a few TLPs discussed how they used visual symbols such as rainbow icons and uplifting catchphrases to make youth feel welcomed and understood. In a similar way, staff at one TLP explained how they would ask youth upon entry to the program what their preferred pronoun was, or staff would start a conversation by stating their own preferred pronoun.

Challenges Grantees Experienced Implementing the Demonstration

- The Demonstration TLPs experienced two common challenges: (1) finding an appropriate referral source for LGBTQ youth or young adults who left foster care after age 18 (the two target populations) and (2) creating a program and service network to serve youth with higher levels of trauma and mental health issues than originally anticipated. Additionally, during eligibility determination and enrollment, youth were frequently reluctant to discuss their trauma histories and sexual identities and were often overwhelmed by enrollment paperwork and processes. In many cases, the TLPs developed innovative strategies to surmount these challenges.

Promising Strategies

Over the course of their Demonstration grants, the TLPs implemented promising strategies targeted to the needs of LGBTQ youth or young adults who left foster care after age 18. These strategies were present in various aspects of the TLPs' programming—from the services offered to youth, to grantees' efforts to foster youths' feelings of relevance and inclusion, to trauma-informed care. Section 4.2 of the report describes several of the promising strategies implemented by the Demonstration grantees, including these:

- Designing and executing innovative strategies for providing supportive services to targeted youth. This may include partnering with LGBTQ resource centers to provide access to hormone therapy, testing for sexually transmitted infections and Human Immunodeficiency Virus (HIV), counseling and mentoring, and support groups; implementing alternative approaches to provide employment readiness and job training services; and partnering with other local organizations to provide financial literacy courses for youth to learn the money management skills they would need to live independently.
- Implementing innovative approaches to help build youths' protective factors, such as helping youth develop positive connections with supportive adults and connecting youth to mentors.
- Requiring youth to sign lease agreements with landlords to allow youth in the program to establish a rental history that, if positive, could help them rent an apartment more easily after TLP exit.

- Requiring youth to pay a portion of their income towards rent to build youths' financial and budgeting skills.
- Fostering inclusion by incorporating LGBTQ-specific programming into the TLPs' life skills assessments and training opportunities.
- Providing youth with opportunities to help them learn about their racial and ethnic identities in addition to their sexual and gender identities.
- Using innovative approaches to reach and engage eligible youth, such as educating youth and referral partners about the accepting and inclusive culture of the Demonstration TLPs and developing new referral partners and outreach efforts to locate youth targeted by the project.
- Implementing several promising trauma-informed approaches, such as helping youth feel safe, building trust between TLP staff and youth, collaborating and communicating with youths' social and service network, and empowering youth in their decision making.

Future Considerations

Each of the TLPs in the Demonstration learned important lessons about how to best address the needs of LGBTQ youth and/or young adults who left foster care after age 18. Such lessons can be applied to designing better programs targeting those groups or incorporated into traditional TLPs that want to serve these populations. Future considerations are provided in Section 4.3 of the report and summarized below.

Selecting a Housing Model

There were tradeoffs inherent in the type of housing model that grantees adopted, whether *scattered-site apartments*, *single-site housing*, or *clustered apartments*. Grantees may want to consider weighing the pros and cons of each housing model—such as whether they want to prioritize building a peer network through the program or allow youth privacy and independence.

Streamlining Screening and Enrollment Processes

TLP intake and enrollment can be overwhelming for youth, especially if those youth have significant mental health needs or trauma history. Several TLPs in the Demonstration intentionally designed screening processes that minimized the burden on youth and enhanced the opportunities for trauma-informed engagement from the outset. In the future, TLPs serving this population may want to prioritize obtaining information critical to determining eligibility over information that can be gathered after youth have enrolled in the program and established some modicum of trust with program staff. That way, TLPs are more likely to obtain the kind of sensitive information from youth necessary to develop ISPs and address youths' needs. TLPs may also consider seeking technical assistance on the selection and use of assessments. TLP case managers worked with youth to complete screening and assessment tools to inform ISP development. However, across the Demonstration TLPs, there was no commonly used tool for assessing youths' mental health, substance use, or trauma history. TLPs could benefit from a centralized repository of evidence-based or evidence-informed assessment tools for life skills, mental health, substance use, and trauma history. Such a tool could also include guidance on trauma-informed assessment administration that covers topics such as: (1) how to minimize the number of questions youth are asked at intake; (2) how to

frame assessments as a conversation between TLP staff and youth; and (3) how to build trust with youth before administering more sensitive and potentially triggering assessments. The option of grantees using a uniform set of assessment tools that are administered throughout a youth's stay in TLP could track youths' progress, provide further information about their needs and experiences, and help inform service provision needs.

Creating Targeted Outreach

Several TLPs in the Demonstration initially had difficulty finding appropriate and productive referral sources. This experience can help future TLPs looking to serve these populations by anticipating challenges in expanding or establishing an adequate referral pipeline. Education about the TLP's purpose and outreach to a more diverse set of organizations can lead to better enrollment. Successful engagement of youth in the program can, in turn, lead to increased enrollment through word-of-mouth via youths' social networks.

Creating Targeted Resources

The eight TLPs in the Demonstration that served LGBTQ youth made concerted efforts to include LGBTQ-specific programming and resources. Some TLPs experienced challenges creating LGBTQ-specific programming in which LGBTQ youth were willing to engage. TLPs serving this population may need to customize LGBTQ-focused programming based on where youth are in the process of forming and expressing their sexual and gender identities. Though providing LGBTQ-focused content can help youth become more self-aware and comfortable with those identities, TLP staff stressed the importance of remembering that youth are more than just their sex or gender.

Planning for Mental Health Services Aftercare

TLPs varied in the extent to which they planned for youths' aftercare services following program exit. Staff at several TLPs said it was difficult to remain in contact with youth after they left the program, which made it particularly important for youth to be connected to ongoing mental health and trauma counseling services before exit. By linking youth to service providers early in their stays, youth may be better connected to services they are comfortable accessing well before they leave the TLP.

Promoting Healthy Relationships

Many of the TLPs reported that youth had difficulty forming healthy relationships with their peers and making positive connections to staff and others. The Demonstration TLPs implemented several techniques that staff considered helpful in fostering supportive, healthy connections with adults—a goal for grantees in the Demonstration. However, connections with family members are not always supportive or healthy. Many youth in the target population have negative family histories that include intolerance of their LGBTQ identity or histories of abuse. Family members can be an important source of positive connections for youth, as long as youth decide whether and how to connect. In the future, TLPs serving these populations might consider incorporating healthy relationship education programming into their curricula.

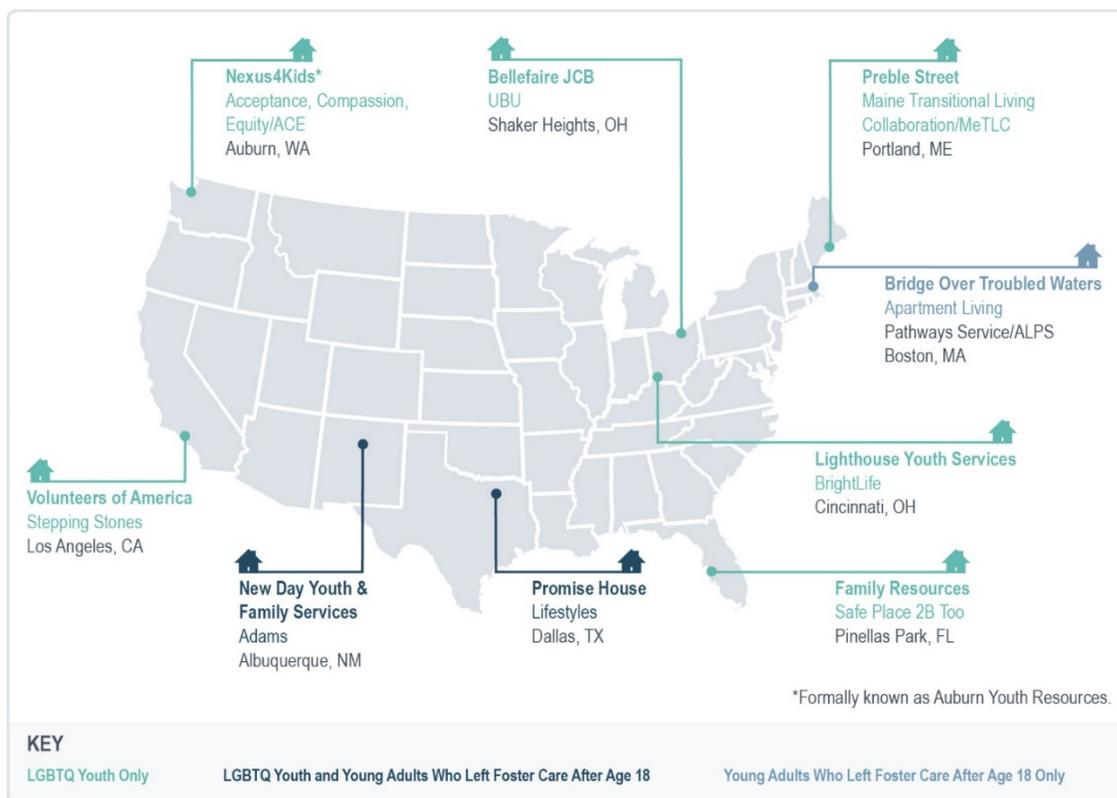
1. Introduction

1.1 Background of the TLP Special Population Demonstration Project

The Transitional Living Program (TLP) is funded by the Family and Youth Services Bureau (FYSB) within the Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS), as authorized by the Runaway and Homeless Youth Act. The program was created to provide safe housing and supportive services to run-away and homeless youth ages 16 to 22 for a period of time that typically does not exceed 18 months. TLP housing can take several forms, including shared living spaces and individual apartments in various configurations (for details, see Section 2.2.1/Housing Models). In addition to housing, youth in a TLP receive an array of comprehensive services such as case management, basic life skills training, assistance with educational advancement, job attainment skills training, service coordination planning (including referrals for mental and physical health care), and support of basic needs such as food, clothing, hygiene products, and transportation.

In September 2016, FYSB awarded funding to nine organizations to implement a Special Population Demonstration Project (Demonstration). The purpose of the Demonstration was to implement, enhance, or support TLPs that specifically targeted two populations of youth at a heightened risk of homelessness: youth identifying as lesbian, gay, bisexual, transgender, and/or questioning (LGBTQ) and young adults who left foster care after age 18. The organizations selected for the Demonstration were allowed to choose which special population(s) to target based on local needs and existing services within their communities.

Figure 1. Grantees/TLPs in the Special Population Demonstration Project, by Target Population



The organizations selected for the Demonstration were funded to operate their proposed Special Population Demonstration TLP model for 24 months (through September 2018) as a way to demonstrate measurable progress towards helping youth and/or young adults attain self-sufficiency through promising strategies focused on stable housing, education/employment, permanent supportive connections, and social and emotional well-being.

According to the Special Population Demonstration Funding Opportunity Announcement (HHS/ACF, 2016), the purpose of the Demonstration was to “implement, enhance, and/or support a framework or model that incorporates promising strategies for the effective transition of homeless youth and/or young adults [who left foster care after age 18] to self-sufficiency.” The funding agreements required grantees to design supportive activities that included these:

- “Implement screening and assessment tools that will guide identification, assistance, and referral for delivery of appropriate services, and that are conducted in a manner that protects youth safety and that allows for voluntary, affirming self-disclosure [of service needs].”
- “Provide comprehensive services [such as gateway services, case management, basic life skills training, and aftercare]...designed to help young people who are homeless transition to self-sufficiency.”
- “Provide safe, stable, and appropriate shelter...throughout a continuous period not to exceed 540 days, or in exceptional circumstances 635 days.”
- “Operate [using the principles of] positive youth development, trauma-informed care, and evidence-informed practices to help youth [build] a sense of resilience, replace maladaptive coping mechanisms with new skills, and connect with caring adults and resources able to enhance protective factors² and improve life trajectory.”

