DEVELOPING A MODEL INTERVENTION TO PREVENT HOMELESSNESS AMONG TRANSITION-AGE YOUTH

The "Pathways to Success" Program

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Prepared by,
Lanae Davis, MPA
Tara Prendergast, MCRP
Denise McHugh, J.D.

Introduction

In 2013, Colorado's Department of Human Services (CDHS), Division of Child Welfare (DCW) was chosen as one of eighteen grantees to receive a planning grant (Phase I) from the U.S. Department of Health and Human Services' Children's Bureau under their Youth-At-Risk-of-Homelessness (YARH) demonstration projects. Since then, Colorado was selected as one of six grantee sites to move on to Phase II, to implement and conduct a formative evaluation of the model intervention conceived in Phase I. The purpose of YARH is to develop, implement, and test a model intervention that prevents and addresses homelessness among youth with current or prior foster care involvement. Ultimately, the goal of the YARH demonstration projects is to produce evidence-based interventions that other child welfare agencies can implement in their jurisdictions in an effort to prevent youth with foster care involvement from becoming homeless.

The first in a series, this research brief describes Colorado's Pathways to Success model. It reviews how the model was developed and highlights lessons learned from the planning and implementation of the model intervention. The brief concludes with a list of key considerations and lessons learned that other state or local jurisdictions should consider when developing new interventions to address the needs of transition-age youth.

Background

As many as 3.5 million young people between the ages of 18 and 25, and 700,000 youth age 13 to 17, experience homelessness in the United States each year (Morton, 2017). Youth become homeless for a variety of reasons, including abuse and neglect, and substance use and abuse. They also may not be welcome in their homes due to pregnancy, sexual orientation, or other family conflict (Office of Homeless Youth Services [OHYS] Annual Report, 2016). Rates of youth homelessness in rural areas are comparable to urban and suburban geographies (Morton, 2017). According to the 2017 Point in Time (PIT) youth supplemental survey, there were almost 800 homeless and runaway youth on one date in January 2017 among the 21 Colorado counties that participated in the survey (Colorado Department of Local Affairs, Youth Homelessness in Colorado (2017). The purpose of the PIT is to conduct an annual count on one date of homeless people nationwide, including transition-age youth.

Youth transitioning out of foster care are at an increased risk of experiencing homelessness (Dworsky, Napolitano & Courtney, 2013; Fowler, Toro & Miles, 2009). Approximately 70,000 young people leave the foster care system each year (Jacobs, Skemer & Courtney, 2015). According to one estimate, young people with foster care histories are 34 times more likely than their peers who have not been in the child welfare system to experience homelessness (Santa Maria et al., 2015). These youth are faced with daunting odds. Compared to their peers, youth who have been involved with foster care are six times more likely to have physical and mental health issues; three times more likely to have been incarcerated by age 19; three times more likely to experience homelessness; 2½ times more likely to become systems-involved parents; two times more likely be high school dropouts; and two times more likely to be unemployed and unable to meet basic needs (Chapin Hall, 2010). A recent study of homeless youth in three U.S. cities found that young people who have experienced foster care tend to be homeless for longer periods than other youth (Bender et al., 2015). They also face high risks of being physically and/or sexually assaulted on the street; 83 percent of the youth included in Bender and colleagues' study reported experiencing such trauma while homelessness (2015).

Although the increased risk of homeless and trauma among this population is well documented, there is little evidence to point to interventions that are successful in addressing these risk factors and ultimately preventing homelessness among youth who have transitioned out of the foster care system. The limited research available offers suggestions on successful approaches agencies can take in decreasing risk factors; however, little evidence exists that points to a successful model over a longer term. Research suggests that such interventions should be flexible, individualized, and centered on engaging youth as decision makers in their own lives (Geenen & Powers, 2007; Scannapieco, Connell-Carrick & Painter, 2007; Morton, 2017; Fowler, Toro & Miles, 2009). Successful transitions to adulthood are further promoted through helping youth develop connections with at least one supportive adult (Collins, Spencer & Ward, 2010; Ahrens et al., 2008; Munson & McMillen, 2009). Minimizing homelessness also requires developing preventative approaches that engage youth while they are still in foster care (Fowler et al., 2009; Morton, 2017). Models that address housing, education, and employment barriers and provide some form of intensive case management are particularly promising (Toro, Dworksy & Fowler, 2007; ASPE, 2017).

