



IssueBRIEF

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Analysis of Data on Youth With Child Welfare Involvement at Risk of Homelessness

The Children's Bureau, within the Administration for Children and Families (U. S. Department of Health and Human Services) is funding a multi-phase grant program to build the evidence base on what works to prevent homelessness among youth and young adults who have been involved in the child welfare system. Currently, there is very little evidence on how to meet the needs of this population. This program is referred to as Youth At-Risk of Homelessness (YARH). Eighteen organizations received funding for the first phase, a two year planning grant (2013–2015). Six of those organizations received funding for the second phase, a three-year initial implementation grant (2015–2018).

YARH focuses on three populations: (1) adolescents who enter foster care between 14 and 17, (2) young adults aging out of foster care, and (3) homeless youth/young adults with foster care histories up to 21.

During the planning phase, grantees conducted data analyses to help them understand their local population and develop a comprehensive service model to improve outcomes in housing, education and training, social well-being, and permanent connections. During the initial implementation phase, grantees are refining and testing their comprehensive service model. They will conduct usability testing to determine the feasibility of specific elements of the model, and conduct a formative evaluation to understand what supports and structures are needed to implement the model with fidelity. Finally, they will develop a plan to test their comprehensive service model in a summative evaluation. A third YARH grant phase, if funded, will involve conducting summative evaluations designed to add to the evidence base on how to support older youth with child welfare involvement and prevent homelessness.

This brief discusses the data strategy associated with the [The Framework to End Youth Homelessness: A Resource Text for Dialogue and Action](#) (USICH, 2013) (hereafter referred to as the “Framework”) and how the strategy was implemented by YARH Phase I grantees. The information in this brief comes from grantee applications for both Phase I and Phase II and papers and presentations by grantees.

The Framework to End Youth Homelessness: A Resource Text for Dialogue and Action (USICH, 2013), presents a data strategy for understanding the size and characteristics of homeless youth populations. The approach centers on two main activities:

1. Enhancing data collection on homeless youth—specifically, in the short run, Point in Time (PIT) counts of the homeless—to include youth who are often not part of these surveys and to learn more about their characteristics

2. Using data available in the community to study the characteristics and size of the homeless population, as well as risk and protective factors associated with homelessness

This brief reports on results of the first national effort to implement the Framework's youth data strategy for an important at-risk population - youth and young adults with child welfare involvement. The effort involved 18 states and communities across the country that received federal funding from the Children's Bureau (CB) for

Highlights

- The Phase I grantees were among the first to implement the Framework's youth data strategy. Eight of the 18 grantees conducted state-level analyses; 3 were also able to conduct individual-level analyses. The remaining 10 grantees conducted analyses at a level consistent with the focus of their intervention: region, county, tribe, or city.
- Grantees were able to access multiple administrative data sets to learn more about the risk and protective factors that predict homelessness for youth and young adults involved in the child welfare system. Grantees accessed four types of administrative data on child welfare, three types of administrative data on homelessness, and six types of other administrative data.
- Grantees also used surveys and focus groups to build their understanding of the risk and protective factors associated with homelessness among youth and young adults involved in the child welfare system.
- Accessing data also presented challenges. Data use agreements could take 3 to 18 months to execute. Some agencies had significant concerns about sharing individual-level data, so they provided only aggregate data.

Planning Grants to Develop a Model Intervention for Youth/Young Adults with Child Welfare Involvement At-Risk of Homelessness, Phase 1 (Phase I). These grants funded the development of model interventions to prevent homelessness among youth and young adults with child welfare involvement, a group at high risk of homelessness (Courtney et al. 2010). Grantees were to plan their interventions by analyzing data on risk and protective factors for homelessness in their communities. In this brief, we describe Phase I and outline the goals of the data analyses conducted by grantees. We then discuss the data sources grantees needed to address questions and their approaches to obtaining data. Next, we discuss the data analysis approaches and what grantees learned about the risk and protective factors for homelessness and the size of the population at risk for homelessness. Information in the brief could be useful for other communities seeking to better understand risk and protective

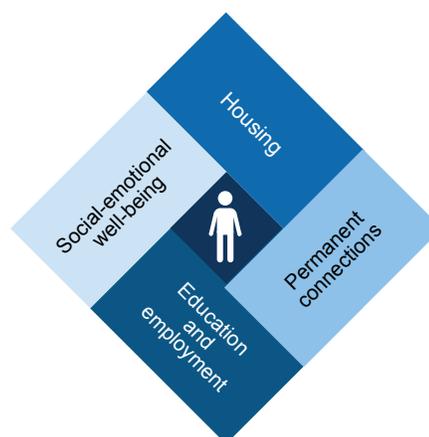
factors for homelessness among young people and the size of the population of homeless young people.

The YARH planning grants

The YARH grant program was a new multi-phase approach implemented by the Children's Bureau that provided a two-year planning period to give grantees time to understand their youth population at risk and the factors that affect homelessness as well as the needs of youth and the services available in the community. With this information, Phase I grantees were asked to develop a comprehensive service model that would engage youth and promote outcomes in four main areas: (1) education and employment, (2) social-emotional well-being, (3) permanent connections with adults, and (4) stable housing (Figure 1). A subsequent set of grants to 6 of the 18 Phase I grantees will allow them to test implementation of their approaches and prepare for full implementation and summative evaluation (Phase II).

One key task of the YARH planning period was to implement the Framework's data strategy. Phase I grantees were asked to use data available in the community to understand risk and protective factors associated with homelessness among youth and young adults ages 14 to 21 involved with child welfare and the size of the population of youth with child welfare involvement at risk of homelessness. Grantees gathered data and conducted analyses that illustrate both the challenges of the data strategy and the insights gained

Figure 1. Core outcome areas for the Framework and YARH



from agency coordination around data analysis. Many grantees also enhanced their counts of street homeless youth and gathered other data that improved understanding of the risk and protective factors associated with homelessness, and will continue to enhance homeless data beyond the grant period.