1.2 Study Design and Research Questions

The objective of this process study is to document how TLP Special Population Demonstration grantees designed and implemented their TLPs, challenges they encountered, and lessons learned in serving these special youth populations. The process study was guided by five primary research questions, listed below.

1.2.1 Research Questions

The process study was guided by five primary research questions, listed below.

1. How did grantees design and implement TLP housing and supportive service models for the Demonstration?

² Protective factors include things such as positive connections to schools, employment, supportive adults, family members or peers, health care, and legal services, among others.

2. How did grantees incorporate promising intervention strategies such as screening and assessment tools; comprehensive services; and safe, stable, and appropriate shelter?
3. How did grantees help youth build protective factors; for example, positive connections with schools, employment, health care, legal services, and appropriate family members and other adults?
4. How did grantees encourage a sense of inclusion, relevance, and respect, as well as protect against harassment, for youth in the program?
5. What challenges and successes did grantees experience in implementing the Demonstration?

1.2.2 Data Collection and Analysis

Data collection for this process study included review of grantee applications and online materials and one- to two-day site visits with each of the nine grantees in May 2018. During each site visit, research staff toured the housing facilities and conducted interviews with the organization's executive director, TLP program director or manager, and other key TLP program staff such as case managers and clinical service providers. The interview guides, presented in Appendix B, were informed by the five research questions.

Data collected during the site visits were used to conduct a cross-site analysis to identify and describe common practices and approaches to serving youth in the Demonstration TLPs. Site visitors took detailed notes during their interviews with program staff. After each visit, site visitors reviewed their notes, clarifying any ambiguities and resolving typos or other errors. Each site visit team then populated a set of thematic tables to capture information on how each Demonstration TLP implemented practices and service approaches aligned with the research questions. The report's authors reviewed and analyzed the thematic tables, noting themes that emerged across the TLPs and highlighting illustrative approaches and practices. This process of review and analysis is the basis of this report.

1.2.3 Structure of This Report

This report is organized into four chapters. Chapter 1 provides an introduction to and background on the process study. Chapter 2 addresses research questions one, two, and five. The chapter includes a discussion of how the grantees implemented the Special Population Demonstration Project, covering four topic areas: youth identification and engagement, provision of safe and stable housing, service delivery, and TLP exit and aftercare. Chapter 3 addresses research questions three, four, and five. The chapter describes the program frameworks the grantees implemented in the areas of social support, trauma-informed care, evidence-informed practices, and identity and cultural sensitivity. Finally, Chapter 4 summarizes the study's key findings and highlights promising and innovative approaches that occurred as part of the Demonstration, as well as future considerations for TLPs serving the target youth populations.

2. Implementation of the Special Population Demonstration

The Special Population Demonstration Funding Opportunity Announcement (HHS/ACF, 2016) instructed grantees to implement screening and assessment tools and to provide safe, stable, and appropriate shelter and comprehensive services and supports to young adults who left foster care after age 18 and to LGBTQ youth. This chapter describes grantees' approaches to identifying and engaging with youth, providing safe and stable housing, delivering comprehensive services, and offering aftercare services.

2.1 Youth Identification and Engagement

2.1.1 Referral, Eligibility Determination, and Enrollment

Finding Appropriate Referral Sources

Most of the grantees had experience serving young adults who left foster care after age 18 and LGBTQ youth through their traditional TLPs,³ but the grantees' primary referral sources did not specifically target these populations. Many of the grantees had to expand on existing partnerships or, in some cases, develop new referral sources to encourage participation in their Demonstration TLPs.⁴

Among the three Demonstration TLPs that served young adults who left foster care after age 18, the main and sometimes sole source for referrals was their state's child welfare agency. These TLPs already had existing relationships with their local agency, so the TLPs' challenge was expanding their partnerships to increase the number of referrals through other routes. For example, one Demonstration TLP had to expand its partnership with a local organization that provides services to young adults who left foster care, and the TLP relied on that partnership to receive most of its Demonstration referrals.

Among the other two Demonstration TLPs that focused on young adults who left foster care after age 18, both were able to receive a significant number of referrals from their respective state child welfare agency, but one of the two TLPs had difficulty obtaining the information the agency had previously collected on the youth it referred. Therefore, during referral and intake, that TLP had to ask youth questions about their history and experiences, the answers to which the child welfare agency would have already known. Youth may have been reluctant to tell their story, especially if traumatic, to a new person with whom they had yet to develop trust. However, this also gave TLP staff the opportunity to distance themselves from any negative experiences with services youth received while in foster care. Staff marketed the TLP as a "clean slate" from the foster care system, which in their view was a successful tactic for engaging youth. Staff then

³ The term "traditional TLP" refers to a TLP that grantees began operating before the Special Population Demonstration. Traditional TLPs serve a broader population of youth, not just LGBTQ youth and young adults who left foster care after age 18.

⁴ For the remainder of the report, a grantee's program funded under the Demonstration will be referred to as "the TLP" or "the Demonstration TLP."

built positive relationships with youth that eventually encouraged youth to be forthcoming about their past experiences with trauma.

Each of the three TLPs that served young adults who left foster care after age 18 reported that educating their referral sources and the referred youth themselves about the accepting and inclusive culture of the Demonstration TLPs was helpful. Grantees marketed the TLP as “not foster care” to highlight that their program was different from and less punitive than staff believed “The System” had been for youth. For example, at one TLP, when issues arose, staff had conversations with youth from a strengths-based perspective, rather than taking away youths’ privileges or taking other punitive actions. Another Demonstration TLP educated its partners on key elements of the positive youth development framework and trauma-informed care approach it used, so the partners understood how TLP staff engaged with youth in an accepting and understanding way.

“ [Youth] didn’t really initially identify themselves as homeless by being on the streets. [They said,] ‘If I’m not going to shelter, then I’m not really homeless. I could go back home.... My parents (or whoever) gave me the choice: if I gave up my lifestyle, I could go back home. I could make the choice to go back home. But once I go into shelter, I’m homeless.’ ”

TLP Program Director

Identifying referral partners for the Demonstration initially posed a challenge for several of the eight TLPs targeting LGBTQ youth. TLP staff reported that many youth in the LGBTQ community either were fearful of disclosing their LGBTQ status or were so disconnected from the homeless system and service community that they were difficult to locate. For example, the three grantees that participated in their local coordinated entry⁵ system did not receive many (if any) referrals for the Demonstration from that source. The grantees speculated this was because homeless youth, especially LGBTQ youth, are uncomfortable engaging with outreach workers who focus on adults experiencing homelessness or do not view themselves as homeless.

Because the TLPs targeting LGBTQ youth could not rely on their traditional partners to provide a significant number of referrals for the Demonstration, many of these TLPs initially struggled to find eligible and interested youth. Other partners that were expected to be strong referral sources, such as local LGBTQ organizations and service providers, in some cases were not; those organizations often served older individuals or individuals who for other reasons would not have qualified for the TLP. Several of the TLPs had to expand their outreach efforts to find qualifying youth; for example, by targeting local libraries and

⁵ Coordinated entry is defined by the U.S. Department of Housing and Urban Development 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>

alternative schools and creating online materials to advertise the TLP. However, once TLPs were able to make inroads into the young LGBTQ community, word-of-mouth became a significant referral source.

Among all eight TLPs that targeted LGBTQ youth, the most common referral source for that population was self-referral and word-of-mouth. For example, one TLP used a hotline that youth could call anonymously to get more information about the TLP, understand the TLP’s requirements, and discuss eligibility criteria. In this case, self-referral worked in tandem with the TLP’s strong street outreach program. That outreach, in addition to providing direct referrals to the TLP, also provided handouts and posters that included the hotline number for youth to call if they were interested in learning more about the TLP at a later time.

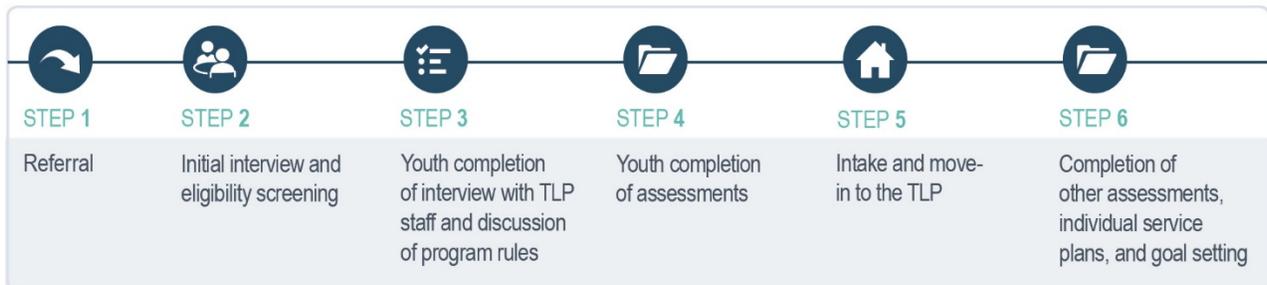
Eligibility Determination

Before enrolling in a TLP, all youth must be screened to ensure they are eligible. The nine TLPs in the Demonstration had similar eligibility screening processes, which included youth completing intake and assessment forms and being interviewed by program staff. Overall, the TLPs set low barriers to entry. Only four of the nine TLPs established eligibility criteria beyond age, housing status (i.e., homeless or unstably housed), and being LGBTQ or having left foster care after age 18. The TLPs that added other eligibility criteria did so to ensure they could provide youth with a safe environment and services capable of meeting youths’ needs. For example, three of the TLPs screened youth to confirm that they did not have immediate medical needs (e.g., significant physical or mental health needs or suicidal tendencies), and two TLPs screened youth for a willingness to work or attend school while in the program. One of these TLPs operated across several counties and used youths’ physical location to determine which of its TLP facilities would serve each youth, but residency within the service area was not a criterion for entering the Demonstration.

The main challenge TLPs encountered when determining eligibility was getting applicants to honestly answer questions about their mental health or LGBTQ status. TLP staff also reported that gathering medical histories was challenging because some youth did not remember what prior services they had received and did not have access to copies of their medical records.

After determining eligibility, the TLPs in the Demonstration followed a similar process for enrolling participants. This typically included the completion of additional assessments and intake paperwork, followed by the development of an individual service plan after move-in. Figure 2 above summarizes a standard TLP eligibility and intake process.

Figure 2. Standard TLP Eligibility and Intake Process



2.1.2 Screening and Assessment Process

Per the Special Population Demonstration Funding Opportunity Announcement (HHS/ACF, 2016), grantees were required to implement screening and assessment tools to guide identification, assistance, and referral for delivery of appropriate services. As such, use of screening and assessment instruments was a standard part of the intake process at every Demonstration TLP. To help ensure the assessments were completed consistently, TLP staff members responsible for administering the assessments were either clinical social workers or non-clinical staff who had received training on how to complete specific assessments and/or how to identify trauma and mental health needs when working with youth. (The abbreviated grantee profiles in Appendix A list the screening and assessment tools used by each TLP.)

Across the Demonstration TLPs, staff described two main challenges in administering assessments to the target populations. Ensuring youth completed the assessments honestly was a main challenge for several TLPs. The intake process required youth to fill out a lot of paperwork, and it was sometimes difficult for staff to tell whether youth were actually reading and answering the questions honestly or just providing random answers in order to finish faster. To overcome this challenge, staff at one TLP recommended turning the “checkbox-type” assessments that youth typically completed by themselves into a conversation between youth and staff.

