

Rural Collaborative Basic Center Program Final Report



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Savahanna Matyasic, MSW, Research Assistant
Lanae Davis, MPA, Senior Research Associate
Centerforpolicyresearch.org

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Introduction to Colorado’s Rural Collaborative and Basic Center Program (BCP)

The Colorado Rural Collaborative for Homeless Youth (Rural Collaborative) was established in 2008 to collectively address the unique needs of rural runaway and homeless youth and the challenges geography poses for them to receive support and services. The Rural Collaborative was formed to address a gap identified by the Advisory Committee on Homeless Youth (ACHY), Colorado’s network of Runaway/Homeless Youth and Child Welfare providers, to serve youth in rural communities who have little or no connection to stable housing and family situations. The Advisory Committee on Homeless Youth Services also identified the need for a strategy to engage a large number of rural counties to collectively address the unique needs of rural youth.

The Rural Collaborative was developed through a five-year Family and Youth Services Bureau (FYSB) Rural Runaway and Homeless Youth Demonstration Grant called Support Systems for Runaway and Homeless Youth (SSRHY). In 2013, the Rural Collaborative received a three-year Basic Center Program (BCP) grant to serve runaway and homeless youth under age 18 as well as two Statewide Strategic Use Fund grants (TANF). In 2018 the Rural Collaborative received another BCP grant and began contracting with the Center for Policy Research (CPR).

Strategies

The Rural Collaborative brings together the resources, knowledge, and expertise of rural Colorado communities to form an effective safety net of support for youth without stable housing (see Figure 1). The Rural Collaborative looks to housing as a foundation for safety and stability but includes significant supportive services under the umbrella of positive youth development, such as education and employment, well-being, permanent connections, and community engagement. A key strategy is to promote and support the development of a Rural Host Home Model through its current BCP grant (serving under 18-year-olds who are runaways or homeless or at-risk of either), DOH Homeless Prevention Grant, and other funding opportunities.

The Rural Collaborative is a *Collective Impact Initiative*, which is defined as long-term commitments (since 2008) by a group of key stakeholders (Rural Collaborative Lead Agencies) to form and pursue a common agenda for solving a specific social problem (rural youth homelessness). The Rural Collaborative is supported by a shared measurement system (independent local evaluator, logic model, and Management Information System, Continuous Quality Improvement process,) mutually reinforcing activities, and ongoing communication (Rural Collaborative’s strategic work and communications plan, monthly All Sites electronic meetings, annual meeting). The Rural Collaborative is staffed by an independent organization (Spark Community) (Kania & Kramer, 2011).

The Rural Collaborative’s Leadership Team consists of the Project Manager, Strategic Development, Training and TA Coordinator, Evaluator, and Site Coordinators. It meets monthly for project oversight, training/TA, shared learning, and decision-making.

Key Acronyms

RC: Colorado Rural Collaborative for Homeless Youth.

ACHY: Advisory Committee on Homeless Youth, a network of providers serving youth in rural communities.

FYSB and SSRHY: Family and Youth Services Bureau which administers the Demonstration grant Support Systems for Runaway and Homeless Youth.

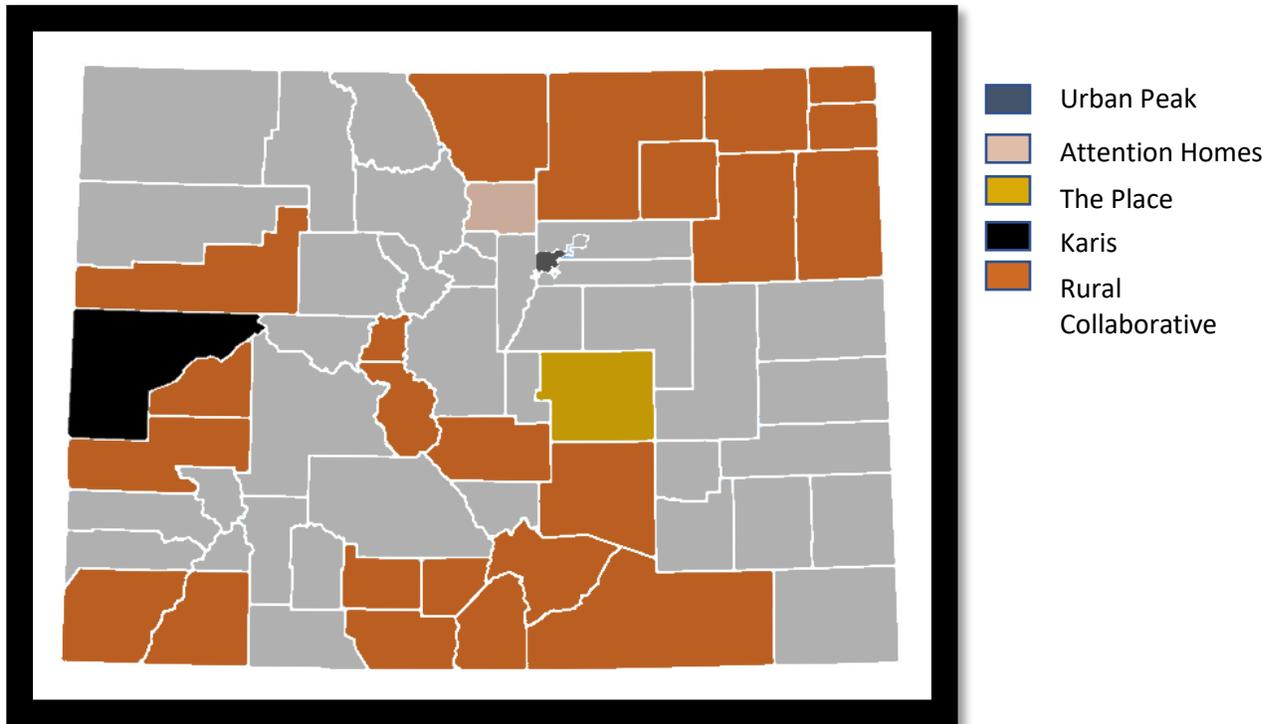
BCP: Basic Center Program grant to serve runaway and homeless youth.