To date, most evaluation research has centered on Housing First approaches. Housing First is defined as "a recovery-oriented approach to homelessness that involves moving people who experience homelessness into independent and permanent housing as quickly as possible, with no preconditions and then providing them with additional services and supports as needed"

(Gaetz, 2014). The Housing First approach was initially designed to serve adults, particularly those considered to be chronically homeless. Since that time, much work has focused on how to adapt the Housing First model to serve youth and young adults who are homeless in a way that meets their developmental, social, and legal needs since young people were not the model's initial target population. A proposed set of core principles have been proposed to guide adapting the Housing First model to youth Gaetz, (2014):

- Immediate access to housing with no preconditions;
- Consumer choice and self-determination;
- Recovery orientation to services;
- Individualized and client-driven supports; and
- Social and community integration.

A recent impact evaluation of a transitional living model in Tennessee found that a nine-month program combining individualized and intensive case management services, youth-driven goal setting, the availability of flexible funds, group activities, voluntary cognitive behavioral therapy sessions, housing, and education supports produced significant results. Youth experienced statistically significant gains in housing stability, mental health, and economic well-being (Skemer & Courtney, 2015). A formative evaluation of a similarly comprehensive intervention serving youth in the San Francisco Bay Area found youth experienced statistically significant outcomes in education, employment, housing stability, and mental health within 6 to 12 months of enrolling in the program (P/PV, n.d.). Interviews with youth identified two critical components of this intervention: the strong relationship between youth and their advocates, and individualized supports (P/PV).

Pathways to Success, the model intervention described in this brief incorporates several of these promising program components and principles.
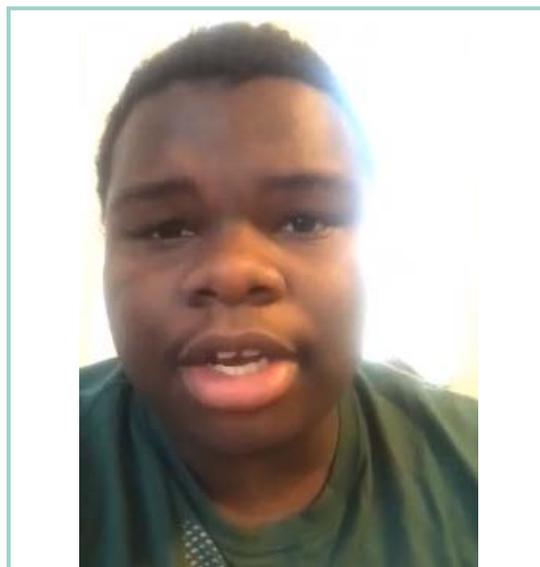
"Pathways helps youth reach their full potential. It's like a crutch but at the same time it allows you to be independent but have the support you need and utilize everything that you need. It's that extra support and push to get you to where you need to be but allows you to have the independence you need after pathways is gone."
—Pathways Youth

Specifically, it engages youth as decision-makers in their own lives; provides intensive and individualized support; invests in relationship-building; and addresses multiple domains including health and well-being, housing, education, and employment. Finally, the program has been developed to operate as both a preventative approach for youth who have not yet transitioned out of care and an intervention for those who are at imminent risk of or are already homeless.

While the model's youth-driven, relationship-based, and customized approach is characteristic of several existing interventions (as described above), the specific mechanism it utilizes—coach-like engagement—is an innovation. This method of engagement is adapted from the Co-Active Life Coaching (CALC) model, which has been effective in achieving a number of positive behavioral health outcomes for adult and university student populations (Newnham-Kanas, Morrow & Irwin, 2010; Newnham-Kanas, Irwin & Morrow, 2008; Van Zandvoort, Irwin & Morrow, 2009). Specifically, the evidence indicates that CALC increases self-efficacy, self-esteem, confidence, self-acceptance, and overall health in adults (Hall, 2014). Several promising studies on a variety of non-CALC coaching models suggest that such outcomes can also be achieved for high school (Campbell & Gardner, 2005; Green, Grant & Rynsaardt, 2007) and primary school students (Madden, Green & Grant, 2011). However, there is a dearth of literature on the use and impact of coaching-based interventions for at-risk or homeless transition-age youth.