Figure 3. TLP Staff Tips for Working with Youth

TLP staff suggested ways to help youth to feel more comfortable disclosing information.

- Engage youth in a **therapeutic** way to help build rapport.
- Ask LGBTQ youth during the initial meeting what their **preferred pronoun** is (or start the conversation stating your own preferred pronoun).
- Explain clearly that the information youth share with staff is **confidential**.
- Give youth **time and space** to feel comfortable disclosing information.
- Encourage honest communication with youth and work to build a **trusting relationship** with them.
- Use visible signage such as rainbow flags or stickers to identify that the program or staff person is **LGBTQ-friendly**.
- Provide a **safe space** for youth to talk with staff and others.
- Use paper **intake forms** with checkboxes for identifying LGBTQ status so youth have a choice to write or vocalize their status.
- Emphasize that staff play an important role in helping youth accomplish their **goals**.
- Make it clear youth have a **choice** about what to discuss with staff.

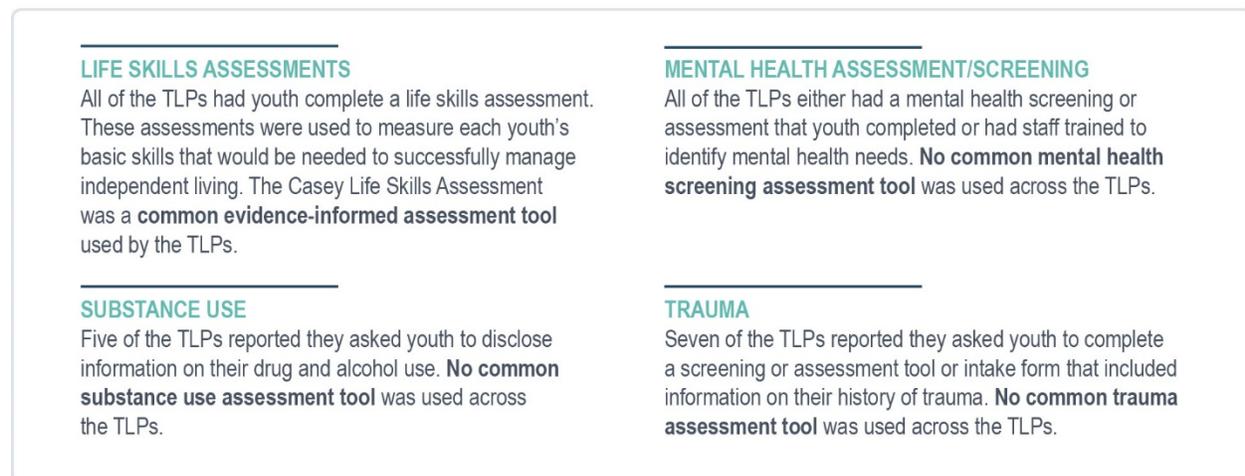
A second challenge for some TLPs was that youth were reluctant to answer questions about their mental health or trauma histories. To overcome this challenge, staff at one TLP paid special attention while administering the assessments to which questions or topics youth did not want to discuss. Once staff and

youth had established a more trusting relationship, TLP staff revisited those topics and found that youth were more likely to engage with staff about their trauma histories. Additional TLP staff suggestions for administering assessments and working with youth in the target population are presented in Figure 3 above.

2.1.3 Identification of Service Needs

Staff at each of the TLPs used the results of the assessments and their conversations with youth to help identify youths' service needs and what goals youth should set during their time in the program. The most commonly used assessments that informed service needs and goal planning are presented in Figure 4 below. Many TLPs in the Demonstration used the Casey Life Skills Assessment. However, there was no commonly used tool for assessing mental health, substance use, or trauma among the nine TLPs. (The abbreviated grantee profiles in Appendix A list the screening and assessment tools used by each TLP.) The service needs identified by the assessments helped inform the development of an individual service plan for each youth, which is discussed in more detail in Section 2.3.2/Individual Service Plans.

Figure 4. Commonly Used Assessments for Service Planning



2.2 Provision of Safe and Stable Housing

2.2.1 Housing Models

The Special Population Demonstration Funding Opportunity Announcement (HHS/ACF, 2016) required that grantees provide youth with safe, stable, and appropriate shelter, such as a group home, maternity group home, host home, or supervised apartments. Demonstration TLPs used three basic housing types: single-site group homes housing only program participants, clustered apartments within a single apartment complex, and scattered-site apartments. Grantee's chose their housing model based on a variety of factors, including an assessment of the target populations' needs, grantee preferences, and a grantee's existing relationships or structures that made one model easier to set up than another.

Within the three basic housing types were some additional distinctions relating to the degree of privacy provided, and this differed by target population, as shown in Figure 5 below. In five of the nine Demonstration TLPs, youth shared common spaces such as the kitchen and living room of the single-site

group home or a shared apartment in an apartment complex. In three of the single-site facilities, youth also shared bedrooms.⁶ In the other four TLPs (bottom two rows), each youth had his or her own “single apartment” typically a one-bedroom or studio. When single apartments were clustered in the same apartment complex, they might be on the same floor or in the same building. When the TLP used scattered-site apartments, two or more youth might live in the same complex, but the units were not intentionally clustered.

Figure 5. Housing Models Implemented, by Population Type

Population	Young Adults Who Left Foster Care After Age 18 Only	LGBTQ Youth Only	Both Populations	Total Number of Grantees
Single Site Shared Apartments				
Single Site Shared Bedrooms				
Clustered Apartment Shared Apartments				
Clustered Apartment Single Apartments				
Scattered-Site Single Apartments				

There are pros and cons inherent in each housing model the grantees selected for the Demonstration. For example, scattered-site apartments might allow youth to develop more independent living skills than they would in a fully supervised, single-site model. However, the scattered-site model might offer youth fewer opportunities to build connections with peers in the TLP because youth in the program are not all living in the same location.

None of the TLPs in the Demonstration practiced a phased approach to housing, in which youth graduated from highly supervised environments to less supervised ones while in the program. Instead, youth remained in the same housing type with the same level of supervision for the duration of their time in the TLP.

TLP staff made several observations for how the selected housing models affected the youth served. One staff member said that the scattered-site model benefitted youth because they could strategically select

⁶ One of the TLPs with shared bedrooms in a group home had two separate group homes, one for LGBTQ youth and the other for young adults who left foster care after age 18.

apartments located in neighborhoods where they already had connections or where they wanted to remain after program exit. Allowing youth to select apartments that they could remain in after exit from the TLP also allowed youth to more easily remain connected to their existing service providers. On the other hand, staff members also reported that the scattered-site apartment model did not foster the sense of cohesion or strong peer network among youth in the program that a shared living space model made possible. However, staff who operated a shared living space TLP model noted that it did not always succeed in creating peer networks or cohesion as intended. For example, two of the programs that used the shared living space model reported that youth they served had conflicting personalities or interpersonal histories, and those tensions may have been exacerbated by living together.

Staff at another TLP said that a clustered apartment model with single apartments was the ideal choice for the youth it served. Clustered apartments allowed youth to live in the same building and interact with one another more easily, but because youth also had individual apartments, they could retreat if they wanted privacy or had trouble getting along with their peers. Staff at that TLP also believed the model provided a good middle ground between the highly supervised single-site facilities and the less supervised scattered-site model.

2.2.2 Housing Policies

Traditional TLPs typically create a set of housing policies that youth are expected to follow, from requirements for paying rent to policies meant to ensure youths' safety. The Demonstration TLPs also developed housing policies that included special considerations for shared living spaces, as described in the following section.

Paying Rent

Requiring that youth pay a portion of their income towards rent was thought by TLP staff to help youth build the financial planning and budgeting skills needed for successful independent living. Three of the nine Demonstration TLPs required youth to pay a portion of their income towards rent; two TLPs required youth to pay for their utilities. Despite these intentions, in one of the TLPs, many youth had difficulty contributing anything towards their rent while in the program, so the TLP continued to subsidize youths' rent payments for the duration of their stay. The remaining four Demonstration TLPs did not require youth to pay anything.

Program Rules and Housing Agreements

TLP staff typically informed youth of program rules, set expectations early in their program experience, and maintained these rules throughout youths' time in the program. In six of the nine Demonstration TLPs, staff reported that they reviewed rules and expectations with youth during initial interviews or during the intake process. All of the TLPs in the Demonstration required youth to sign some form of lease or housing agreement confirming that they would abide by the rules.

Two of the three TLPs that used a scattered-site apartment model had youth sign leases directly with the landlord. Youth in these two TLPs also signed a secondary agreement that allowed the TLP to subsidize the rent while the youth was in the TLP and to act as a liaison between the youth and landlord if issues arose. Requiring youth to sign lease agreements with landlords allowed youth in the program to establish a rental history that, if positive, could help them rent an apartment more easily after TLP exit. The third TLP

that used a scattered-site apartment model was the signatory on the lease agreements with landlords, and youth were required to sign a client bill of rights with the TLP. This arrangement alleviated the pressure of finding landlords that would rent to homeless youth.

Considerations for Shared Living Spaces

All five of the TLPs that used a shared living space model established rules for how youth were to behave in common spaces. For example, one TLP required youth to fill out a roommate agreement that established a baseline regarding respectful uses of common spaces. Most of the rules that TLPs implemented focused on demonstrating courtesy, respecting other people's personal belongings, maintaining a clean living space, and completing assigned chores. To help youth feel comfortable in their sexual identity, three of the five TLPs with shared living spaces made their bathrooms gender neutral. In the two TLPs that maintained gendered bathrooms, youth were allowed to use the bathroom that matched their personal gender identity.

Three of the five TLPs that had shared living spaces also had shared bedrooms as a part of their housing model. To help youth feel comfortable in their living arrangement, two programs—both of which served LGBTQ youth—considered sexual orientation when matching roommates. For example, a gay male would room with a lesbian female. A program that served young adults who left foster care after age 18 considered gender when placing youth in shared bedrooms, so that youth were placed with a peer who shared their same gender identity. Only one of the TLPs separated youth by age so that youth under 18 did not share a bedroom with youth age 18 or older.

Ensuring Safety

Each of the Demonstration TLPs took measures to ensure youth safety while in the program. Considerations for ensuring youth had a safe living environment varied depending on the housing model the Demonstration TLP used. The four TLPs that used a single-site housing model provided 24/7 on-site staffing to supervise youth and make sure they were safe while on-site. One of these four TLPs also used on-site security cameras on the building exterior. The two TLPs that used clustered apartments each had a different safety model, as described below. Each of the three TLPs that used a scattered-site model established relationships with landlords to help ensure youths' comfort in the apartment complexes. One TLP strategically selected apartments that were located in neighborhoods with landlords accepting of the LGBTQ community.

Among the two TLPs that used a clustered apartment housing model, safety considerations varied. Staff of one TLP conducted regular check-ins with youth in their apartments, but did not have a TLP staff member on-site to provide continuous supervision. The other TLP with a clustered-site model rented an apartment in the building that served as the office for the TLP coordinator and was located on the same floor as the youth in the program. The TLP coordinator was available to youth to address any questions or concerns they had; because she was on-site daily, she could observe whether the apartment grounds appeared to be safe. Prior to youth moving into that building, staff interacted with some of the other residents to make sure the youth would feel safe with those residents as neighbors.

At the three TLPs that used a scattered-site model, staff regularly checked in with youth, often in their apartments, to ensure that youth maintained a safe living environment. This ranged from checking for weapons or drugs to checking that youth were maintaining a suitable standard of cleanliness. Staff also

worked to teach youth how to be safe. For example, the case managers at one TLP taught youth about personal safety and the proper steps to take if there was an emergency or if the youth felt unsafe (e.g., when to problem solve on their own, when to call staff for help, when to call 911). These youth also had access to a supervisor (such as the TLP program manager or clinical supervisor) and the direct number to the client rights advocate whom youth could call with any problems or questions.