Phase I grantees represented every region of the country and analyzed data in a range of jurisdictions (Figure 2). Five grantees were state-level child welfare agencies, seven were local or tribal child welfare agencies, and six were community-based organizations. Eight grantees conducted data analyses at the state level. Of these eight, five planned to implement their interventions in one or more regions of the state rather than statewide. Three of the grantees that conducted state-level analyses also analyzed data at the local levels, consistent with the focus of their interventions. The other 10 grantees conducted data analyses at the city, county, tribal, or regional level, depending on the focus of their interventions.

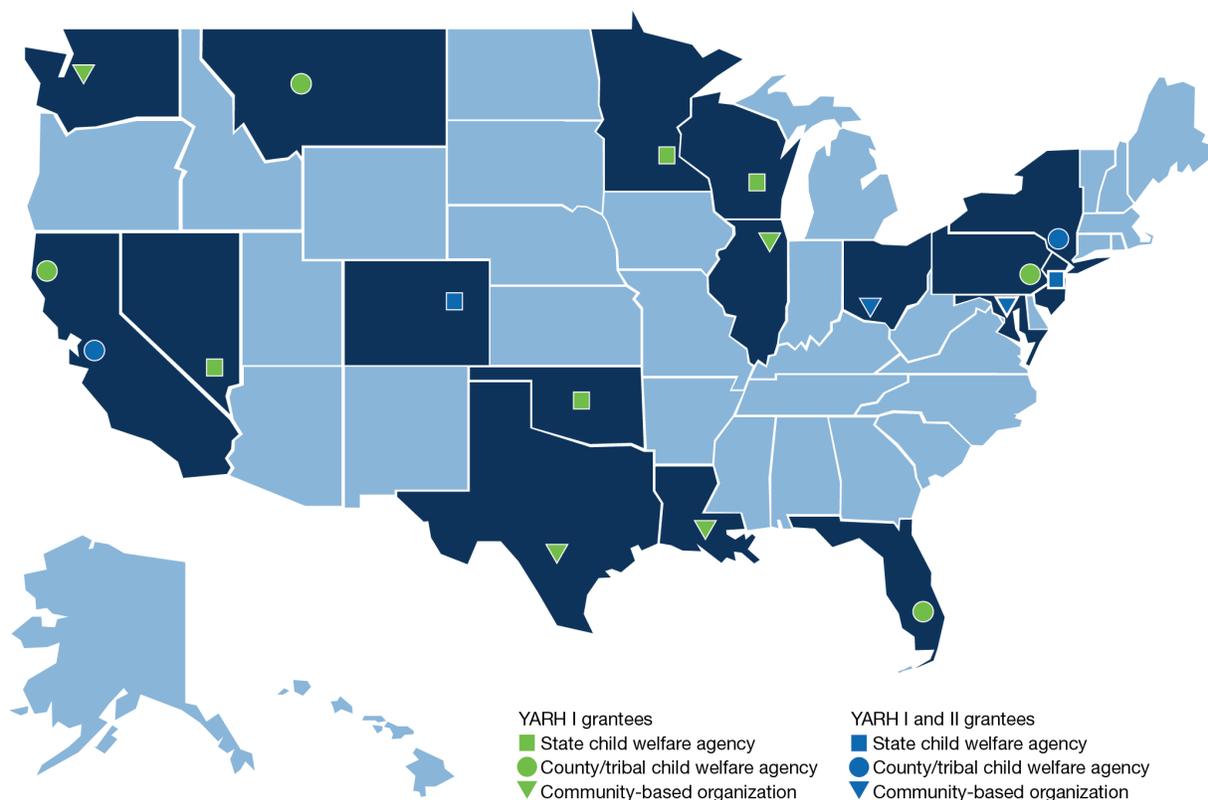
Goals of the data analysis

Phase I grantees sought data to address four questions:

1. What factors increase the risk of homelessness among youth in foster care?
2. What protective factors reduce the risk of homelessness among youth in foster care?
3. How many youth involved with child welfare are at risk of homelessness?
4. How many homeless youth and young adults have experienced child welfare involvement?

Identifying risk and protective factors for homelessness can help grantees focus services on youth most in need of interventions to prevent homelessness. Factors that can be influenced by policies and services (such as school achievement or the number of foster care

Figure 2. Locations of YARH grantees



placements) can also help to inform the development of interventions that might prevent homelessness. Policies or services can be modified or developed to prevent risk factors from occurring or to promote protective factors more broadly.

Phase I grantees also sought to estimate the number of youth with child welfare system involvement who are most at risk of homelessness to help them plan the size of their interventions. In the Phase I funding opportunity announcement, CB described three “engagement groups” that grantees needed to consider in developing their interventions (Figure 3):

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

Data sources

To address the four questions, Phase I grantees needed data on (1) youth and young adults involved with child welfare, (2) homeless youth and young adults, and (3) plausible risk and protective factors that might contribute to the risk of homelessness. Data on individual youth over time would be ideal, as they could link an individual’s child welfare involvement with life events and characteristics such as child welfare placements, educa-

tion and employment history, health status, mental health or substance use treatment, parenting during adolescence, and whether the youth experienced homelessness or stable housing as a young adult.

Phase I grantees had several ideas for potential risk and protective factors to examine. First, they could select from age-appropriate measures of the four outcome areas promoted by the Framework: (1) education and employment, (2) social-emotional well-being, (3) permanent connections with adults, and (4) stable housing. Second, they could draw from the literature assessing risks for homelessness or unemployment among youth in foster care. Sources included the Midwest Study of Adult Functioning of Former Foster Youth; a study of newly homeless adolescents in Los Angeles, CA, and Melbourne, Australia; a report on the development of the Transition Age Youth triage tool; and a study of homeless youth in Detroit (Courtney et al. 2010; Milburn et al. 2009; Rice and Rosales 2014; Toro et al. 2011). Grantees then used a range of data sources, including administrative data, survey data, and interview data, to assess the extent to which focal risk and protective factors were present in their community.