The Pathways to Success Model Intervention

The intervention developed during Phase I and refined throughout Phase II, called Pathways to Success, is defined as an intensive, youth-driven case management approach and is designed to serve youth ages 14 to 21 who are currently in or transitioning out of foster care, or who are homeless up to the age of 21 with foster care histories. Youth served through Pathways are recruited from two distinct target populations. The Pathways' Prevention Population consists of youth ages 14 to 21 who are still in foster care. The Intervention Population consists of youth ages 18 to 21 who are no longer in care and are either at significant risk of becoming homeless or are already homeless.

With the long-term goal of preventing homelessness, the Pathways model specifically works to improve youth outcomes in the five "pathways" of permanent connections, health and well-being, housing, education, and employment. The model is currently being implemented and evaluated in three collaborative sites across Colorado representing urban (Denver),

suburban/second city (Boulder), and several rural counties, each of which consists of a County Department of Human Services (DHS) and its child welfare division, and a Runaway and Homeless Youth (RHY) service provider. In a state like Colorado, which is primarily rural with most of its population located in the metro areas along the Front Range of the Rocky Mountains, testing the model in an urban, suburban, and rural/frontier setting is essential to understanding the needs of youth in varying settings as well as securing the buy-in of state and local policy makers.

The cornerstone of the intervention consists of a Navigator utilizing a coach-like model of engagement to help youth identify and work toward achieving at least two goals related to the five outcome areas. Each Navigator carries a small caseload (up to 10 youth for a full-time Navigator). This allows each Navigator to provide intensive and consistent support to youth in their caseload. The intervention is designed for Navigators to meet with their youth once a week in person while communicating via text, phone, and email on a continual basis. The Navigator meets with youth frequently, based on the needs and ability of the youth. Flexibility and accountability are key, as some youth have full-time jobs and are not able to meet in person every week. Other youth need more intensive support for specific periods of time, for example, when going through the process of securing and setting up a new apartment. The Pathways model is designed to be time-limited, allowing the youth along with their Navigator, determine that their goals have been achieved and they are ready to "graduate" and transition to a less intensive care management model, or feel the intervention is complete.

Youth set the agenda and pace of their work with the Navigator. As coaches, Navigators work with youth in thinking through what they need to do to achieve their self-identified goals. Navigators also provide crisis stabilization support and help youth connect to concrete resources to secure or maintain safe and stable housing, promote permanency and well-being, and further educational and/or employment-related goals. There are a number of secondary components of the Pathways model that the Navigators can utilize toward these ends. The Pathways to Success Model Intervention is comprised of seven key components (one core and six secondary). These components are outlined below.

1. Engaging youth in a coach-like way to help identify and achieve goals (Core).
The model intervention centers on Navigators engaging youth in a "coach-like way." Coach-like engagement is defined as "an ongoing relationship which focuses on coaches taking action toward the realization of their visions, goals, or desires" (Colorado Child Welfare Training System, 2016, p. 1). Navigators help youth take action toward realizing their goals by utilizing a

number of techniques including listening, asking powerful questions, providing encouragement, approaching youth with curiosity rather than judgement, setting achievable action challenges, and gently holding youth accountable. This model is solutions-focused and strengths-based. It depends on Navigators regarding youth as "creative, resourceful, and whole" individuals (Colorado Child Welfare Training System, p. 1).

It is also youth-driven, which means that the youth chooses what s/he wants to work on as well as the amount of energy s/he wants to put toward that work. The Navigator's role is to walk alongside, rather than leading, the youth on their journey through Pathways and to stability. Youth preferences are established and regularly revisited through the process of "designing an alliance" in which Navigators and youth discuss boundaries as well as strategies for maintaining an effective relationship. In addition to clarifying a youth's agenda, the designed alliance becomes a tool for staying on track and maintaining focus. While youth set the course and make final decisions, Navigators are actively involved in the decision-making process. They provide guidance by asking non-judgmental questions, and occasionally re-direct youth by reflecting back what the youth is saying to help them think through the consequences of making a potentially self-destructive decision.