2.3 Service Delivery

The Special Population Demonstration Funding Opportunity Announcement (HHS/ACF, 2016) required that grantees provide comprehensive services—gateway services, case management, individual service plans, a service coordination plan (including links to mental and physical health care providers, employment services, education services, etc.), a transitional living plan, basic life skills training, and aftercare services—to help youth transition to self-sufficiency. This requirement was similar to the requirement for traditional TLPs that operated outside of the Demonstration. This section discusses how grantees specifically tailored and delivered such services for the Demonstration target population.

2.3.1 Gateway Services

Gateway services are services that meet the urgent and basic needs of youth and eventually help youth access a broad range of other services. Each TLP worked to meet these most basic needs as youth moved into the TLP. Most TLPs reported providing youth with hygiene supplies, household supplies, food, bus passes, clothing, and access to public showers. These resources were provided either by the TLPs themselves, through donations, or by partner organizations such as thrift shops, the Salvation Army, food banks, and furniture banks. Typically, case managers also took youth shopping after intake and move-in, if needed. Some TLPs also provided subsidies to youth to help them get started. For example, one TLP provided youth a \$50 monthly stipend for their first six months in the program. The securing of these gateway services early in the program often helped youth begin to trust TLP staff.

2.3.2 Individual Service Plans

Shortly after youth entered the TLP and received gateway services, they were required to work with their case manager to develop an individual service plan (ISP). An ISP is a list of services and goals that youth were expected to work towards during their stay in the program. The services and goals on a youth's ISP included such activities as seeking medical treatment or counseling, education, employment, personal development, healthy connections, and housing.



The extent to which the ISP development process was youth driven varied across the Demonstration TLPs. For example, in one program, youth took the lead in setting the personal and service plan goals they would try to achieve while in the program, and case managers were there to probe on things youth might want to include based on the results of the youths' assessments. At other TLPs, case managers more directly drove the development of the ISP, with input from the youth. For example, in one TLP, the case managers used the results of the *Daniel Memorial Life Skills Assessment* and input from in-house mental health counseling staff to develop the ISP.

Figure 6. How TLPs Provide Support Services, by Source and Type

Services	Sources	
	External	In-House
Education Services	9	9
Employment Services	9	8
Job Training	9	4
Life Skills	0	9
Mental Health Services	5	6
Medical, Dental Care*	8	1
Family Mediation*	0	6

*None of the TLPs reported providing these services both in-house and through external referral.

ISPs are living documents that get evaluated and updated on a regular basis. At each of the TLPs, youth were responsible for meeting with their case manager regularly (ranging from monthly to every six months) to gauge their progress towards and update the goals in their ISP. Some TLPs sought input from other service providers or members of the youth's social network when updating a youth's ISP. For example, the care coordination service model used at one of the Demonstration TLPs included comprehensive "wraparound" meetings that were held with the youth's larger care network. During those meetings, the youth's ISP was discussed and updated as needed.

2.3.3 Support Services

The specific programming and services offered to youth in the TLPs varied based on the local service environment as well as the target population served and youths' individual needs. Youth in the Demonstration TLPs received a full range of services provided through a combination of in-house staff and external providers. Figure 6 below lists the types of services offered to youth in the Demonstration TLPs and whether those services were provided by referral to external organizations or in-house. In-house services were provided directly by staff hired to provide that service or directly or indirectly through case management. Services provided indirectly through case management meant that these services came up in case management meetings based on the results of an assessment or as an interest expressed by the youth, but were not a standard or planned service provided as part of the TLP service package. As shown in Figure 6, for many of the TLPs, it was common for youth to be referred to external organizations for services. However, many of the services that were provided by external organizations were also provided in-house, meaning that youth had some choice about how they received the service and from whom.

One TLP offered several services in-house, including mental health counseling, education and employment services, and medical care. At that TLP, staff included an on-site mental health counselor, medical and dental care providers, and an employment coordinator. Each youth in that program also worked with a residential counselor to receive case management and supportive therapy. If a youth required services not offered in-house, the TLP's residential counselor made referrals to the appropriate services.

Education Services, Employment-Related Services, and Job Training

As part of the Demonstration, TLPs were required to connect youth to school or vocational programs or to improve youths' job attainment skills and help them gain employment. Education and employment services were usually provided through referrals to partner organizations. Some TLPs already had employment and education components as part of their in-house, traditional TLP programming, so those services were used or expanded on as part of the Demonstration. For example, youth at one TLP could receive services and counseling from an on-site education coordinator and could also attend High School Equivalency Test (HiSET) preparation in-house. The TLP also had an employment coordinator who met with youth one-on-one to work on job readiness and provide referrals to potential employers. Youth participated in a food truck entrepreneurship program created by another TLP to build youths' employment skills. Youth were taught food safety and customer service skills, and the program also helped youth develop a résumé that could be used to apply for other jobs in the community.

At another TLP, all youth were required to establish educational and employment-related goals when they entered the program. Through the goal-setting process, the program provided in-house educational and career planning support. Initially, the TLP had trouble identifying local employers that were prepared to work with or employ the program's target population. However, staff built several new and expanded existing partnerships with local organizations to provide youth with job training and readiness services. For example, several youth enrolled in a barista training program, through which they earned a stipend, learned a skill, and developed soft skills for long-term employment. By reaching out to its board members, the TLP was also able to secure several youth employment at an Amazon distribution center.

Life Skills

TLPs worked to help youth develop life skills necessary to live independently, such as money management, cooking, grocery shopping, and household cleaning. These skills were often taught through a combination of formal classes and informal instruction, such as small reminders about cleaning techniques or how to operate the washing machine. For example, staff at one TLP reported how they provided financial skill building in ways that youth could easily understand through different platforms and teachers. Case managers talked to youth about financial skill building, invited guest speakers to discuss these topics with youth, and held group sessions to discuss finances. Youth therefore heard about similar financial topics in several ways, which helped them understand and absorb the material. The TLP's program manager reported, "It takes multiple people saying the same things in different ways for youth to really believe it." To reinforce the financial skills covered, the TLP partnered with the YMCA and a local credit union to create Youth Opportunity Passport, a four-class financial literacy program. If youth completed all four classes, any money they deposited into their "passport account" was matched using philanthropic dollars. This practice incentivized youth to complete the financial literacy program and start their own savings accounts.

Another TLP created a similar partnership with a local advocacy organization, which offered an Opportunity Passport financial literacy program targeting young adults who left foster care. Once youth completed three classes, they received \$100 to put towards the purchase of an asset, such as a car. The TLP's partner organization matched additional contributions up to \$3,000.

Mental Health Services

Significant mental health treatment services were typically provided through referrals, although six TLPs provided in-house mental health services, such as counseling. For example, some TLPs had in-house staff trained on human trafficking. One TLP had an in-house commercial sexual exploitation of children counselor who worked with youth who had been trafficked, and another TLP trained staff to conduct human trafficking assessments.

Given the high levels of trauma and mental health needs of the youth being served in the Demonstration, one TLP added additional clinical service staff to bolster its Demonstration programming. Once the TLP's clinical staff developed a relationship with the youth, they were encouraged to help youth access and develop relationships with other clinical providers in the community prior to the youth's exit from the TLP.

Medical and Dental Care

Several TLPs in the Demonstration developed partnerships with hospitals or clinics to provide health screenings and other medical services. Among the eight TLPs that served LGBTQ youth, almost all partnered with LGBTQ resource centers that could provide access to services such as hormone therapy, sexually transmitted infection (STI) and HIV testing, counseling, and support groups.

Family Mediation

Though many TLPs offered family mediation services, such as engaging youth and their family members in counseling or facilitated meetings, staff reported that few youth participated in those services. For example, only one TLP reported that mediation was a standard program service that youth in the TLP received. However, most of the TLPs reported that the service could be made available if youth requested it.

2.3.4 Partnerships Related to Services

Partners are an integral part of providing services to youth in a TLP. Services provided by the Demonstration TLPs' partners ranged from education (e.g., college preparation, alternative high school, GED tutoring) to employment-related services (e.g., job training and placement, internship programs) to LGBTQ services (e.g., cultural sensitivity, transgender services, HIV/AIDS prevention and treatment) to counseling (e.g., related to sexual violence, human trafficking, mental health, and substance use), among many others. Appendix C describes the key partners of each of the TLPs. Almost all of the TLPs developed at least one new partnership as a result of the Demonstration, typically a LGBTQ resource center or transgender clinic.

Forming partnerships proved to be a challenge for some of the TLPs. One program reported difficulties locating health care partners able to provide services to transgender youth. For another TLP, youths' eligibility for participation in the partner's services was a challenge: case managers referred youth to a partner agency's job training and employment readiness programs, but the agency required its participants

to be drug free, making some youth ineligible. Though many youth in this TLP were referred, few participated due to the requirements. Instead, case managers delivered one-on-one employment readiness training; for example, helping youth develop résumés or practice for interviews.

2.4 TLP Exit and Aftercare

2.4.1 TLP Exit

TLPs reported creating discharge or transitional living plans with youth to prepare for their exit from the program. Between two and six months before youth were expected to exit, staff began talking with them about what program exit would look like and what an aftercare or transitional living plan should include. This process typically included working with youth to ensure that when the time came, they would have safe and stable housing and the financial resources necessary for that housing (e.g., budget planning, applying for a subsidy).⁷

TLPs in the Demonstration were required to help youth make safe, stable, and permanent exits to housing that matched their needs. Staff at all of the TLPs defined a safe exit as one that involves safe and stable housing, but what constituted safe and stable housing varied across the TLPs.

Staff at some TLPs said that youth should exit into market-rate apartments, alone or with roommates, with the ability to pay rent. In two of the TLPs that had scattered-site units, youth were allowed to choose which apartments and neighborhoods they lived in during the program (and youth signed leases with property managers). Upon the youths' program exit, the TLPs encouraged them to extend their leases with the property manager and continue living in their apartments so they would be in a neighborhood where they had established connections and routines. One of these programs did not require that youth pay rent while in the program and encouraged youth to save so they could afford rent after exit. Youth in another TLP were required to pay a portion of their rent based on their income and other expenses. At exit, the TLP returned all of the rent the youth had paid during their stay in the TLP, and the TLP coordinator worked with the youth to develop a budget. Several youth moved to new apartments and used the rent returned from the TLP for initial costs.

Staff at other TLPs had more modest expectations for youths' self-sufficiency. For instance, several TLPs anticipated that most youth in their programs would move into another transitional living program, permanent supportive housing, or a unit subsidized with a Housing Choice voucher.⁸ A few TLPs reported

⁷ The process study did not include information about how TLPs handled discharge planning for unsuccessful exits from TLP, such as youth who left before meeting their goals or youth who were prematurely discharged due to rule violations.

⁸ The Special Population Demonstration Funding Opportunity Announcement (HHS/ACF, 2016, pp. 25-26) defined a safe and stable exit as one that "appropriately matches [a youth's] level of needs after leaving a TLP to include: rapid re-housing, permanent supportive housing, moving in with family, mental health treatment center, or substance abuse treatment facility." The Funding Opportunity Announcement did not include in this definition moving into another TLP.

that some of their youth had reunited with family members during their time in the TLP and were planning to move into a family home.

In addition to safe and stable housing, TLPs worked with youth to ensure they had supports in place to continue to make progress towards their education, employment, or personal goals upon exit from the program. For example, staff at one TLP described an ideal exit as one in which a youth left with a job or was in school full-time, continued with case management, and if needed, started or continued mental health counseling. Staff at another TLP said it was important for youth to have connections and supports in the community where they planned to live so they would not be isolated. Another TLP tried to ensure that youth achieved at least two of the goals outlined in their ISPs before exit so that they were in a “steady place and out of survival mode.”