DOH: Division of Housing.

CRCMIS or RC-MIS: Colorado Rural Collaborative Management Information System.

HMIS: HUD’s Homeless Management Information System.

Figure 1. RHSY Programs in Colorado



Evaluation Plan

The evaluation plan developed by the Rural Collaboratives evaluation team at CPR contains three major components. First, the evaluation team developed and implemented a cross-site, online Management Information System. The geographic diversity of the Rural Collaborative presents challenges in accurately and consistently collecting and reporting data on youth served. To address this, the evaluation team developed an online management information system that can be accessed securely by multiple users. The Colorado Rural Collaborative Management Information System (CRCMIS) was designed to collect data in real time reporting on the youth served in all its programs and specifically BCP, and key performance measures related to the four outcome areas identified by the United States Interagency Council on Homelessness:

- Stable housing: a safe, affordable, and stable place to live.
- Permanent connections: the presence of supportive adults who provide physical and emotional support throughout the young person’s life.
- Social and emotional well-being: the skills, capacities, and characteristics that enable young people to understand and navigate their world in healthy, positive ways.
- Education/employment: the ability to access and perform in both school and in employment toward self-sufficiency.

The CRCMIS allows for routine monitoring and reporting on program performance. Results are disseminated regularly to staff, key partner organizations, and other stakeholders to ensure adherence to the program model and to monitor quality assurance in program implementation.

The second component to the evaluation plan was to develop and implement a Continuous Quality Improvement (CQI) approach to data collection, monitoring, and reporting. By reporting on the CQI components each month, the evaluation team can review enrollment in the BCP by site and ensure that the BCP is identifying and serving eligible youth. On a monthly basis, the baseline intake data and pre-test are reported and reviewed by CPR to ensure that all youth complete the surveys, identify any problems with specific questions, and make sure that data entry is complete. The monthly CQI report is reviewed at each monthly meeting held with each site. This is an opportunity to review and discuss progress, identify any problems in recruitment and retention, ensure that information is being collected timely, and identify unmet needs that project management should address.

The third component to the evaluation plan is the BCP outcome study. CPR analyzed and reported on data collected in the CRCMIS for each of the key performance measures. CPR's outcome study uses a cohort longitudinal design, following youth served in the BCP and determining outcomes using pre- and post-test surveys of repeated measures to gauge outcomes. This will help the RC understand what happens to homeless youth over time and what services and other resources help them achieve positive long-term outcomes as they transition to adulthood and self-sufficiency.

To generate required federal program performance measures and information on project outcomes, the following research questions are addressed:

- How many youth were identified, recruited, and enrolled in services? What were the primary methods of identifying youth? What were the primary referral sources?
- Where were youth primarily identified and referred from?
- What are the key characteristics of these youth? What are their ages, racial/ethnic groups, education levels?
- How many of these youth identify with specific subpopulations (parenting, involved in child welfare, found in HMIS? How do LGBTQ youth differ from other youth enrolled?
- What are the scope and characteristics of their homelessness? How long have they been homeless? Is this the first incidence of homelessness? Why did they become homeless? What is their housing and income status when they enter and exit the BCP?
- How did the BCP coordinate and facilitate safe, stable, and appropriate shelter for enrolled youth? What was the youth's length of stay in shelter (up to 21 days)?
- What is the efficacy of BCPs? Are there particular subpopulations that benefit from one program design more than another?
- What are the characteristics and lengths of stay for persons living in a shelter arrangement? What are the living arrangements after exiting housing?