In the next sections, we discuss the potential data sources and how Phase I grantees assembled them to address the four questions. Data sources included the child welfare agency, agencies serving homeless youth and young adults, and many other agencies that provide education, employment, health, mental health, juvenile justice, and public assistance services and support. Table 1 lists key administrative data sources and the number of grantees accessing each. Data sources include (1) child welfare agency administrative data; (2) data on homeless youth and young adults; and (3) data on risk and protective factors. Some data can inform multiple categories of information needed to assess risk and protective factors for homelessness, and the table reflects the uses of the data cited by grantees.

Figure 3. Three target populations for all YARH grantees



Table 1. Data sources

Data source	Information included	Source of information about:				Number of grantees using this source
		Child welfare involvement	Homelessness	Risk factors	Protective factors	
Child welfare agency administrative data						
Case records	Time involved with child welfare and in foster care; type and number of placements; whether the youth ran away from foster care; assessments of educational progress; employment activities; social-emotional well-being	X		X		18
National Youth in Transition Database (NYTD)	Housing, education, employment, risk factors, and child welfare services at ages 17, 19, and 21	X	X	X	X	9
Behavioral health care	Behavioral health assessments and treatment			X		2
Independent living services	Types of services received and completion				X	5
Data on homeless youth and young adults						
Homeless management information system (HMIS)	Receipt of services from local Continuum of Care agencies for transitional housing	X	X	X		11
Runaway and homeless youth management information system (RHYMIS)	Receipt of services from basic center programs, street outreach programs, or transitional living programs		X			0
Point in Time (PIT) counts of the homeless	Homeless on a particular night; some grantees added questions about prior child welfare involvement and risk factors	X	X	X		6
Data on risk and protective factors						
Public assistance data	Receipt of general assistance (GA), Temporary Assistance to Needy Families (TANF), supplemental nutrition assistance program (SNAP), or child care subsidies; income sources and amounts; the presence of children; and employment and training activities		X	X		5

(continued)

Data source	Information included	Source of information about:				Number of grantees using this source
		Child welfare involvement	Homelessness	Risk factors	Protective factors	
Education agency data	Achievement, grade retention, grades completed, special-needs status, high school graduation, discipline incidents, attendance, and moves from one school to another		X	X	X	7
Postsecondary education enrollment	Enrollment in higher education; degree attainment				X	2
Employment agency data	Earnings, timing of employment, and participation in employment training			X	X	2
Juvenile or criminal justice data	Arrests, detention, and incarceration			X		6
Health and mental health agency data	Diagnosis and treatment of mental health and substance use disorders, medical treatment for injuries, prenatal care, and delivery			X		3

Source: Grantee applications for Phase II.

Child welfare agency administrative data

Child welfare data were key to identifying youth that were the focus of the planning project (Figure 4). State or local child welfare agency Phase I grantees had ready access to child welfare case records, and for most of them, the data were organized in electronic databases

that supported identification of youth entering foster care at age 14 or older, youth transitioning out of foster care, and those receiving child welfare services as young adults.¹ For these groups, child welfare data provided information on the number of foster care placements, the length of time involved with child welfare, running away from placement, and other information. Fourteen Phase 1 grantees had systematic access to case-level child wel-

Figure 4. Types of child welfare data utilized



fare Phase I records to assess risk factors. Three grantees could request child welfare records when needed but did not systematically obtain individual-level child welfare case data for analyses. One grantee could obtain only aggregate child welfare data.

Some child welfare agencies also had access to additional useful data. Records on behavioral and mental health interventions for youth in foster care added information about risk factors. Records on independent living services that youth received near the point of transition from foster care added information on protective factors. Periodic assessments of youth, usually using the Child and Adolescent Needs survey (CANS), provided data on risk and protective factors for some grantees. States are required to collect information on all youth who receive independent living services under the John H. Chafee Foster Care Independence Program; some states use a brief survey to meet this requirement. As we discuss later in this brief, some agencies expanded that survey to obtain information on risk and protective factors; others conducted surveys or focus groups of various subgroups of youth for the same purpose.

The National Youth in Transition Database (NYTD) had the potential to address the questions about risk and protective factors and the likelihood that youth in foster care will become homeless. NYTD is a longitudinal survey of transition-age youth conducted or supported by the state child welfare agency. Youth in foster care are sampled at age 17 and invited to participate in the study, and follow-up surveys are conducted at ages 19 and 21. Topics include financial self-sufficiency, educational attainment, connections with adults, homelessness, high-risk behavior and outcomes, and health insurance coverage. Thus, the data could potentially indicate which 17-year-old youth in foster care became homeless by age 19 or by age 21, and the associated education levels, connections with adults, employment and income, and high-risk behavior. By matching NYTD data with child welfare records, grantees could add information about prior foster care events, such as the number and types of placements, the age of entry to foster care and length of time in foster care, whether the youth ever ran away from placement, and other details.

Nevertheless, NYTD had significant limitations as a source of data for most of the Phase I grantees. NYTD is

a state data collection program, and in many states, the response rates for the first cohort of the NYTD survey were low, raising concerns that the data are not representative of all youth in foster care. Even at the baseline data collection point (17-year-olds in foster care), state-level response rates averaged 53 percent, ranging from a low of 12 percent to a high of 100 percent (U.S. DHHS, 2014). At the age 19 follow-up, when grantees could identify young adults with homeless experiences after leaving foster care, even fewer youth responded to the survey. The response rate at age 19, for youth who participated at 17, was 67 percent, ranging from a low of 26 percent to a high of 95 percent. Overall, this means that among the youth in foster care at age 17, states surveyed an average of 36 percent at age 19. Notably, some states surveyed nearly all of the eligible population at both time points, making their data more useful for analysis. But overall, the proportion of 19-year-olds responding to the survey was unlikely to provide a representative picture of the young adult outcomes of youth in foster care. Nine grantees used NYTD, but for several of them, the sample was very small. The age 21 follow-up was not yet available for YARH analyses.