Staff at several TLPs said that it was important to ensure that youth continued to access mental health and trauma counseling. Staff at one TLP in particular devoted significant time and energy to connecting youth with clinical providers in the community so youth had mental health care after program exit.

2.4.2 Aftercare

Aftercare services are services provided to youth after they exit a TLP. These services can include case management, life skills training, and mental health counseling. Overall, access to aftercare services tended to be youth driven and varied across the Demonstration TLPs. Four TLPs reported that their case managers or aftercare coordinators conducted regular follow-up visits with youth, at 30, 60, or 90 days after program exit. Other TLPs reported doing follow-up as needed or upon a youth’s request. As of our site visits in May 2018, two TLPs had not yet developed a plan to provide aftercare services, but were in the process of doing so.

3. Program Framework

The Special Population Demonstration Funding Opportunity Announcement (HHS/ACF, 2016) instructed grantees to operate the Demonstration TLPs using the principles of positive youth development, trauma-informed care, and evidence-informed practices. This chapter describes the program frameworks the Demonstration TLPs implemented in the areas of social support, trauma-informed care, evidence-informed practices, and identity and cultural sensitivity.

3.1 Social Support

3.1.1 Positive Youth Development

The positive youth development (PYD) framework⁹ is used by traditional TLPs to help address youths' needs and promote positive outcomes during youths' program participation and after program exit. In the Demonstration, TLPs employed aspects of this framework in unique ways appropriate to youth who identified as LGBTQ and to young adults who left foster care after age 18. The following section highlights three PYD elements that TLPs in the Demonstration incorporated into their TLP services.

Recognizing and Improving Youths' Strengths and Self-Value

All of the TLPs sought to recognize and improve youths' strengths, thereby enhancing their self-esteem and self-efficacy. Some TLPs did this more formally and intentionally, whereas others took an informal approach, building on skills and strengths identified in the course of staff's day-to-day engagement with youth and through case management.

Staff at three TLPs reported that youths' ability to self-advocate and to recognize their own agency were important components of this work. For example, staff at one TLP encouraged youth to advocate for themselves by helping them develop strategies to explain what they were feeling and to present their feelings in ways that could be understood by others. They helped youth understand that these strategies could be applied in a variety of situations. For instance, when youth needed things fixed in their apartments, staff encouraged them to call maintenance themselves so they could gain experience and learn how to have this type of conversation. Another TLP taught youth techniques for having difficult conversations, which could be applied to both professional and personal situations, such as talking with bosses or friends and family.

Staff at one TLP reported encouraging youth to make decisions and communicate those decisions about themselves to others. For example, youth were involved in developing their ISPs and worked closely with

⁹ The Special Population Demonstration Funding Opportunity Announcement (HHS/ACF, 2016) defined positive youth development as "an approach that encourages skill development, a sense of belonging, opportunities to empathize, opportunities to exercise decision making, connection with caring adults, connection to school or employment and other partners that provide necessary support to strengthen protective factors and increase resiliency" (p. 7).

case managers to track their progress towards their goals. Staff reported that TLP youth often did not realize or understand that they had control over what services they received and from whom they received them. Program staff learned that past service providers had not given youth an opportunity to give input, so TLP staff worked to help youth find their voice in these matters. For example, staff explained that if a certain therapist was not working out for them, the youth should discuss the issue with the case manager and make a decision whether to seek a different therapist. Staff at another TLP reported the importance of helping youth develop and follow their inner voice, by teaching youth how to advocate for themselves and by not speaking for them.

“ [W]e really want [youth] to **have their own voice**, and we don't want staff to speak for them, because they aren't going to be there in the same way when the youth leave.... The youth give up if they're not listening to their inner voice. We help them with that.”

TLP Staff Member

TLP staff also recognized and improved youths' strengths by emphasizing their self-worth and value. Staff at one of the Demonstration TLPs reported talking with youth about their self-esteem and the importance of loving themselves, and helped youth to identify their unique attributes by working with youth to identify what they liked about themselves and their strengths. Youth were assigned chores in the TLP so they felt needed; staff said they believed that chores helped youth realize “you are important here.”

Celebrating successes was another component to building strength. At one TLP, staff worked with youth to set incremental goals against which success could be measured (and experienced) frequently. Even if youth were not meeting goals as quickly as they had planned, staff still celebrated small progressions to encourage youth to see and value their accomplishments rather than default to negative feelings about themselves. As one staff member observed: “Youth can hear yes 99 times, but one no [i.e., negative comment] will send them into a downward spiral.” Thus, staff reported it was important to focus on celebrating small accomplishments rather than on goals that had not yet been achieved. TLPs also often celebrated youths' birthdays and life milestones, which helped youth feel acknowledged and supported.

Encouraging Youth to Engage Positively with Others

When asked how they helped TLP youth to develop a sense of sympathy or empathy for others, staff reported that an important component was to help youth build connections with peers. This sometimes occurred naturally through living in a shared space or through regularly scheduled group meetings facilitated by staff at TLPs that used a scattered-site model (discussed more in Section 3.1.2/Permanent Supportive Connections). At one TLP, staff found that it was helpful for LGBTQ youth in their program to be around one another. If a youth believed he was the only one who had experienced trauma, hearing from others with similar stories could make him realize he was not alone: “It can be powerful to hear things from a peer.” Staff at another TLP described a cohesiveness among youth in the program: “A core [group] gels through ups and downs.”

TLPs participating in the Demonstration implemented approaches to develop and enforce rules and incentives designed to help youth to live and interact harmoniously with others. For example, at one TLP,

youth developed a “comfort agreement,” which outlined the governance structure and rules for group meetings. Respect for others was a central tenet of the comfort agreement. TLP youth signed the agreement, and all signatories were expected to abide by it. According to staff, youth took the agreement seriously because it enabled them to voice concerns and feelings without being judged and helped them feel safe and supported.

Appreciating Diversity

Helping youth recognize, understand, and appreciate diversity is another aspect of the PYD framework. Among the Demonstration TLPs that served LGBTQ youth, this took the form of staff helping youth understand and respect diversity within the LGBTQ community. For example, in two of the Demonstration TLPs, various youth identified as transgender. In early group sessions, the transgender youth felt misunderstood by the others who identified as gay, lesbian, or bisexual. TLP staff reported that they worked to create a comfortable and safe space to help all the youth understand and appreciate one another.

Asked how they fostered youths’ sense of belonging, staff at one TLP reported they customized the program to youths’ needs, which was especially important when serving youth who identified as LGBTQ. For example, staff ensured that all youth had their own space, called youth by their preferred pronouns, and provided case management focused on what youth needed and wanted. In this way, staff strived to make youth feel accepted for who they are: “They do not have to try to fit in here.”

3.1.2 Permanent Supportive Connections

The Special Population Demonstration Funding Opportunity Announcement (HHS/ACF, 2016) required that the Demonstration TLPs helped youth build connections to supportive family members and other caring adults. These supportive connections are seen as protective factors that can increase the well-being and physical and mental health of youth.¹⁰

Connections with Supportive Adults

Over the course of their programs, TLP staff worked with youth to foster positive connections with adults. Staff at two of the TLPs reported that youth in their programs developed positive relationships with instructors in the education programs they attended or with managers and coworkers at their jobs. Staff at one TLP helped youth to develop solid relationships with three adults they could depend on for support after their exit from the program. These adults were often a parent, relative, friend, coach, or mentor from another service provider.

¹⁰ This section focuses on permanent supportive connections and youths’ social and emotional well-being. However, many well-being frameworks include additional factors, such as mental and physical health. For example, see https://www.acf.hhs.gov/sites/default/files/opre/ydd_framework_brief_final_03_27_13.pdf and <https://www.acf.hhs.gov/sites/default/files/cb/im1204.pdf>.

Similarly, TLP staff reported that regular contact and interactions between themselves and the youth were an important source of positive connections for youth. Staff at five TLPs cited these relationships with staff as fundamental to improving youths' positive trajectories in the programs. Connections with TLP staff remained a support for some youth even after exit from the TLP. For example, staff at one TLP said that youth often initiated and stayed connected to the TLP team after exit for continued support and assistance.

Staff at two TLPs that focused on serving LGBTQ youth reported it was important for program staff to also identify as LGBTQ. A case manager in one program said that gay male clients developed connections with male staff who also identified as gay. It was valuable for these youth to see "positive role models in that [particular LGBTQ] community." Similarly, staff at the other TLP said that youths' connection to the program was strengthened when they saw themselves reflected in the staff. These staff believed it would be disingenuous to have an LGBTQ-focused program that was not staffed at least in part by people who identified as LGBTQ. LGBTQ staff could "speak to the lived experience," which was central to their ability to connect with youth.

In some instances, TLPs developed mentoring programs to connect youth with positive and supportive adults. Staff at one TLP designed a mentoring program after a youth in the program complained there was no one on staff who "looks like me"—that is, there were no LGBTQ women of color on the Demonstration team. For similar reasons, staff at another TLP connected youth with mentors at a local LGBTQ center.

Family members can also be an important source of positive connections for youth. However, staff in at least two of the Demonstration programs reported that youth could sometimes be reluctant to reunite with their families. At one of these TLPs, staff tried to talk with youth to identify family or friends who could get involved and be a support network. TLP-led family mediation sessions were also offered to help youth develop positive connections to family or other adults in their lives. However, youth in this TLP often resisted reaching out to their families because of difficult histories with family members. At the other TLP, staff reported that many youth in the program were estranged from their families because family members had given them an ultimatum to "give up their lifestyle," meaning their sexual identity, or leave the home. These painful experiences caused some youth to resist any thought of reaching out to family members.

Connections with Peers

TLPs in the Demonstration used several methods to foster peer-to-peer engagement. Staff at four TLPs cited regular group sessions as one important mechanism for building peer support. These group sessions ranged from formal meetings at one of the TLPs to regular outings and community dinners at another TLP. Staff at one of these TLPs reported that informal group interactions best facilitated bonding between peers.

However, there were challenges associated with group sessions. For example, many youth did not do well in a group setting due to their mental health issues and trauma experiences. Staff in another program reported they had planned to hold weekly group life skills training; however, most, if not all, of the youth had known one another before entering the TLP, and some had problematic histories (e.g., were former intimate partners who did not separate

Fostering Positive Connections

In one program, details such as youth having their own space, being asked what they wanted to be called (i.e., which pronouns to use), and the case manager asking youth to "tell me what you need" all fostered a sense of belonging and self-determination.

amicably). As a result, staff believed there was a risk of physical violence occurring in group classes and chose to discontinue the meetings.

3.2 Trauma-Informed Care

3.2.1 Models

FYSB's Runaway and Homeless Youth program promotes trauma-informed approaches, which involve understanding and responding to the symptoms of chronic interpersonal trauma and traumatic stress as well as the behavioral and mental health consequences of trauma. Staff at several of the Demonstration TLPs reported that they followed specific models of trauma-informed care (TIC): Staff at one TLP used the *Love and Logic* model, two others used *cognitive behavioral therapy* and *dialectical behavioral therapy*, and a fourth used the STARR Global Network's *Trauma and Loss in Children* program (see Exhibit 7 below for additional details on evidence-informed models). At the other five TLPs, staff reported they employed trauma-informed approaches to providing care but did not use a particular model.

According to TLP staff, training on TIC ranged from informal shadowing of other staff to regular and formal training classes. At one TLP, for example, new staff learned about trauma-informed approaches by shadowing more experienced staff and sitting in on case management sessions and facilitated group meetings. Staff at another TLP mainly relied on TIC training they received when getting licensed as mental health professionals or clinical social workers.