Program Overview: Number of Youth and Services Provided

This report covers the services provided to RC youth who were tracked and enrolled using the Colorado Rural Collaborative’s Management Information System who enrolled in the Basic Center program from July 2019 through February 2021.

How Youth Were Recorded in the System

Brief Contacts

Brief contacts are contacts with youth who appear and have a basic need met but are not ready to engage in full-service delivery. Brief contacts are recorded in the CRCMIS for youth who have not enrolled in any program but are still able to receive simple, one-time services. Examples of brief contacts include distribution of hygiene supplies, food boxes, backpacks, referrals, transportation vouchers, etc. In all, there were 260 brief contacts, 35% of which were recorded as being provided to unique youth. The average length of time that a Site Coordinator spent with the youth for a brief contact was 50 minutes, and the median was 30 minutes.

Screenings and Enrollments

From July 1, 2019, to February 28, 2021, a total of 100 youth were assessed for eligibility within the CRCMIS. Of these, there was one duplicate entry, 13 youth were screened out due to ineligibility, and 5 youth declined enrollment, resulting in 81 total BCP enrollments. About 14% of enrolled youth were noted as having received a prior brief contact. In the first year of the program (CY2019), there were 23 youth screened, resulting in 17 enrollments within the first year of the program (CY2019). In the second year (CY2020), the number of screenings and enrollments rose to 66, resulting in 55 enrollments. It is expected that the number of screenings and enrollments will increase in 2021 as more sites are brought on board and as sites continue to build relationships with local service providers to encourage referrals.

Referral Sources

Most referrals to the BCP came from schools (32%), followed by shelters (26%). The next most common referral sources were from either self-referrals (19%) or other individuals, 8% from outreach programs, and 15% from other referral sources.

Exhibit 1: Referral Sources	
Referral Source (N=53)	
School	32%
Individual Referral*	19%
Shelter	26%
Outreach Program	8%
Other**	15%
* Friend, guardian, relative, foster, etc.	
** Hotline, DYS, other not specified	

In total, there were **100 youth were screened for eligibility**, and **81 youth enrolled**, for whom services could be tracked. While there is evidence from other systems (HMIS) that there were additional youth served by the Rural Collaborative’s programs who were not tracked within the CRCMIS, the majority served by RC programs were tracked within the CRCMIS.

Description of Youth Served

Staff recorded key demographics of youth, as well as other risk factors of homelessness and historical data from the youths foster care history in the CRCMIS. As shown in Exhibit 2, the majority (52%) of youth were female, with 39% male, and 9% identifying as transgendered, nonbinary, or questioning. Of those youth who identified their sexual orientation, the majority (79%) were heterosexual, 3% were gay or lesbian, 8% bisexual, and 10% were questioning, unsure, or other.

The combined race/ethnicity is displayed in Exhibit 2 and shows that most program participants (65%) were non-white, with 56% as Hispanic or Latinx, 35% were White non-Hispanic, 7% were Native American or American Indian non-Hispanic, and the remaining 2% were Black or African-American non-Hispanic. The average age of youth served by the RC is 17.5 years old.

Exhibit 2: Demographics of Enrolled Youth		
Gender (N=81)	Male	39%
	Female	52%
	Trans or Nonbinary	9%
Sexual Orientation (N=38)	Heterosexual	79%
	Gay or Lesbian	3%
	Bisexual	8%
	Questioning, Unsure, Other	10%
Race/Ethnicity (N=54)	American Indian Only	7%
	Black or African-American Only	2%
	Hispanic or Latino	56%
	White Only	35%
Has Reported Disability (N=55)		35%
Age at Intake (N=81)	Average	17.5
	Median	17.9

Risk Factors

Another source of information on the youth served by the Rural Collaborative comes from the Screening Tool, which is administered to all youth prior to program enrollment. The Screening tool is used to assess youth eligibility by reporting on associated risk factors from the youth’s history, such as previous experience with foster care, reasons for homelessness, trafficking, pregnancy, drug use, and family history of incarceration or foster care. Responses to the various risk factors are displayed in Exhibit 3.

Foster care: Overall, 26% of enrolled youth reported previous foster care experience. The average and median age of first foster care placement was 10.5 and 14, respectively, and the average number of placements prior to enrollment was 2.6. Additionally, 10% of youth reported that either their mom or dad had prior foster care experience.

Homelessness: 84% of youth had either been homeless or used a shelter prior to being enrolled in an RC program. The average age they first reported being homeless was 13.4 and the median was 14. The most

reported reason for becoming homeless was that they had run away from home due to violence in the home, but another common reason was family homelessness. Length of homelessness ranged anywhere from just a few days to lasting three years, with the average length of homelessness being around 7 months and the median being around 3 months (about 42% of youth responded that their length of homelessness was between one and three months). The average length of shelter stay was 28 days.