Data on homeless youth and young adults

The Phase I grantees considered youth to be homeless if they were living on the street or unsheltered, living in a homeless shelter or transitional housing, or temporarily staying with friends or family (“doubling up,” or “couch surfing”). The available data varied in its coverage of homeless youth, as some sources captured street youth, others captured youth served in shelters, and others asked about all types of homelessness. Because youth living unsheltered or doubled up and those living on the street can be difficult to locate systematically, data that included these groups had unknown representation of the homeless.

Homeless Youth:

- Sleep on the street
- Sleep in shelters
- Live in transitional housing
- Couch surf
- Double-up with friends or family

Many small local agencies serve runaway and homeless youth up to age 21 in basic center programs, street outreach programs, and transitional living programs with funding from the Family and Youth Services Bureau. The local agencies collect data on youth receiving services using the runaway and homeless youth management information system (RHYMIS). This source would have been helpful for understanding which youth in foster care had episodes of homelessness during adolescence or after transitioning from foster care, and several YARH grantees tried to obtain RHYMIS data. However, the grantees learned that U.S. Department of Health and Human Services (DHHS) regulations for the runaway and homeless youth (RHY) program prohibit sharing any RHY data about a youth without consent of the youth.² If the youth is under age 18, consent of the parent or guardian is also required to share data. These restrictions on sharing the data were a significant barrier to obtaining individual-level RHYMIS data for analysis, and ultimately, no Phase I grantees obtained RHYMIS data. RHYMIS data are reported to DHHS, and aggregated data are available, but individual-level data are not.

The Department of Housing and Urban Development (HUD) funds local Continuum of Care (CoCs) programs that help individuals and families who are homeless or at risk of homelessness move to transitional or permanent housing.³ These programs generally serve adults rather than youth, so they were less likely to serve the youth that grantees were following in the child welfare databases and linking with data on individuals receiving homeless services. However, homeless management information system (HMIS) data were easier for Phase I grantees to access than RHYMIS because HMIS did not have the same restrictions on use and because, in many states, the data from local agencies are assembled into a single data source by a state agency, making it easier to negotiate a memorandum of understanding (MOU) to use the data. Half the grantees obtained HMIS data for analysis.

HMIS misses youth who are doubled up, couch surfing, or otherwise unstably housed. Grantees found few sources to measure youth and young adults with unstable housing, but in one grantee's state, cash welfare program records included information on doubling up. Education data can also include information on whether the student is homeless or unstably housed, but only three grantees

obtained individual-level education data for analysis. In general, data sets do not capture unstable housing situations if youth or young adults did not seek services. Moreover, young adults may avoid seeking shelter or housing services frequented by homeless adults, and as a consequence, the HMIS tends to undercount homeless young adults. Several of the grantees who linked child welfare records with HMIS found a relatively low number of matches. If a substantial proportion of homeless or unstably housed youth and young adults are not included in these databases, then the analyses that link child welfare data with HMIS would not consider them homeless, and the estimates of the size of the population and the importance of various risk and protective factors would be incorrect. Some grantees did not trust the results of the analyses based on HMIS data and moved to other types of analyses to assess risk and protective factors.

Local HUD-funded CoCs conduct PIT counts of sheltered and unsheltered homeless people on one night each January. Six Phase I grantees expanded the PIT counts of the homeless to more effectively include youth in the count and to ask additional questions to inform the planning effort. Information from recently transitioning youth helped identify locations where homeless youth could be found at the time of the PIT count, so that they could better locate youth for this survey. PIT surveys were expanded to ask the homeless about prior child welfare involvement. Some grantees developed special youth surveys for the PIT count that asked more questions about child welfare and related experiences to better understand the factors leading to homelessness. Four grantees used PIT counts of the homeless to assess the proportion of homeless youth with child welfare histories, and two grantees used other information from the count. PIT count survey data do not include identifiers, so they could not be matched with child welfare data or any other data sources. One grantee added to the county's HMIS data collection a question on former foster care experiences.

Data on risk and protective factors

Information about the characteristics and experiences of youth with foster care histories, including their education, employment, health and mental health assessments and treatment, foster care placements and timing of

involvement with child welfare, interactions with the juvenile justice system, and other information about services youth received were important in assessing risk and protective factors associated with a higher likelihood of homelessness. Phase I grantees could obtain information on some of these characteristics and experiences from child welfare data, but often, data from other agencies and service systems were needed to round out the picture or to provide more accurate information.

Risk factors are individual, family, or community characteristics associated with a higher likelihood of being homeless. Examples include emotional distress, unprotected sex, drug or alcohol use, and being a victim of sexual or physical abuse.

Data on risk factors were more prevalent than data on protective factors. Service programs typically base eligibility on need, which focuses on risk factors such as low income, mental health diagnoses, juvenile justice incidents, or homelessness. Fewer data systems collect information on protective factors such as educational attainment, stable employment, connections with adults, or characteristics such as persistence and dependability.

Protective factors are individual, family, or community characteristics that counteract risk factors. Examples include: school connection, positive friends, and employment.

Phase I grantees used data from several agencies to assess risk and protective factors (Table 1), and grantees varied in their ability to access the various types of data:



Child welfare agency data: As described earlier, all Phase I grantees obtained child welfare data, either aggregated or at the individual level. Most grantees used as risk factors foster care placement type, multiple placements, and whether the youth ran away from foster care. Some coded assessment data to identify risk factors such as mental health issues, substance

use disorders, and protective factors such as reported progress in school and strong relationships with family and friends.



Public assistance agency data: Five child welfare agency Phase I grantees shared an agency with public assistance (particularly city and county-level grantees), or had a history of sharing data with this agency. Public assistance data provided information on income sources, parenthood, and housing instability.



State education agency or school district data: Two Phase I grantees were able to obtain individual state-level education data because of Family Educational Rights and Privacy Act (FERPA) restrictions on sharing the data. One grantee obtained local education agency data, but where school districts were small and numerous (including in states and in some counties), obtaining MOUs with multiple school districts was prohibitively time-consuming. One grantee used information from a study on education outcomes for youth in foster care conducted by another organization. Three grantees used aggregated education agency data. Data included high school graduation, state assessment test outcomes, attendance, and disciplinary incidents.