At other TLPs, staff reported they had received formal instruction on TIC. For example, staff at one TLP received TIC training as part of their new-hire orientation. All staff in one program received at least one full day of TIC training, which included a general overview of trauma. Any staff who worked directly with clients attended a second day, which covered how to be a trauma-informed provider. Any staff who provided treatment related to trauma completed the certification process, which included extra training and then a demonstration of their competence in providing trauma-informed care. Staff at another TLP attended quarterly TIC training; they explained they also discussed TIC methods with one another almost daily. Staff in a third TLP said they had the opportunity to receive weekly instruction from an external consultant who was an expert on cognitive and dialectical behavioral therapies.

3.2.2 Trauma Screening and Assessment

The TLPs varied in how they incorporated trauma screenings into their intake and enrollment processes. At two TLPs, staff did not report using any formal trauma screening process. Rather, staff looked for signs of trauma when they engaged with youth. For example, staff did not conduct a formal screening at program entry, but they nonetheless engaged youth in some discussions related to trauma history during enrollment.

In contrast, staff at seven TLPs conducted formal trauma screenings or asked formal questions about a youth's trauma history during intake and enrollment. For example, therapists at one TLP administered the *Adverse Childhood Experiences Survey* to incoming youth. At the second TLP, youth completed the *AC-OK Adolescent Screen for Co-Occurring Disorders*, which screens for trauma-related mental health issues. Youth entering the third program completed trauma screening and the *Adult Needs and Strengths Assessment–Transition to Adulthood* during the intake process. The latter tool assesses evidence of

trauma and/or adverse childhood experiences in many domains, including sexual abuse, physical abuse, neglect, emotional abuse, and being a witness to family violence. At four other TLPs, questions about youths' history of abuse and neglect were included in the programs' intake packets; however, youth were not required to answer any question they did not want to answer.

3.2.3 Incorporating Trauma-Informed Care

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), the guiding principles of TIC are (1) safety; (2) trustworthiness and transparency; (3) peer support and mutual self-help; (4) collaboration and mutuality; (5) empowerment, voice, and choice; and (6) cultural, historical, and gender issues.¹¹ How the Demonstration TLPs incorporated these TIC elements into their work with youth is discussed below.

Safety

For SAMHSA, the principle of safety means that “throughout the organization, staff and the [youth] they serve should feel physically and psychologically safe.” Staff at one TLP ensured that youth felt physically safe by providing 24/7 supervision and monitoring and keeping doors to the facility locked. They assisted youth with emotional safety by having a “processing chair” where youth could sit to examine and discuss their feelings and experiences and by having youth participate in ongoing support groups.

Staff at one TLP made youth feel safe by meeting them for case management sessions at a location the youth chose, be that the case manager's office, the youth's apartment, a coffee shop, or somewhere else. They also helped youth create an apartment setting where the youth felt safe and comfortable, which included selecting their own furniture (within a certain budget). Staff at another program similarly made youth feel comfortable during case management by ensuring youth could see the room's exit. Staff at another TLP reported that youth who may have seemed tense and anxious at intake typically relaxed after being in the program for a while. Staff in another program worked closely with youth to reframe daily activities that were trauma triggers or made youth feel unsafe. For example, bath time was reframed as “me time,” and staff did things such as provide nice soaps to help youth feel at ease while bathing—an activity that could have been an occasion for abuse in childhood.

Trustworthiness and Transparency

SAMHSA defines this principle as occurring when “organizational operations and decisions are conducted with transparency [with] the goal of building and maintaining trust among staff, clients, and family members of those receiving services.” One TLP's staff built trust with youth by not asking probing questions. They gave youth time to develop trust, build rapport, and share sensitive information when they were ready. At a second TLP, staff took the time to explain the definition of confidentiality and to whom TLP staff could and

¹¹ https://www.samhsa.gov/samhsaNewsLetter/Volume_22_Number_2/trauma_tip/guiding_principles.html

could not (or must) disclose information and under what circumstances. Youth also received a full explanation of every form they were asked to sign.

Peer Support and Mutual Self-Help

SAMHSA characterizes this principle as “integral to the organizational and service delivery approach and...a key vehicle for building trust, establishing safety, and empowerment.” At one TLP, staff put this principle into practice by talking with youth about building a support network. Because some of the youth the TLP staff served had relocated from other cities, building a support network was especially important. Additional examples of building peer support are discussed in Section 3.1.2/Permanent Supportive Connections, above.

Collaboration and Mutuality

SAMHSA defines this principle as the “leveling of power differences between staff and clients and among organizational staff from direct care staff to administrators.” Within the Demonstration TLPs, both internal staff and partner service providers had roles to play in decision making and providing TIC. At one TLP, counselors and case managers shared a workspace and talked frequently with one another about client concerns and issues. They also coordinated care among their group and with staff at partner organizations. Staff at a second TLP communicated regularly with one another about individual youth, and the information they shared influenced how they worked with the youth. At a third TLP, counselors supported the healing process by communicating with other staff members and with youths’ roommates about particular clients. For example, counselors found that if a youth’s roommate was a support, she or he would know whether the youth was sleeping normally, eating, and maintaining self-care.

Empowerment, Voice, and Choice

For SAMHSA, this principle means that youths’ “strengths are recognized, built on, and validated and new skills developed as necessary”; it also emphasizes staff, client, and family member choices and the individualized care and approaches each requires. Individuals are understood as being resilient; and organizations, staff, clients, and other partners are able to help promote youths’ recovery from trauma. Staff at one TLP explained, “Having clients lead decision making is itself trauma informed.” For that reason, staff at this TLP were intentional about not inserting power and hierarchy into case workers’ relationships with youth; staff allowed youth to voice their preferences and make decisions rather than imposing their own preferences or decisions on youth. Another TLP’s staff attempted to empower youth in their treatment or supportive service programming by helping them understand that they could choose what programming they engaged in and who provided it. As a result, the program typically did not collaborate with family members in the treatment process because youth were often estranged from their family and had chosen not to reunite. Several of the Demonstration TLPs also served as a safe place to allow youth to try something, fail, and try again while being supported by staff and encouraged to learn from their mistakes.

Cultural, Historical, and Gender Issues

SAMHSA defines this final principle as occurring when “the organization actively moves past cultural stereotypes and biases (e.g., based on race, ethnicity, sexual orientation, age, geography), offers gender responsive services, leverages the healing value of traditional cultural connections, and recognizes and

addresses historical trauma.” These approaches were incorporated into the offerings of the Demonstration TLPs and are discussed later in Section 3.4/Activities Related to Identity and Cultural Sensitivity.

3.2.4 Challenges of Trauma-Informed Care

Staff at the Demonstration TLPs cited several challenges they experienced in practicing TIC and engaging with youth with trauma histories. Staff at three TLPs reported that youth in their Special Population Demonstration program had experienced more trauma, were more easily triggered by their trauma histories, and had more significant mental health issues than did youth engaged in their other programs and services. A staff person at one of these TLPs said that youth identifying as LGBTQ may have an added a layer of vulnerability due to being stigmatized because of their sexual orientation and/or gender identity, something that was absent from other populations the organization serves.

Staff at another TLP similarly reported that the youth in that Demonstration program were unique because of “the intensity of their clinical needs.” One program director acknowledged that staff at the TLP were surprised at the extent of youths’ trauma experiences and how those experiences influenced youths’ daily functioning: “Our TLP is very comfortable with trauma and TIC, but this population surprised us.” The TLP was not a mental health service provider, but the youth it served presented with an array of mental health needs.

Mental health considerations aside, staff at one TLP reported that it was challenging to help youth who were not “out of the closet.” Some youth in the TLP were anxious about identifying as LGBTQ to the staff. Program staff had to navigate youths’ fear of being stigmatized because of their LGBTQ status and get youth to trust that staff would protect their privacy and not out them.

3.3 Evidence-Informed Practices

The Special Population Demonstration Funding Opportunity Announcement (HHS/ACF, 2016) encouraged grantees to implement evidence-informed practices¹² in their service models as much as possible. This section describes some of the evidence-informed practices that Demonstration TLPs implemented or with which they were familiar. The section is divided into evidence-informed service models, which are frameworks for engaging with youth, and evidence-informed curricula, which are specific models for teaching youth certain skills.

3.3.1 Evidence-Informed Service Models

During the site visits, the research team asked the TLP program managers whether the TLP incorporated specific evidence-informed strategies or best practices when serving youth in the Demonstration. Some TLP program managers had different interpretations of the term “evidence-informed practices” or did not

¹² The Special Population Demonstration Funding Opportunity Announcement (HHS/ACF, 2016) defined evidence-informed practices as those that “bring together the best available research, professional expertise, and input from youth and families to identify and deliver services that have promise to achieve positive outcomes for youth, families, and communities” (p. 7).

understand the concept and were unclear as to whether or not evidence-informed practices were being implemented in their TLPs. Others reported that their TLP was still in the process of implementing such practices. Figure 7 describes the evidence-informed service models or best practices that TLP managers knew had been implemented for the Demonstration. The brief grantee profiles in Appendix A also provide a list of the assessment tools TLP staff reported using with youth, and notes which of these assessments were evidence-informed or evidence-based, meaning they had been standardized or validated through research.¹³

Figure 7. Evidence-Informed Service Models and Best Practices of Which Program Managers Were Aware

Evidence-Informed or Best Practice	Description
Wraparound	A service approach for providing case management and care coordination. Wraparound consists of monthly meetings that include the youth, program staff, and the youth's larger network of care outside of the TLP (including support networks) and always start with identifying youths' strengths. The executive director of the TLP that used this model is also a Wraparound trainer for the state.
Nurtured Heart	A strengths-based approach designed to create healthy relationships by tailoring staff interactions with youth to be positive, youth-affirming, and consistent (i.e., through maintained rules and boundaries). ¹
Cognitive Behavioral Therapy	A psychotherapy approach that works to address youths' trauma or behavioral issues by focusing on changing inaccurate or negative thinking, patterns of behavior, or responses to stress. ²
Dialectical Behavioral Therapy	A cognitive behavioral treatment that incorporates psychotherapy and skills training to help youth learn and adopt skills such as "mindfulness, emotion regulation, distress tolerance, and interpersonal effectiveness." ³
Trauma and Loss in Children	The STARR Global Learning Network's trauma program is informed by the Circle of Courage model for positive youth development, which focuses on developing youths' sense of belonging, mastery, independence, and generosity. The Trauma and Loss in Children approach helps to develop youths' ability to move from victim to survivor thinking by addressing the root causes of their symptoms and reactions. ⁴
Power Source	An evidence-based social and emotional program by Lionheart for working with high-risk youth. The program is designed to help youth develop social and emotional regulation skills needed to develop healthy relationships and stop high-risk behaviors through activities such as mindfulness exercises and group-based activities. ⁵

Sources:

¹<https://childrensuccessfoundation.com/about-nurtured-heart-approach/more-about-the-nurtured-heart-approach/>

²<https://www.mayoclinic.org/tests-procedures/cognitive-behavioral-therapy/about/pac-20384610>

³<https://behavioraltech.org/resources/faqs/dialectical-behavior-therapy-dbt/>

⁴<https://www.starr.org/training/tlc>

⁵https://lionheart.org/youth_at_risk/the-power-source-program/

¹³ The research team conducted an internet search of the assessment tools TLPs used to confirm which are standardized or validated through research before marking them as evidence-informed or evidence-based.

3.3.2 Evidence-Informed Curricula

During the site visits, the research team also asked the TLP program managers about any evidence-informed curricula they used. When asked, none of the TLPs indicated its life skills curriculum was evidence based. However, seven Demonstration TLPs used the *Casey Life Skills Assessment*, a standardized and validated assessment, to measure youths' life skills at intake and over the course of their stay in the TLP. Results from the Casey Life Skills Assessment were frequently used to determine what life skills programming to offer youth.