Department of Youth Services and Parental Incarceration: 16% of youth screened had been arrested or detained before prior to turning 18. Additionally, 63% of youth responded that at least one of their parents had ever been incarcerated.

Additional factors included: youth use of marijuana (51%), or if the youth had ever been sexually trafficked or exploited (11%).

Exhibit 3: Percent of Screened Youth with Associated Risk Factors for Enrolled Youth (N=81)

Risk Factors (percent responding yes*)	
Current or prior foster care involvement or placement	26%
Ever been homeless or used a shelter	84%
Became homeless because of violence, running away, or religious differences	62%
Been pregnant or gotten someone else pregnant	12%
Used marijuana ever	51%
Jail or detention prior to turning 18	16%
Mom or dad ever in jail	63%
Mom or dad ever in foster care	10%
Ever been trafficked or sexually exploited	11%

* Percentage is based on the number of valid responses for each question

Because the number of risk factors indicated an increased risk of homelessness, CPR performed a risk factor analysis to determine significant correlations between subgroups. Across all enrolled youth, the average and median number of risk factors were 3.6 and 4.0, respectively. In general, there were no significant differences in the number of risk factors by region of enrollment, race, or ethnicity. The number of total risk factors did significantly correlate ($p < 0.05$) with the youth’s gender identity.

As shown in Exhibit 4, youth identifying as female or trans or nonbinary had a higher number of risk factors than those identifying as male; with trans and nonbinary youth having the highest average and median number of risk factors, at 5.0 and 4.0, respectively.

Exhibit 4: Risk Factors by Gender Identity (N=81)

	Mean	Median
Risk Factors	3.6	4.0
Risk Factors by Gender*		
Male	2.9	2.9
Female	4.0	4.0
Trans, Nonbinary	5.0	4.0

* Significant between groups at $p < 0.05$

Rural Collaborative Services

RC’s comprehensive service model focuses on social and emotional well-being, where youth are connected with providers to help with **health care** (primary, substance use, mental health), **personal safety**, trafficking, and sexually risky behaviors; **permanent connections** where youth experience ongoing attachments to families, communities, schools, and other social networks; **education/ employment** where youth connect to school or vocational training programs, improve interviewing and job attainment skills to obtain employment; and **safe and stable housing** where youth transition to safe and stable housing including moving in with family, when appropriate, or other permanent supportive housing.

Program Providing

Youth who were enrolled in a Rural Collaborative program, or who are working with an RC provider, received services through a variety of different programs and funding sources. Exhibit 5 shows the percentage of RC-enrolled youth who were served by the various program types. Information from this table reports the percentage of RC-enrolled youth were ever served by or enrolled in any of the following program types. The most widely utilized program was the Basic Center Program, which enrolled 46% of the youth served by the RC, followed by the Caring for Colorado-COVID fund which served 26% of enrolled youth. The DOH Host Homes program served 19% of RC-enrolled youth. Some youth also received services from other programs, such as COVID relief programs, and other unspecified funding sources that RC providers were able to utilize to help youth.

Exhibit 5: Percent of Youth Receiving Services by Program (N=81)	
Program Providing (%)	
Basic Center Program 1	46%
BCP – COVID	7%
Caring for Colorado – COVID	26%
DOH Host Home	19%
Other*	21%
* Other, unspecified Note: Youth may receive services from multiple programs; total percentage exceeds 100%.	

Length of Program Involvement

Program involvement is measured when Site Coordinators enter status updates for the youth, which record youth as either active or inactive/closed/completed. This serves as an approximate start and end date for program service delivery. As shown in Exhibit 6, just over a quarter (29%) of youth had statuses recorded. For those for whom program length could be determined, the average and median program lengths were 131 days and 96 days, respectively.

Exhibit 6: Length of Program Involvement by System (Days)	
CRCMIS (N=24)	
Average	131
Median	96
Range	14–442
HMIS (N=37)	
Average	76
Median	21
Range	6–441

For comparison, CPR also analyzed the length of program involvement recorded within the state’s other database, HMIS. As shown, while the mean and median number of days of program involvement differed, the range was similar, and the length of enrollment between systems was not significant, given the relative sample sizes. Within HMIS, the average length of program involvement was 76 days, with a median of 21 days (which is the maximum allowable shelter stay for emergency shelter programs in the RC).

Rural Collaborative Services

Services were tracked using Case Management records within a youth’s profile. In all, 61% of youth received some case management services while enrolled in an RC program; the remaining percentage may have also received services, however, may not have been tracked within the system. Services ranged from referrals, general case management, advising youth on various outcome areas, or providing direct financial assistance (supportive services).