State unemployment insurance wage records: Only one Phase I grantee used individual-level wage record data, and another grantee used aggregated wage record data. Many grantees had difficulty obtaining these data from the state employment agency because of a lack of prior relationships with the agency and the agency's concerns about sharing data with individual social security numbers.



Juvenile justice and criminal justice data: Six Phase I grantees were able to obtain data from these systems, many because of existing "cross-over youth" partnerships that had already established data sharing agreements. Data included arrests, adjudication, and incarceration.



Health and mental health agency data: Three Phase I grantees obtained individual-level data on health or mental health services, and one received aggregated data. Sensitivity about Health Insurance Portability and Accountability Act (HIPAA) privacy restrictions on sharing health data made it difficult for many grantees to access this information. Two other grantees used information on behavioral health care services that youth received while they were in foster care.

State-level education and employment agencies typically did not have relationships with the Phase I grantees, and so FERPA regulations restricting agencies from sharing student data and concerns about sharing data that includes Social Security numbers became greater obstacles to sharing data. The challenges of obtaining education and employment data were unfortunate, because these data include protective factors such as educational attainment, employment experience, and job training. Education data are particularly important, because they could be used to better understand how child welfare experiences might support or derail a young person's educational progress. For example, a summary of studies using education data on students in foster care in California and all students in the state concluded that participation in preschool, achievement in math and language arts, and the transition to post-secondary education were all lower for children and youth in foster care than for other students. This paper also reviewed the findings on outcomes for counties with interventions such as educational champions, cross-agency communication and information sharing, and attention from local leadership, and found them promising strategies to improve educational outcomes for youth in foster care (California Child Welfare Co-Investment Partnership 2011).

Approaches to obtaining administrative data

Most Phase I grantees made efforts to obtain some data that came from outside their agencies. They used several approaches to obtaining individual-level data or other data that would shed light on youth and young adults

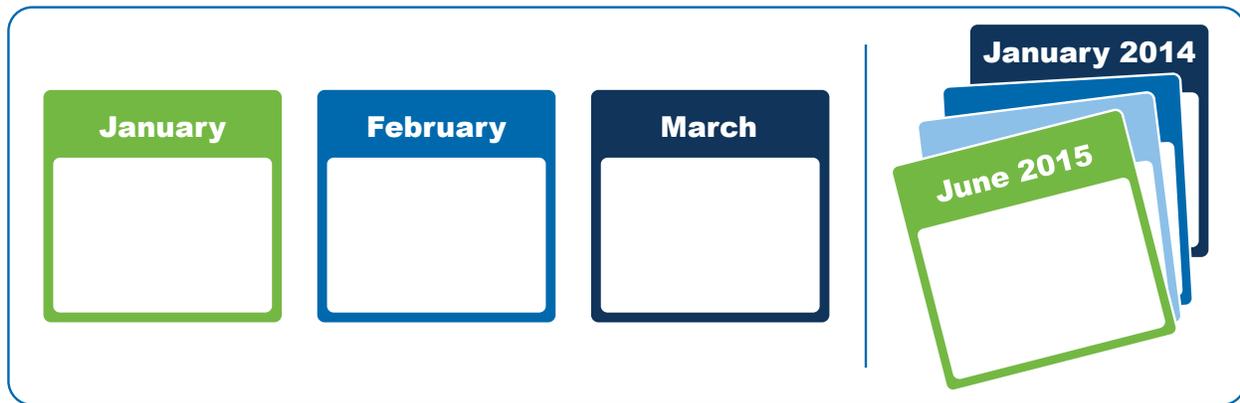
with foster care history and homeless young people, including the following:

- Developed an MOU with an agency to obtain individual-level data
- Developed an MOU with an agency that maintains an integrated database that includes child welfare records, homeless service records, and other program records to obtain individual-level data
- Sent records on youth and young adults to another agency that matched those records with its database and sent back de-identified individual-level data records to be analyzed.
- Sent records on youth and young adults to another agency that matched those records with its database and sent back analyses of characteristics of that group of individuals
- Used publicly available aggregate data on youth with particular characteristics that are as close as possible to those in the three engagement groups.

Negotiating memoranda of understanding or data use agreements with an agency to obtain a data source was time-consuming (Figure 5). Many Phase I grantees found such negotiations took at least 3 months and as many as 18 months. Gaining access to data was easier if the agencies had a prior relationship that involved data sharing, as for example, the child welfare and juvenile justice agencies who had established partnerships to serve “crossover youth.” Gaining access to data was also easier if the agencies were part of a single organization, as for example, a city or county child welfare agency being part of the same organization that provides homeless services and income support programs. However, an established relationship between individuals or agencies was not sufficient for obtaining data in all instances.

Four Phase I grantees were in states or cities that had developed integrated data systems to inform policies and programs prior to the YARH grant. These data systems included information from multiple agencies, such as child welfare, public assistance, housing, homeless management information systems, juvenile justice, employment, education, and health and behavioral health. The availability of integrated administrative data suggested that these grantees

Figure 5. Time to negotiate MOUs



could bypass the lengthy process of negotiating MOUs with multiple agencies, cleaning data and combining records. However, all four of the grantees had to obtain either court or agency approvals to access the data and share the results of their analyses with partners, and this process took many months. Two grantees completed analyses of their integrated data 15 to 18 months into the project period. Two others were just gaining access to the data by that point.

Sharpening the story or starting over: collecting data directly from youth

Sixteen Phase I grantees used surveys or focus groups of youth as part of their data analyses. In many instances, youth surveys and focus groups were conducted in parallel with analyses of administrative data. Grantees pursued these data sources to obtain immediate information on youth experiences while they negotiated MOUs for data needed to complete the administrative data analyses. Surveys and focus groups provided more detail on the risk and protective factors youth had experienced and how those individuals believed they influenced outcomes and contributed to homeless or unstable housing episodes. Grantees noted that these surveys were particularly useful for identifying protective factors unavailable in other data sources.