In line with the Special Population Demonstration Funding Opportunity Announcement's definition of evidence-informed practices as incorporating "input from youth and families" most of the TLPs reported their curricula were tailored based on youths' input and needs, even if they did not use a specific evidence-based curriculum. Those curricula are described below.

One TLP developed a Life Skills Academy that all youth were required to attend. In addition to the Academy, the TLP coordinator and specialist offered hands-on group sessions once a week on topics relevant to youths' current needs or expressed wants. Sample topics were financial planning, cooking, meal planning, apartment cleaning, and personal hygiene. Another TLP described its approach to life skills as reactive: when staff saw a barrier to youths' development, they stepped in to address it with specific life skills training, either one-on-one or during the group meetings that were held each week.

TLPs that targeted youth identifying as LGBTQ also reported tailoring their curricula around LGBTQ issues. For example, staff at one TLP reported that its life skills curriculum for LGBTQ youth included topics related to identity. Two TLPs incorporated the *Casey Life Skills GLBTQ Supplemental Assessment* into their programming. This tool was used to assess youths' awareness of and comfort with LGBTQ issues, such as family and community values, health, environment and safety, living in two or more worlds, community resources and supports, and self-concept. The results of these assessments informed staff on which topics to provide additional training or hold conversations.

At one TLP, staff reported that due to the immediate trauma and mental health needs of the youth being served, they found additional internal programming on healthy relationships and communication to be necessary. The *Advot Project* is a program that helps youth learn to have better relationships and communicate effectively through the arts, such as creative writing,

Living Promise

We are Stepping Stones!

We vow to do our best to achieve all of our goals.

We will work hard to accomplish our short-term and long-term goals.

We will work on maintaining a positive attitude every day while continuing to strive in life.

We will motivate, encourage, and uplift each other with positive words of affirmation.

We will not speak to each other with negative or hurtful words.

We will not allow low self-esteem, self-limiting beliefs, nor any negativity to conquer our thoughts and minds.

We are unique, beautiful, intelligent, brilliant, strong, courageous, resilient.

dance, theater arts, and role playing.¹⁴ The TLP's staff brought the *Advot Project's* Relationship 101 curriculum in-house to help youth learn to cultivate relationships through creative ways of expression. Forming a group identity and sense of belonging was also an important contributor to the development of healthy relationships among those living together at the TLP. The TLP designed a collaborative activity called "Living Promise," which encouraged youth to create a list of positive affirmations that they could support and model with one another, fostering skills for developing meaningful relationships within and external to the TLP.

3.4 Activities Related to Identity and Cultural Sensitivity

3.4.1 Youth-Focused Activities

Several of the TLPs planned youth-focused activities that incorporated cultural sensitivity training. Staff at a TLP in the Southwest reported its youths' primary sense of identity was their ethnicity or race and that sexual identity was secondary. When several youth expressed a strong desire to explore their ethnic/racial identity, staff organized a cultural identity month that included group sessions and roundtables about being Latino, Native American, or both. Staff also planned outings to cultural events and centers.

Other TLPs created activities focused on youths' LGBTQ identities. For example, all youth in one TLP were required to complete two trainings called Trans 101 and LGBTQ 101 at the local LGBTQ center. The trainings discussed state and federal laws about sexual orientation, definitions, history of the LGBTQ movement, and progress made. Other TLPs struggled to engage youth with LGBTQ-related resources. For example, staff at one TLP reported they had trouble getting youth to attend events sponsored by the local LGBTQ community center. When staff tried to discuss LGBTQ-related issues and concerns, youth said they were reluctant to pursue resources in part due to the experience of being stigmatized when they identified as LGBTQ. They also saw themselves and wanted to be seen by others as more than their sexual identity alone.

3.4.2 Organizational Activities

TLP staff participated in various types of cultural sensitivity training. The timing and frequency of the training varied across the TLPs, from occurring only at hire or at the start of the organization's Demonstration grant to periodic training that occurred annually or monthly.

Staff at several of the TLPs participated in training related specifically to serving the LGBTQ community. In some instances, this training was provided by local partner organizations. At a TLP that did not have significant prior experience serving LGBTQ youth, training provided by a partner agency resulted in important changes to the TLP's processes and services; for example, adding gender response categories to its intake form.



¹⁴ <http://www.theadvotproject.org>

In two cases, TLP staff were trained by others within their organization. Staff in these sites discussed broad cultural shifts in how sexual orientation and gender identity are understood—that LGBTQ youth think about their sexuality and gender identity differently than do LGBTQ adults. The trainings covered these sorts of generational shifts and how to best understand, relate to, and serve the needs of LGBTQ youth.

Staff at several TLPs reported the importance of not only receiving training in cultural competence, but also having people on staff who shared youths' particular identities, whether being LGBTQ or a particular race or ethnicity. For example, some key staff at a TLP in the Southwest were Latino or identified as LGBTQ, which provided the advantage of an extra level of understanding and shared experience when working with similarly identified youth in the program. At another program, the TLP street outreach team made efforts to identify themselves as staff from a safe place with which homeless LGBTQ youth could engage; all staff wore a rainbow-colored pin to identify themselves as LGBTQ friendly, and outreach materials included a rainbow icon.

In addition to considering LGBTQ-related issues, TLP staff participated in other cultural sensitivity training. For example, staff at one TLP participated in training sessions on street culture and substance abuse stigma. Staff at another TLP attended training on cultural humility and on Latino and Native American culture and issues. Another TLP's staff received training on how to recognize and prevent bullying and sexual harassment and on how to interact with youth from diverse racial and ethnic backgrounds.

4. Conclusion

This section revisits the research questions framing the study and presents key themes from the site visit interviews with program staff that address those questions. In alignment with research questions one, three, and four, Section 4.1/Summary of Findings summarizes how the Demonstration TLPs designed and implemented their housing and service models; helped youth build protective factors; and encouraged a sense of inclusion, relevance, and respect for youth. This section also discusses the key challenges and successes that TLPs experienced as they implemented their Demonstration programs (research question five). Section 4.2/Promising Strategies highlights promising intervention strategies pursued by the grantees implementing Demonstration TLPs (research question two). The chapter concludes by offering future considerations that highlight best practices and provide insights on how FYSB and its grantees can apply lessons learned from the Demonstration in their future initiatives and programming.

4.1 Summary of Findings

4.1.1 How Grantees Designed and Implemented TLP Housing and Supportive Service Models

At the core of the TLP model is safe housing paired with supportive services. The grantees implemented three broad TLP housing models: single-site facilities, clustered apartments within a single apartment complex, and scattered-site apartments. When selecting which model to use, grantees were influenced by a variety of factors, such as their assessments of the target populations' needs, the grantee's own preferences, or the grantee's existing relationships with property managers or other structures that made certain housing types easier to set up than others. Regardless of why grantees selected a particular housing model, each model inherently came with both benefits and disadvantages for serving youth, and the grantees pointed out these tradeoffs (discussed in more detail in Section 4.3/Future Considerations).

In terms of housing policies, each of the Demonstration TLPs required youth to sign a lease or housing agreement where they committed to following the program's rules. Several TLPs required youth to pay a portion of their income towards rent, in an effort to build youths' financial and budgeting skills. Ensuring youths' safety was also a key consideration in the design and implementation of the Demonstration programs. All of the single-site TLPs had staff on-site 24/7. Staff in scattered-site programs established relationships with landlords to help ensure youths' safety; they also regularly visited youths' apartments to make sure their living environments were safe, clean, and secure. The two TLPs that used a clustered apartment housing model used a combination of these techniques. Staff of one TLP conducted regular check-ins with youth in their apartments, while the other had a TLP staff member's office located at the apartment complex to provide supervision.

Many of the TLP program managers had a different understanding of whether their Demonstration TLP incorporated specific evidence-informed strategies or best practices for serving youth. Some TLP program managers had different interpretations of the term "evidence-informed practices" and were unclear as to whether or not evidence-informed practices were being implemented in their TLPs. Others reported that their TLP was still in the process of implementing such practices.

In all of the Demonstration TLPs, case managers worked with youth to develop ISPs, which outlined the goals to be achieved during each youth's time in the program and the associated services in which the youth would engage. ISP development was informed by the results of one or more assessments administered to youth during intake and enrollment. TLP case managers worked with youth to complete screening and assessment tools to assess their life skills, mental health, substance use, and trauma history upon entering TLP. However, across the Demonstration TLPs, there was no commonly used tool for assessing youths' mental health, substance use, or trauma history.

For many of the TLPs, it was common for youth to be referred to external organizations for education, employment, job training, and medical and dental services. Many of the services that were provided by external organizations were also provided in-house by the Demonstration TLPs, meaning that youth had some choice about where they received the service and from whom. Across the Demonstration TLPs, life skills training and family mediation were the only services that were provided exclusively in-house.

Forming partnerships for certain services proved to be a challenge for some of the TLPs, however. This included difficulty locating health care partners able to provide services to transgender youth, finding job training and employment readiness referral partners that would serve youth from the Demonstration, and identifying local employers that would employ the target population. To overcome these challenges, TLPs often had to provide the service in-house or tap into a wider network to create new partnerships to provide such services. Notably, almost all of the TLPs established at least one new partnership with other local providers during the course of implementing their Demonstration programming, typically an LGBTQ resource center or transgender clinic.

As part of the TLP service model, the Demonstration TLPs were instructed to create aftercare services that would provide ongoing assistance to youth upon program exit. Overall, the TLPs varied in the frequency and nature of aftercare services they provided or planned to provide to TLP youth. Access to aftercare services at some TLPs tended to be youth driven; these TLPs followed up with youth upon request only. However, four TLPs reported that their staff had regularly scheduled check-ins with youth after their program exit.

4.1.2 How Grantees Helped Youth Build Protective Factors

TLP staff recognized that youth entering the Demonstration programs had a history of high mobility and transitory living arrangements and lacked connections and acceptance. To address these issues, grantees assisted youth to build protective factors, such as connections to schools, employment, and appropriate family members and other adult mentors.

The TLPs also worked to build community among the youth in their programs. Hosting group meetings and activities was one mechanism for fostering these relationships. TLP staff found that when youth built relationships with peers in their program they felt less alienated and it helped them work through shared experiences of trauma.

Another way TLPs sought to bolster protective factors was by identifying and enhancing youths' own strengths and competencies. TLP staff also encouraged youth to select services, service providers, and counselors that worked best for them (i.e., where they felt listened to and understood); helped youth learn

how to express their needs, desires, and goals; and encouraged youth to listen to their “inner voice” to become better self-advocates.

4.1.3 How Grantees Encouraged a Sense of Inclusion, Relevance, and Respect

The Demonstration TLPs encouraged a sense of inclusion and respect for youth in their programs by developing strategies for protecting TLP youth from harassment. Some methods that TLP staff used to foster inclusion, relevance, and respect were seemingly minor; however, program staff found that these strategies were an important way to make TLP youth feel valued, important, and respected. For example, staff at a few TLPs reported using visual symbols such as rainbow icons and uplifting catchphrases to make youth feel welcomed and understood. In a similar way, staff at one TLP reported they would ask youth as they entered the program what the youth’s preferred pronoun was, or staff would start a conversation with the youth by stating their own preferred pronoun.

Staff at two TLPs that served LGBTQ youth reported that it was important for their programs to be staffed by individuals who also identified as LGBTQ or who were strong allies with the LGBTQ community. Youth developed positive relationships with these staff because of their shared life experiences and common understanding. In one TLP, youth were encouraged to choose scattered-site apartments in neighborhoods and with landlords welcoming of the LGBTQ community to ensure youth would feel comfortable and accepted.