Exhibit 7: CRCMIS Services Overview	
	Total (N=81)
Case Management (Services)	
Enrolled Youth Receiving Services	61%
Total Services Provided	375
Average per Youth (of those receiving)	7.5
Supportive Services	
Enrolled Youth Utilizing Funds	10%
Total Funds Provided	\$5,078
Average per Youth (of those utilizing)	\$635

Service records indicate that youth received an average of 7.5 services over the course of their enrollment. Youth were in contact with their Site Coordinators by various methods: 82% of meetings were in-person, 8% by phone, 8% by text, and the remaining 2% of meetings were by email or video conferencing. Most contacts were around 30 minutes; however, 16% of meetings were less than 10 minutes, and 20% lasted longer than an hour.

Supportive Services are recorded as dollar amounts of direct assistance to the youth in the form of meal tickets, hotel vouchers, gas cards, bus passes, and many other types of financial assistance. Overall, only 10% of youth were noted as having received supportive services. The total amount of supportive services provided to youth was \$5,078, which is an average of \$635 per youth who received this assistance.

Type of Service and Focus Area

As shown in Exhibit 7, 61% of youth (N=50) received some service. Services provided by the Rural Collaborative were broken down into the topic (i.e., what the youth discussed or identified a need for) and the services that were provided to them. These topics and service areas are based on the United States Interagency Council on Homelessness framework:

1. **Stable Housing:** a safe, affordable, and stable place to live.
2. **Education and Employment:** the ability to access and perform in school and at work by preparing youth for self-sufficiency.
3. **Social and Emotional Well-being:** the skills, capacities, and characteristics that enable young people to understand and navigate their world in healthy, positive ways; and
4. **Permanent Connections:** the presence of supportive adults who provide physical and emotional support throughout the young person’s life.

Youth often identified needs across multiple service areas and received more than one type of service. For example, a youth who discussed housing, employment, and healthcare issues as topics of concern for them might receive services in some or all of those areas. Approximately 74% of youth received more than one type of service.

74% of youth who received services received more than one type of service.

Figure 2 displays both the domain and the service type for those youth who received services. As shown under Domain, 88% of youth who received services met with their site coordinator to discuss general case management; 76% discussed issues related to housing; and the third-most common topic was health and well-being, which 72% of youth discussed with their site coordinator.

For services provided, the most commonly selected service (84% of youth receiving services) was “general information,” which was often used as a catch-all for when Site Coordinators provided information about how to receive services or how to navigate their needs. The second-most common service type (64%) was “basic needs,” which was used when providing the youth with food, clothing, or hygiene items. Shelter services or help finding permanent housing was provided to 36% of youth who received services. Other types of services included healthcare and counseling (provided to 22% of youth who received services), transportation (22%), and 28% received some other service such as outreach, follow-up, recreation, and reunification.

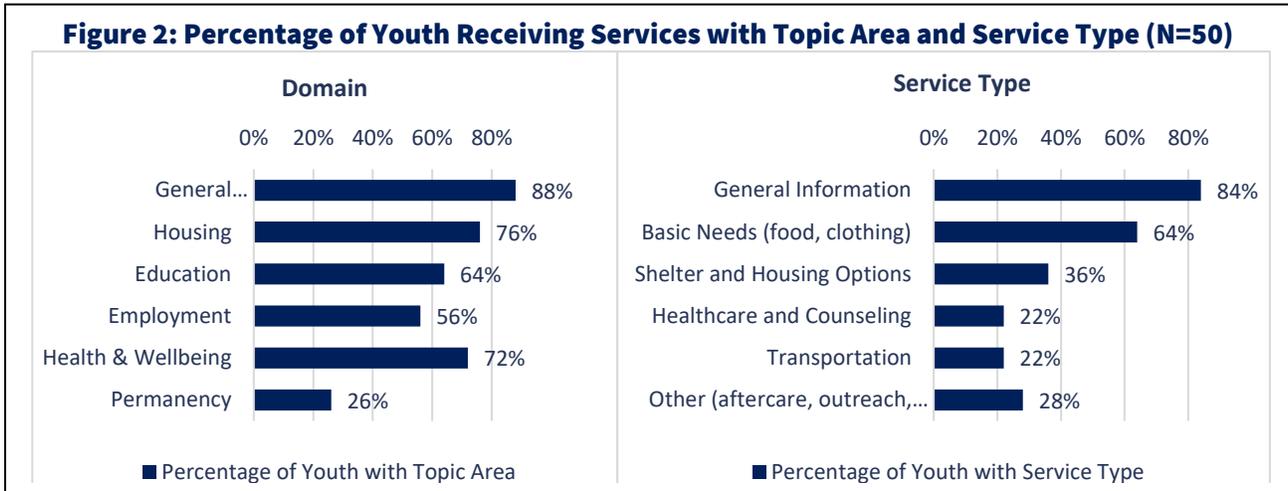
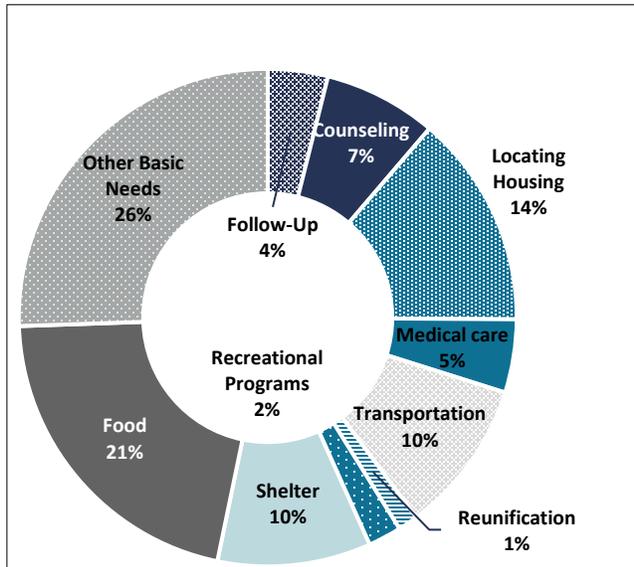