Although most Phase I grantees conducted surveys or focus groups of youth to augment their data analyses, some grantees who had difficulty obtaining administrative data conducted ambitious data collection efforts as their main source of information on risk and protective factors. One grantee attempted to survey over 100 youth who had

left foster care to assess the incidence of homelessness and risk and protective factors. Other grantees expanded the surveys of all youth receiving independent living services, which states are required to conduct. These surveys include all 17-year-old youth in foster care (the second population in the funding opportunity announcement for those states that require exit at age 18), but the surveys are typically brief, limiting their value.

Other surveys and focus groups with youth relied on “snowball” samples, for which grantees identified youth in populations of interest, often those who had left foster care, to participate in a survey and then recruit friends to participate. These surveys gathered more information on the youths’ child welfare, transition, and post-transition experiences compared with administrative data, but had unknown representation of the populations of interest.

Assessing the risk and protective factors influencing the transition from child welfare to homelessness

Phase I grantees used the administrative and survey data they had assembled to identify factors that could predict homelessness after leaving foster care. Grantees sought to distinguish the risk factors for becoming homeless and the protective factors that might reduce the chance of homelessness. Understanding the risk and protective factors most associated with homelessness could highlight areas where policy or practice changes or new interventions could help to reduce the chance that youth in foster care become homeless.

Because there is variation in local policies and programs for children and youth, we might expect

Phase I grantees to find different patterns of risk and protective factors for homelessness. Different communities across the country offer different levels of services for children and youth and different cultural contexts in which families support children. Considering child welfare services specifically, the grantees' communities varied in their approaches to providing independent living skills and other support to youth in foster care and to transitioning young adults. However, variations in the coverage and quality of data from various sources meant that the data and analyses also varied substantially from one community to the next.

Nine Phase I grantees could match child welfare records with data on homeless young adult populations (either from HMIS or NYTD). These grantees could assess the risk of homelessness for youth involved with child welfare and the risk and protective factors associated with becoming homeless. Several of these grantees estimated the likelihood of being homeless between ages 18 and 21 conditional on demographic characteristics (such as gender or ethnicity) and multiple risk and protective factors identified in the literature (such as the type and number of foster care placements, educational attainment, and behavioral or mental health treatment). The strength of the estimated association between a particular risk or protective factor and becoming homeless (controlling for the other variables) determined whether plans for identifying youth at risk of homelessness should include that factor.

The Phase I grantees focused their analyses on different subsets of youth in child welfare—by age cohort and by experience in foster care. Some examined youth ages 14–17 entering foster care, while other examined youth ages 14–17 currently in foster care, some of whom may have entered earlier. Even greater variation in sampling occurred with the transition age group. In states where foster care ends at age 18, some analyses examined 17-year-old youth transitioning from foster care. In states with extended foster care, some grantees reported on outcomes for young adults who exited foster care without permanency between ages 18 and 21. Others reported on outcomes for all young adults receiving child welfare services or independent living services at any point between ages 18 and 21.

Several issues posed challenges for the Phase I grantees seeking to estimate predictive models of risk factors for homelessness:

- **Homelessness could occur at different times, including in childhood and between periods of child welfare.** Some youth had experienced homelessness as children, before their child welfare involvement or between periods of foster care. Some youth ran away from foster care placements, experienced homelessness, and returned to foster care. Others aged out of foster care or were emancipated from foster care, became homeless, and returned to child welfare for transitional services. Some grantees did not view an orderly model based on a child welfare placement in adolescence followed by a homeless episode as a young adult to be consistent with the behavior they observed.
- **The status of 18- to 21-year-old young adults as being either in the child welfare system or on their own as independent adults is fluid.** Youth may age out of foster care or emancipate themselves and live on their own for some time, but decide to return for transitional services. State laws vary on the support for extended foster care (between ages 18 and 21 years) and the availability of transitional services to young adults who have left foster care. Some grantees struggled to analyze the risk of homelessness among young adults who left foster care because many returned for transitional services.
- **HMIS and NYTD data on homeless young adults had significant limitations as the basis for these analyses.** HMIS often missed homeless young adults because some avoided seeking services in adult shelters and others doubled up with family and friends. For analyses based on HMIS, many young adults thought to be “not homeless” were actually homeless, leading to inaccurate estimates of the relationship between risk and protective factors and homelessness. For analyses based on NYTD, samples could be small or unrepresentative, which could lead to inaccurate conclusions about whether particular risk or protective factors were related to homelessness.

Eight of the nine Phase I grantees that estimated predictive risk models reported the percentage of youth involved

with child welfare who were found in their homeless data (Table 2). This percentage ranged from 8 percent to 28 percent. The range of percentages could be attributed to differences in the population sampled, as discussed above, differences in the coverage of the homeless population across the data sets, or local differences in the risk of homelessness. The available data do not allow us to distinguish among these possibilities. However, the estimates suggest that the risk of homelessness was somewhat lower for youth ages 14 to 17 in foster care (between 8 percent and 20 percent) than for youth transitioning from care or young adults ages 18 to 21 remaining in care (between 12 percent and 26 percent), which echoes the findings of some of the grantees that the risk of homelessness was greater for youth who aged out of foster care compared with those who exited to permanency before age 18.

Multiple Phase I grantees identified several risk factors for homelessness by using predictive risk approaches, including numerous foster care placements, running

away from foster care, group home placement, a history of mental health diagnoses or behavioral health issues, juvenile justice involvement, substance use, emancipation or “aging out” of foster care, and parenting or fathering a child. Grantees disagreed about the link between age at first child welfare placement and homelessness: some found that early placements (birth to two years) posed a risk, while others found that later placements (in adolescence) posed a risk.

Some Phase I grantees identified protective factors, although they typically had fewer of these in their data to assess. Grantees found that placement with relatives and exiting foster care to permanency (reunited with parents or adopted) were protective, and school progress (a high grade point average in high school and enrollment in post-secondary education) also reduced the risk of homelessness.