Staff worked with youth to recognize the diversity and layers of privilege and marginality that exist even within a marginalized group such as the LGBTQ community. For example, staff at two TLPs encouraged gay and lesbian youth to be respectful of the feelings and experiences of transgender youth, which oftentimes diverged from the youths’ own experiences.

4.1.4 Challenges and Successes Grantees Experienced Implementing the Demonstration

The TLPs faced several challenges implementing their programs under the Demonstration. However, in many cases, they developed innovative strategies to surmount these challenges. Several notable challenges and successes are highlighted below.

TLPs serving young adults who left foster care after age 18 expected their main referral partner to be their state’s child welfare agency. However, one TLP struggled to increase its referrals via that pipeline and had to find other referral partners, such as local organizations that provided services to young adults after foster care. Similarly, TLPs that served LGBTQ youth found that referrals were not necessarily coming in through their typical sources, such as coordinated entry systems and mainstream homeless service providers. Two TLPs that had planned to rely on local LGBTQ-focused organizations for referrals found that, because the organizations tended to serve adults more than youth, they did not have a pool of youth from which to draw. To help overcome these challenges, TLP staff had to look for new and creative referral partners and opportunities.

Some youth in the Demonstration TLPs were fearful of disclosing their sexual identity or had a history of not being accepted because of it. During eligibility determination and enrollment, youth were frequently

reluctant to discuss their trauma histories and sexual identities and were often overwhelmed by enrollment paperwork and processes. TLP staff mitigated these challenges by implementing screening that minimized the burden on youth and by implementing trauma-informed approaches.

Staff at several TLPs noted that youth in their Demonstration programs had more intense trauma responses and more significant mental health issues than did youth in their other programs and services. The TLPs addressed these challenges by referring youth to mental health counseling or by providing such counseling in-house, as well as by implementing trauma-informed approaches to address youths' needs. Several TLPs enhanced the level of mental health counseling and trauma-informed care they provided beyond what they initially planned, both on-site and via referrals to partner organizations.

4.2 Promising Strategies

Over the course of their Demonstration grants, the TLPs implemented promising strategies targeted to the needs of LGBTQ youth or young adults who left foster care after age 18. These strategies were present in various aspects of the TLPs' programming—from the services offered to youth, to grantees' efforts to foster youths' feelings of relevance and inclusion, to trauma-informed care. Several strategies are highlighted below.

Providing Program Services

The Demonstration TLPs designed and executed innovative strategies for providing supportive services, including these:

- *Partnering with LGBTQ resource centers* to provide access to hormone therapy, STI/HIV testing, counseling and mentoring, and support groups. Through its partnership with the local LGBTQ center, one TLP was also able to refer transgender youth to another local organization that assists with legal name changes.
- *Implementing alternative approaches to provide employment readiness and job training services.* Several TLPs created their own programming or established new partnerships with other local providers to assist with the provision of employment readiness and job training services. For example, one program created a food truck entrepreneurship program; enrolled youth learned food safety and customer service skills. Youth at another TLP had the opportunity to train as baristas, earning stipends and learning occupational and soft skills.
- *Partnering with other local organizations to provide financial literacy courses* for youth to learn the money management skills they would need to live independently. Two TLPs partnered with local organizations that had programs where youth who completed a series of financial literacy courses could earn matched dollars for money they put into savings-like accounts.

Building Youths' Protective Factors

The Demonstration TLPs implemented innovative approaches to help build youths' protective factors, including these:

- *Helping youth develop positive connections with supportive adults.* Most TLPs saw youths' regular contact and interactions with TLP staff as important positive connections. Staff also helped youth develop a network of supportive adults outside of the program that could remain in the youths' daily lives after their exit. For example, several TLPs reported that youth viewed instructors in their education and training programs as well as managers and coworkers at their jobs as sources for productive and affirming relationships.
- *Connecting youth to mentors.* Several TLPs supported mentorship programs to help youth develop social networks that could be easily accessed after TLP exit. For example, one TLP paired youth with mentors with whom youth shared racial/ethnic and LGBTQ identities, so the mentors could provide ongoing support based on common understanding and shared experiences.

Incorporating LGBTQ Elements into Life Skills Programming

Demonstration TLPs fostered inclusion by incorporating LGBTQ-specific programming and elements into their core services, including with this promising service strategy:

- *Incorporating LGBTQ-specific elements into life skills assessments and training opportunities.* Two TLPs used the *Casey Life Skills GLBTQ Supplemental Assessment*, which covers topics such as family and community values, health, environment and safety, living in two or more worlds, community resources and supports, and self-concept. The results of these assessments suggested to staff topics on which to offer additional training and to engage youth in discussions.

Appreciating Youths' Multiple and Intersecting Identities

Demonstration TLPs provided youth with opportunities to explore their multiple and intersecting identities, including with this promising service strategy:

- *Developing programming to help youth explore their racial/ethnic identities.* Youth at a TLP in the Southwest expressed a desire to learn more about their racial and ethnic identities, in addition to their sexuality and gender identities. In response, the TLP developed a cultural identity month that included group sessions about being Latino, Native American, or both, as well as outings to cultural events.

Reaching and Engaging Eligible Youth

TLPs in the Demonstration used innovative approaches to reach and engage eligible youth, including these:

- *Educating youth and referral partners about the accepting and inclusive culture of the Demonstration TLPs.* TLPs that served young adults who left foster care after age 18 found that it was helpful to tell youth and referral partners about the purpose and culture of the Demonstration program. For example, one TLP educated their partners on key elements of the positive youth development framework and trauma informed care so the partners understood how TLP staff engaged with youth in an accepting and understanding way.

- *Developing new referral partners and outreach efforts to locate youth.* Several TLPs that served LGBTQ youth found the youth were uncomfortable accessing mainstream homeless service providers and were not being referred through coordinated entry or other standard entry processes. To address this challenge, these TLPs relied on new and creative outreach efforts, such as targeting local libraries and alternative schools, using social media sites, and relying on word-of-mouth among peers. For example, one TLP created a hotline that youth could call to anonymously receive information about the program and begin the eligibility determination process. Outreach workers would give the number to youth they encountered on the street and to other homeless service providers.

Using a Trauma-Informed Approach

The Demonstration TLPs implemented several promising trauma-informed approaches, including these:

- *Helping youth feel safe.* Staff at two TLPs made youth feel safe by meeting them for case management sessions at locations of their choice. Another TLP assisted youth with emotional safety by having a “processing chair” where youth could sit to examine and discuss their feelings and experiences with a staff member.
- *Building trust between TLP staff and youth.* One TLP’s staff built trust with youth by not asking probing questions about topics that may provoke a traumatic response. TLP staff gave youth time to develop trust, build rapport, and share information about their trauma history and other experiences when they were ready.
- *Collaborating and communicating with youths’ social and service networks.* Staff at the Demonstration TLPs collaborated and communicated with one another and with different types of partners to address youths’ needs. They found that diverse parties, such as family members, staff at partner organizations, and roommates and peers in the program, among others, were instrumental in providing trauma-informed care.
- *Empowering youth.* Staff at one TLP sought to empower youth in their treatment by helping them understand that they can and should choose what programming they engaged in and who provided it.

4.3 Future Considerations

Through the Demonstration, nine TLPs located throughout the United States were able to design and implement programs that targeted underserved and frequently overlooked groups of runaway and homeless youth—those who are LGBTQ or young adults who left foster care after age 18. The Demonstration TLPs learned important lessons about how to best address these youths’ needs, which can be applied to improving the design of future grant initiatives as well as future programs to target these populations.

Selecting a Housing Model

There were tradeoffs inherent in the type of housing model that grantees adopted, whether *scattered-site apartments* or *single-site housing* or *clustered apartments*. Grantees may want to consider weighing the

pros and cons of each housing model—such as whether they want to prioritize building a peer network through the program or allow youth privacy and independence. They will need to assess the characteristics and needs of the populations they serve to determine which model, or combination of models, will maximize their programmatic goals.

Streamlining Screening and Enrollment Processes

TLP intake and enrollment can be overwhelming for youth, especially if those youth have significant mental health needs or trauma history. Several TLPs in the Demonstration intentionally designed screening processes that minimized the burden on youth and enhanced the opportunities for trauma-informed engagement from the outset. In the future, TLPs serving this population may want to prioritize obtaining information critical to determining eligibility over information that can be gathered after youth have enrolled in the program and established some modicum of trust with program staff. That way, TLPs are more likely to obtain the kind of sensitive information from youth necessary to develop ISPs and address youths' needs. TLPs may also consider seeking technical assistance on the selection and use of assessments.

TLP case managers worked with youth to complete screening and assessment tools to inform ISP development. However, across the Demonstration TLPs, there was no commonly used tool for assessing youths' mental health, substance use, or trauma history. TLPs could benefit from a centralized repository of evidence-based or evidence informed assessment tools for life skills, mental health, substance use, and trauma history. Such a tool could also include guidance on trauma-informed assessment administration that covers topics such as: (1) how to minimize the number of questions youth are asked at intake; (2) how to frame assessments as a conversation between TLP staff and youth; and (3) how to build trust with youth before administering more sensitive and potentially triggering assessments. The option of grantees using a uniform set of assessment tools that are administered throughout a youth's stay in TLP could track youths' progress, provide further information about their needs and experiences, and help inform service provision needs.

Creating Targeted Outreach

Several TLPs in the Demonstration initially had difficulty finding appropriate and productive referral sources. This experience can help future TLPs looking to serve these populations by anticipating challenges in expanding and/or establishing an adequate referral pipeline. Education about the TLP's purpose and outreach to a more diverse set of organizations can lead to better enrollment. Successful engagement of youth in the program can, in turn, lead to increased enrollment through word-of-mouth via youths' social networks.

Creating Targeted Resources

The eight TLPs in the Demonstration that served LGBTQ youth made concerted efforts to include LGBTQ-specific programming and resources. Some TLPs experienced challenges creating LGBTQ-specific programming in which LGBTQ youth were willing to engage. TLPs serving this population may need to customize LGBTQ-focused programming based on where youth are in the process of forming and expressing their sexual and gender identities. Though providing LGBTQ-focused content can help youth become more self-aware and comfortable with those identities, TLP staff stressed the importance of remembering that youth are more than just their sex or gender.

Planning for Mental Health Services Aftercare

TLPs varied in the extent to which they planned for youths' aftercare services following program exit. Staff at several TLPs said it was difficult to remain in contact with youth after they left the program, which made it particularly important for youth to be connected to ongoing mental health and trauma counseling services before exit. By linking youth to service providers early in their stays, youth may be better connected to services they are comfortable accessing well before they leave the TLP.

Promoting Healthy Relationships

Many of the TLPs reported that youth had difficulty forming healthy relationships with their peers and making positive connections to staff and others. The Demonstration TLPs implemented several techniques that staff considered helpful in fostering supportive, healthy connections with adults—a goal for grantees in the Demonstration. However, connections with family members are not always supportive or healthy. Many youth in the target population have negative family histories that include intolerance of their LGBTQ identity or histories of abuse. Family members can be an important source of positive connections for youth, as long as youth decide whether and how to connect. In the future, TLPs serving these populations might consider incorporating healthy relationship education programming into their curricula.

Creating Connections with Peers

TLPs in the Demonstration used several methods to foster peer-to-peer engagement and connections, including regular group meetings and activities. However, some TLPs experienced challenging group dynamics due to youth who struggled with positive interpersonal relationship skills or the ability to communicate effectively. In such circumstances, one-on-one sessions between youths and their case manager or other program staff could be preferable. Going forward, TLPs may need to be flexible in their approaches to providing group services based on the characteristics of the youth being served. Several TLPs noted that group session models that worked well in their traditional TLPs did not suit some more challenging group dynamics that came into play with their LGBTQ youth.

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