Figure 3: Services by Type (General Excluded)



Another way to visualize services provided is to look at the total number of services selected, rather than the percentage of youth with who received those services. Because multiple services could be utilized per youth, the total number of service types recorded was 375. Of those, 37% were recorded as “general case management.” Figure 3 displays the breakdown of services that does not include general case management, allowing us to take a closer look at services by type. As shown, the largest categories were for basic needs such as food (21%) and other basic needs such as hygiene and clothing (26%). Locating housing options made up 14% of all services, and providing direct shelter made up 10%. Other services included transportation services (10%), counseling (8%), locating or getting

youth access to medical care (5%), and the least common services included followup with youth post-enrollment (4%), reunification (1%), and recreational programs (2%).

Many service areas overlapped with one another. For example, a Case Management record that recorded the type of service as both “medical care” and “transportation,” might be that a Site Coordinator drove the youth to a COVID testing facility. The following are examples of the services provided, when recorded in greater detail through Case Management notes:

- Emergency shelter, motels, funds for tent/camping
- Locating housing options
- Housing paperwork
- Applications to services
- Meals and groceries
- Transportation, direct or public vouchers
- Job applications, resumes, interview prep
- Finding health or mental health providers
- Hospital and emergency care
- Check-ins/Aftercare
- Budgeting and banking

Outcomes

This section compares answers from the Baseline survey (completed by youth at enrollment) with measures from the Aftercare Surveys (completed 30, 60, and 90 days after the youth enrolls). This approach is useful in measuring short term outcomes; however, this report does not draw comparisons between the subgroup of youth who completed certain questions on both the baseline and any Aftercare survey, but instead reports on all youth at program entry, compared to all youth who completed an Aftercare survey.

Education and Employment

Education: 21% of youth at enrollment reported that they had either a high school degree, GED, or some form of college or vocational degree, compared to 24% on the Aftercare survey. This increase in graduation coincides with a proportionate decrease in current educational enrollment. Upon enrollment, 69% of youth were currently enrolled in training or education, compared to 64% at the time of the most recent Aftercare survey. Of those who reported on Aftercare that they were not currently in school, 75% said they were planning on returning at some point.

Exhibit 8: Education and Employment Outcomes		
	Baseline (N=77)	Most Recent Aftercare (N=25)
Has degree (GED, HS education, or vocation)	21%	24%
Currently enrolled in education or training	69%	64%
Employment		
Full time	13%	16%
Part time or seasonal	22%	36%
No	65%	48%

Employment: Overall, more youth were employed at the most recent Aftercare than at Baseline. Less than half (48%) of youth at Aftercare did not have a job, compared to 65% of youth unemployment at Baseline.

Of those who were employed at enrollment, their average length of employment at their current job was 4.6 months and ranged from having only had the job a few days to just over two years. In contrast, the average length of time for the longest job held was 11.2 months, and ranged from a week to five years, with a median of 8.5. Responses to the Aftercare surveys ask if the youth has changed jobs within the past 30 days; only 15% of all respondents said they had changed jobs in the past 30 days. Reasons for leaving were split evenly among not liking it, life emergency, and COVID forcing them out.

Housing Stability

Nearly half (45%) of youth were either homeless or living in a shelter upon enrollment, with an additional 46% living with friends or family, and only 4% living in their own home or apartment. At the time of the most recent Aftercare survey, the percentage of youth reporting homelessness was 15%, with 46% still living with family or friends, and a much larger percentage (15%) of youth living in their own homes. CPR also analyzed data from HMIS to find out where youth exited to after completion of their RC program and found only 3% were homeless upon program exit, with the vast majority (81%) living with a family member or friend, and 11% living on their own.