Although some Phase I grantees used data beyond child welfare administrative data to assess risk and protective

Table 2. Risk of homelessness for youth involved with child welfare

Grantee	Engagement group 1	Engagement group 2	Both engagement groups	Source of homelessness information
	Ages 14–17 in foster care (percentages)	Age 17 transitioning or ages 18–21 and transitioning (percentages)		
Grantee R	11	12	—	HMIS
Grantee H	20	—	—	HMIS and county homeless information
Grantee G	12–17	18–25	—	HMIS
Grantee E	—	11	—	City shelter programs
Grantee C	—	—	28	HMIS and public assistance, within one year after leaving foster care
Grantee A	—	—	15	HMIS and state education agency records on student homeless status
Grantee N	—	21	—	NYTD
Grantee M	—	18	—	NYTD; grantee notes that in addition, 38 percent of the 17-year-old sample could not be located
Grantee F	8	26	—	NYTD

Source: Grantees’ applications for Phase II funding and papers and presentations describing the analyses.

Note: The grantees noted that HMIS and shelter records likely undercount homeless young people. NYTD has low response rates, which may lead to an undercount of homeless young people.

Risk factors identified by YARH-1 grantees:

- **Number of foster care placements;**
- **History of running away from placements;**
- **Group home placement;**
- **History of mental or behavioral health issues;**
- **Juvenile justice involvement;**
- **Substance use;**
- **“Aging out” of foster care;**
- **Being a pregnant or parenting teen.**

factors, many ultimately concluded that they would need to identify at-risk youth using risk factors that could be drawn from child welfare data. As a practical matter, grantees could identify eligible youth and young adults for the intervention using readily available information from the child welfare data system without being dependent on another agency’s data. Some grantees planned to also use a brief risk assessment that would be completed by potentially eligible youth, but most grantees planned to initially identify at-risk youth using information from the child welfare system.

Phase I grantees who could not link child welfare involvement with later homelessness assessed the level of risk and protective factors in their child welfare populations using previous studies as a guide. Some were creative in assembling snapshots of data from multiple sources showing different outcomes for different samples, and thereby piecing together a picture of youth in the three engagement groups. Some grantees used aggregate data from multiple agencies to discern the characteristics of youth in foster care in their locations. For example, one grantee reviewed a report on education outcomes for children in foster care in the state. Another grantee examined school-level aggregate data in its area to assess the outcomes for youth. Other grantees were able to access de-identified or aggregate administrative data on a group of transition-age youth and homeless youth that the grantee was serving. One grantee used survey data and turned around the question about risk factors for homelessness by analyzing clusters of protective factors. The Phase I grantee intended to use the information to identify services that could

increase the incidence of protective factors.

The surveys of youth conducted by most Phase I grantees were a rich source of information on risk and protective factors for a few grantees. Three of the grantees conducted more than 100 interviews to better understand risk and protective factors and outcomes (other grantees that did not report their sample sizes might have achieved comparable numbers of completed surveys). In addition, several grantees that analyzed administrative data also conducted smaller-scale surveys or focus groups to fill in the picture of risk and protective factors provided by the data analyses. For example, some of these grantees identified lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth and those having suffered trauma as having additional risk factors. Grantees identified having a mentor or a connection with a caring adult as a protective factor.

Assessing the size of the population of homeless youth with child welfare involvement

Phase I grantees also sought to estimate the size of the population of homeless youth and young adults who had child welfare histories. Some grantees had data on homeless youth or young adults and information on whether they had been involved with child welfare. Although the six grantees with both child welfare and HMIS data could have presented this information for youth in the HMIS, only one did so. Other grantees who presented this information used surveys of homeless youth and young adults that included questions on prior child welfare involvement. The percentage of homeless youth with child welfare involvement ranged from 5 percent to 26 percent in PIT counts and HMIS (Table 3). A study of homeless youth in one state was an outlier, with 57 percent of the

Protective factors identified by YARH-1 grantees:

- **Placement with relatives;**
- **Exiting foster care to permanency (reunification or adoption);**
- **High grade point average in high school;**
- **Enrollment in post-secondary education.**

Table 3. Percentage of homeless youth with child welfare involvement

Grantee	Percentage with child welfare involvement	Ages of homeless youth	Source of data on homeless youth
Grantee R	20	18–21	County HMIS
Grantee J	26	18–21	County HMIS
Grantee Q	7–9	18–24	County PIT count
Grantee N	11	All ages	Metropolitan area PIT count
Grantee L	25	14 and over	County PIT count
Grantee H	57	Not reported	Survey of homeless youth statewide
Grantee F	10	18–26	Survey of street homeless youth in a major city by local agencies
Grantee B	5	18–21	County PIT Count

Source: Grantees' applications for Phase II funding and papers and presentations describing the analyses.

Note: Grantees noted that HMIS likely undercounts homeless youth. PIT counts include only young people who are located on a single night and willing to respond to the survey, so they likely undercount homeless young people.

homeless youth reporting child welfare involvement, but details on their sampling approach were not available.

Assessing the size of the population of youth at risk of homelessness

In addition to understanding risk and protective factors, the Phase I grantees sought to estimate the number of youth and young adults involved with child welfare who were at risk of becoming homeless. Although most of the grantees identified risk factors associated with homelessness in their communities, not all of them estimated the size of the populations of youth in foster care and youth transitioning from foster care who were at risk of homelessness. Some grantees created an index of risk factors (and sometimes added protective factors) to identify youth at highest risk of homelessness. Others simply used the risk factors as screeners. Some grantees adjusted the risk threshold so that the resulting number of eligible youth could be accommodated by the available service providers. Others viewed all youth in the child welfare system as facing a substantial risk of homelessness, so their estimates of the at-risk population are higher.

Eight Phase I grantees provided estimates of the size of the at-risk population in each of the three engagement groups (Table 4). Estimates ranged from 10 percent to 100 percent, reflecting different assessments of the size of the at-risk and highest risk population of youth in the child welfare system. Many grantees viewed all home-

less youth with foster care history as at risk and planned to include them in the intervention.