Exhibit 9: Housing Outcomes			
	Baseline (N=80)	Most Recent Aftercare (N=26)	Exit Destination HMIS (N=37)
Housing Situation			
Foster, group home, residential treatment, ILA	3%	-	5%
Home of family member or friend	46%	46%	81%
Own home or apartment	4%	15%	11%
Homeless, couch surfing, motel, shelter	45%	15%	3%
Other	3%	23%	-

Average Moves: Information on housing stability was also available through the average number of moves a youth had experienced within the past 30 days. Most (63%) youth responding to the Aftercare surveys responded that they had not changed their housing location in the past 30 days; of those who had moved, the average number of moves was 2.0 and the median was just once.

Shelter Use and Length of Homelessness: Upon enrollment, 19% of youth responded that they had visited a shelter at any point before enrollment; only one youth on the Aftercare survey had visited a shelter within the past 30 days. For those reporting homelessness in the past 30 days on any Aftercare survey, the majority (55%) said the length of homelessness was a week or less. The average length of homelessness reported on the Baseline was 7 months, with a median of around 3 months.

Housing Vouchers: Lastly, 5 youth reported on the Aftercare that they had received money from their state or county in order to live on their own since first receiving RC services. Future reports hope to look deeper into the medium and long-term outcomes for housing voucher recipients.

Health and Well-being

Health and Well-being measures recorded various metrics, such as whether youth knew where to go for medical or mental health concerns, attitudes over time, pregnancy, substance use, and involvement with police or law.

Exhibit 10: Health and Well-being Outcomes		
	Baseline (N=66)	Most Recent Aftercare (N=25)
Has Health Insurance	80%	88%
Know Where to Go to Access or Address		
Mental Health Services	68%	88%
Personal Safety Concerns	73%	78%
Visited a doctor, ER, or Urgent Care in past 12 months	60%	56%

Health and Insurance: At the time of the Baseline Survey, 80% of youth had health insurance, compared to 88% of youth at their most recent Aftercare. The percentage of youth who knew where to access mental health services or personal safety concerns

also increased slightly, from 68% and 73% at Baseline, respectively, to 88% and 78%. At Baseline, 60% of youth reported having visited a doctor, emergency room, or urgent care in the past 12 months, compared to 56% on the most recent Aftercare survey.

Additional metrics of health and well-being were also collected, but are not presented in tables, due to the differences in their respective question formats:

Arrests or Criminal Convictions: At enrollment, 12% of youth responded that they responded they had been arrested or detained in the past 12 months. Only 3% of youth responding to the Aftercare surveys reported having been arrested or detained since enrollment, and none of them reported having been convicted of a crime during that time.

Pregnancy: 10% of youth said they had been pregnant or gotten someone pregnant in the year prior to enrollment. Only one youth in any Aftercare survey responded to having either been pregnant or getting someone pregnant since enrollment.

Trafficking: 9% (6 youth) of youth at Baseline reported having been trafficked in the year prior to enrollment. Only one youth reported that someone had pressured them into sexual acts since enrollment.

Substance Use: 37% of youth reported using drugs or alcohol in the year prior to enrollment, and 22% reported using drugs or alcohol since enrollment. Of those who had used within the past 30 days, 20% said that they'd attempted to access substance abuse services or supports in that time.

Support for Basic Needs: 92% of youth reported needing support for food, transportation, counseling, housing, etc. in the year prior to enrollment. Of Aftercare response, 69% of youth said they had needed support within the last 30 days and 89% of those youth reported that they received that support.

Coping Skills: Responses from the Aftercare surveys also tracked measures of youth coping skills by reporting how confident they felt in their ability to adapt to problems and stressors. Exhibit 11 displays that for most measures, the percentage of youth that felt very confident in their coping skills tended to increase with the length of their program involvement. For example, the number of youth who responded that they felt "very confident" in their ability to get emotional support from friends and family increased from 24% 30 days after enrollment to 33% at 90 days.

Exhibit 11: Percentage Responding Feeling “Very Confident” in Coping Skills			
Percent responding with “I feel very confident in my ability to . . .”	30 Days (N=29)	60 Days (N=22)	90 Days (N=21)
Get emotional support from friends and family	24%	27%	33%
Sort out what can be changed or not	24%	23%	29%
Break an upsetting problem into smaller parts	17%	18%	19%
Try other solutions to problems	14%	27%	14%
Take my mind off unpleasant thoughts	14%	14%	19%
Resist the impulse to act hastily under pressure	10%	14%	14%

Permanent Connections and Additional Supports

Baseline and Aftercare measures also attempted to capture if the youth felt they had adequate support from adults who could provide them help and support. Most (72%) of youth at Baseline felt they had someone they could count on in times of need; at the time of the most recent Aftercare survey, all youth responded that they had such connections. Additionally, the majority (96%) of youth on the Aftercare surveys responded that they’d been in contact with their case manager or RC professional in the past 30 days, and all these youth said that they received the support they wanted from that interaction.

About 30% of youth reported that they still felt they needed some additional support at the time of their Aftercare surveys and that they would like to continue to receive supports from their RC provider. The supports requested ranged from immediate supports like help paying rent to just continuing to maintain a relationship with their Rural Collaborative provider. Providers noted that often while they were administering the Aftercare survey, they also provided the services that youth were requesting and that they were able to provide immediate relief in the form of funds for food, fuel, and health visits, as well as to help youth look for housing or employment or to receive housing vouchers.

Lessons Learned

Collaboration between rural providers within a network allows for a greater range and flexibility of services to youth in underserved areas. The broad reach of the Rural Collaborative, as well as the interconnectedness of its programs through the RC providers, allowed youth to have access to a wide variety of services and programs. The range of services provided to youth was wide, Site Coordinators were able to engage in serving youth creatively. In addition to providing immediate relief for basic needs in the form of food, clothing, transportation, and shelter, providers also helped youth by connecting them to other programs like Medicaid, food stamps, and unemployment by using referrals. RC staff engaged youth by helping them locate potential housing, education, and employment opportunities. In the closing comments of the Aftercare surveys, many youth expressed gratitude for the services they received and the support from their RC provider. Additionally, youth could receive services across a range of service areas as a kind of one-stop shop for connecting to matters of housing, employment, education, and health and well-being.

Better data collection could reduce reliance on multiple systems and information duplication across systems. Data collection is a key element in identifying the efficacy and outcomes of program interventions. As such, RC providers are often asked to enter data across multiple systems that are designed to track the intervention of those programs. Often this means that providers are asked to enter duplicative information for each youth, depending on the number of programs the youth is receiving services from. Over time, the sheer volume of data entry being asked of providers could mean less time available for actually serving youth, as they are asked to continue to allocate time toward clerical data entry. Consolidation of data entry for various programs into a central management information system like the CRCMIS could be key for reporting outcome and efficacy for youth who are served by multiple programs in the future.

Further data collection opportunities could provide more detailed insight into long-term outcomes. While the administration of the Aftercare surveys was able to provide some key information on short-term outcomes for youth engaged in RC programs, certain data elements over a longer period might tell us more about the overall efficacy of the intervention – for example, whether the number or duration of homeless episodes decreased in the long term after receiving RC services, or if youth were less likely to be trafficked or have unplanned pregnancies. Additionally, we might learn more about certain sub-populations of youth, such as if the number of supportive connections is related to whether youth access more services, or if younger youth who were enrolled in grade school were more likely to go on to vocational training or college after receiving RC services.

Acknowledgements

Northeast RC Region

Shiloh House: CEO: Steven Ramirez

Site Lead: Amy Coy

Shiloh House has implemented the Basic Center Program as one of the original RHY partners of Pathways to Success, a grant that works in partnership with departments of human services to prevent homelessness.

Centennial BOCES: Site Lead: Marc Fortney

C-BOCES has implemented the Basic Center Program through the McKinney-Vento Homeless Assistance Act and the Migrant Education Program. The program works directly with youth unhoused at CBOCES' alternative high schools.

Southeast Region

Health Solutions: Site Lead: Madison Dale

Health Solutions has implemented within COACT's System of Care framework. Madison has expanded the reach of the RC work in the community and creatively collaborating with partners to serve young people in need.

Chaffee County Department Human Service: Site Lead: Ashely Green

Linked to DHS Adolescent Program. Chaffee County provides case management and support for youth aged 12 to 21. The program works closely with community programs and school district to address the needs of at risk youth in the county.

Southwest Region

La Plata Youth Service: Site Lead: Diana Williams

The Basic Center Program is implemented through the Collaborative Management Program. Using a family support partner, the program works closely with youth to navigate complicated systems. Diana is a lived experienced community leader; she works to increase youth voice and engagement.

Oak Tree Resources: Site Lead: Carie Harrison

Started by a foster, guardian, adoptive parent, Oak Tree Resources works closely with youth needing emergency and transitional housing. Oak Tree Resources offers supportive services through street outreach and recently opened a drop-in location in the heart of Durango.

Casa of the 7th: Site Lead: Mariah Emond

Housed within CASA of the 7th youth service division, CASA of the 7th uses strength-based approach to work with youth at risk of or currently homeless. The program has a strong trauma-informed focus and provides individualized therapy.