Summary

The planning grants represent the first effort to implement the Framework's youth data strategy. Many Phase I grantees were successful in obtaining multiple administrative data sets and combining the data to learn more about risk and protective factors predicting homelessness for youth in child welfare. Other grantees gleaned what they could from aggregate data on youth in their communities. Still others collected substantial amounts of survey and focus group data to address the questions.

Several Phase I grantees faced challenges obtaining data on sensitive topics or with significant restrictions on data sharing, including education data, health and mental health data, RHYMIS data, and employment data. Some grantees obtained data from partners by asking the partner to produce descriptive information on particular subgroups of youth in their data or by sending the partner information on a group of individuals and requesting de-identified information on that group.

Child welfare agencies have the potential to collect much of the data they need in the longitudinal NYTD survey. However, many Phase I grantees did not use this data source, because the existing sample was too small for analysis in their geographic area or low response rates led to concerns about the unrepresentativeness.

Table 4. Estimated size of the population at risk of homelessness

Grantee	Engagement group 1 Ages 14–17 in foster care	Engagement group 2 Age 17 and transitioning from foster care or ages 18–21 and transitioning from foster care	Engagement group 3 Homeless with child welfare involvement
Grantee D	100 percent	100 percent	100 percent
Grantee G	80 percent of engagement group 1 (N=107)	92 percent of engagement group 2 (N=98)	100 percent of homeless youth/young adults with foster care history (N=125)
Grantee B	82 percent at risk 28 Percent most at risk	82 percent at risk 45 percent most at risk	5 percent of homeless youth under 21 were formerly in foster care
Grantee P	64 percent at risk 20 percent high risk	73 percent at risk 14 percent high risk	77 percent at risk 18 percent high risk
Grantee C	40 percent of engagement group 1 (49 percent in one County and 37 percent in another)	40 percent of engagement group 2 (49 percent in one County and 37 percent in another)	No estimate provided
Grantee K	30 percent had high-risk profile	42 percent had high-risk profile	No estimate provided
Grantee R	28 percent of youth in foster care 28–36 percent of youth entering foster care	39 percent of youth in extended foster care and those aging out 50 percent of youth entering this category each year	100 percent of homeless youth/young adults with foster care history
Grantee A	10 percent of engagement group 1 at high risk	15 percent of engagement group 2 (youth aging out of care) at high risk	Homeless youth 18–21 who aged out of care (21 percent of homeless youth with prior child welfare involvement)

Source: Grantees' applications for Phase II funding.

Strengthening this data source by making greater efforts to improve response rates and by adding questions to the standard NYTD survey forms to better measure the transition from child welfare to adulthood would make the data more useful for program and policy decisions at state and local levels.

Better collaboration around administrative data-sharing could also improve information about the risk and protective factors for youth and young adults in high-risk populations. Most Phase I grantees were able to piece together data from multiple data sources, but the combinations of data sources varied widely across grantees, and many grantees obtained only snapshots of data from different sources, which could not be fully integrated.

Because the educational experiences of children and youth are the foundation for adult employment and economic well-being, the challenges obtaining education agency data represent a missed opportunity for these communities. Better information about the educational progress and

child welfare experiences of children and youth could help to identify how child welfare policies and practices could better support education and at which points educational interventions might improve youth outcomes. Achieving this objective will require more collaboration between state education agencies, which have longitudinal student data, and child welfare agencies.

Many Phase I grantees used the data analysis stage of Phase I to fully engage with partner agencies and other stakeholders. These partnerships supported data sharing and better understanding of the data analyses about risk and protective factors for youth. The partnerships also supported productive discussions about interventions for youth and young adults that would be further developed and strengthened as part of Phase II.

Endnotes

¹ One child welfare agency had individual-level data that were organized mainly as text fields and not into a database that could be analyzed.

² 45 CFR §1351.19(b)(1)

³ CoCs are nonprofit organizations, state and local governments, and public housing agencies receiving HUD funding for a range of housing services to help homeless individuals and families move into transitional and permanent housing. In most cases, the Phase I grantee was not the CoC, but some grantees partnered with the CoCs

References

California Child Welfare Co-Investment Partnership. “Understanding Foster Youth—Educational Outcomes.” *Insights In-Depth*, vol. V, 2011. Available at http://co-invest.org/home/wp-content/uploads/347252_CFPIC_Insights.pdf. Accessed January 24, 2016.

Courtney, M.E., J.L. Hook, and J.S. Lee. *Distinct Subgroups of Former Foster Youth during the Transition to Adulthood: Implications for Policy and Practice*. Chicago: Chapin Hall at the University of Chicago, 2010.

Milburn, N., L. Liang, S. Lee, M.J. Rogheram-Borus, D. Rosenthal, S. Mallett, M. Lightfoot, and P. Lester. “Who is

doing Well? A Typology of Newly Homeless Adolescents.” *Journal of Community Psychology*, vol. 37, no. 2, 2009, pp. 135–147.

Rice, Eric, and Angela Rosales. *Creating a TAY Triage Tool: Prioritizing Transition Age Youth (TAY) for Permanent Supportive Housing*. Los Angeles: Corporation for Supportive Housing. 2013.

Toro, P.A., T.M. Lesperance, and J.M. Braciszewski. “The Heterogeneity of Homeless Youth in America: Examining Typologies.” *Research Matters*. Washington, DC: National Alliance to End Homelessness, Homelessness Research Institute. 2011.

U.S. Interagency Council on Homelessness (USICH). “The Framework to End Youth Homelessness: A Resource Text for Dialogue and Action.” Washington, DC: USICH, 2013. Available at <https://www.usich.gov>.

U.S. Department of Health and Human Services, Administration for Children and Families, Children’s Bureau. “Comparing Outcomes Reported by Young People at Ages 17 and 19 in NYTD Cohort 1.” NYTD Data Brief #4. 2014. Available at <http://www.acf.hhs.gov/programs/cb/resource/data-briefs>.

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