In the short term, coach-like engagement is used to help youth identify and subsequently work toward "linchpin" goals related to housing, education, employment, health and well-being, and/or permanency. Each youth sets at least two goals, which guide the work the Navigator and youth do together. Some youth, especially those who are experiencing homelessness at the time of enrollment, enroll in Pathways during a period of crisis. When this occurs, the primary focus of the Navigator is on crisis stabilization. This involves utilizing all other components of the intervention to address immediate safety and/or housing needs before beginning the development of linchpin goals. Using coach-like engagement to identify and achieve goals is intended to help youth acquire life skills around resiliency, self-advocacy, and empowerment that will stay with them for a lifetime and are known predictors of success across many areas in life.

> *The Boulder Collaborative is unique in that the child welfare agency is housed within the county's department of housing and human services. The Navigator is employed through the agency, but her time is split between the county child welfare department and the Runaway and Homeless Youth Provider, Attention Homes. This unique structure allows for a variety of seamless information sharing and reduced "red tape" when it comes to service delivery.*

2. Assisting youth in securing and/or maintaining safe and stable housing.

As noted above, if the youth is in crisis at enrollment, the Navigator will work to stabilize the youth before beginning any other aspect of the Pathways intervention. If the youth is in a stable mindset at enrollment, the Navigator will prioritize housing. As an intervention focused on preventing homelessness, housing security is critical to Pathways. This looks different for each population of youth served through the Pathways program. Navigators work with homeless and precariously housed youth to secure safe and stable housing by helping them navigate the process of identifying, accessing, and maintaining appropriate supports; these include Family Unification Vouchers (FUP), independent living arrangements, transitional living programs, State Housing Vouchers (SHV), and other community-specific projects. SHVs provide long-term housing for youth with a qualifying condition that prevents them from living independently with no housing support. Navigators also support youth through the process of securing leases on their own apartments. With younger youth who are still in care, Navigators focus on asking questions that encourage youth to think about what their long-term housing goals are, and what steps they will need to take to achieve them

3. Providing immediate, small-scale, financial assistance when needed.

The Pathways model recognizes that Navigators must be able to provide immediate resources for youth in need. Access to supports when most needed by the youth is key to staying on track in achieving goals. Each collaborative site is provided with flex funds, which are monies that Navigators can access to provide immediate assistance to youth when all other resources have been tapped and the youth has an unmet need. Flex funds are used to purchase a wide variety of items including cell phones, groceries, work clothes, furniture, school supplies, vital records, and bus passes. Each site administers its own fund and thus has developed procedures around how the Navigator is able to access funds and what, specifically, they may be used for.

4. Advancing permanency using Permanency or Community Roundtables.

Navigators may support youth through the planning of and participation in the county-led Permanency Roundtable (PRT) and other family engagement meetings. The PRT model was developed as a means of increasing legal permanency rates for older youth in foster care. It includes setting up a team of internal and external experts, developing permanency goals, brainstorming barriers to permanency, and developing an action plan (White, Buher & O'Brien, 2013). PRTs occur as standard practice for almost all county DHS providers. The Navigator's specific role is to ensure that the PRT is youth-driven and to participate in the PRTs when requested by youth. The Community Roundtable (CRT) model was created by the Pathways team. It follows the model of the PRT but has been renamed and modified slightly to serve

older youth who are no longer in the foster care system. As such, legal permanency is no longer as relevant, and the focus of the CRT process becomes relational permanency.

5. Making appropriate referrals for securing resources or addressing barriers.
As critical component to providing comprehensive case management, Navigators connect youth to appropriate resources in the community, county, and state. These resources and referrals are youth specific and may be related to any of the five outcomes areas (health and well-being, housing, education, employment, and permanency). In addition to providing referrals, Navigators actively facilitate the youth transitioning to other supports. For example, a Navigator may connect a youth with a wraparound service and participate in the first several meetings as a means of helping the youth transition. When systems barriers or case-specific complications do not allow for straight-forward service referrals to be made, the Pathways Navigator turns to a Local Inter-Agency Team (LIAT).

Each local collaborative site has convened a LIAT to provide technical assistance, resolve systems-level barriers, and review and address case-specific issues youth face. The LIAT includes representatives from child welfare, local runaway and homeless youth providers, and other community-based service providers representing the five outcome areas. Rather than convening an entirely new team to create the LIAT, collaborative sites are encouraged to build on pre-existing cross-system teams such as their local Collaborative Management Program (CMP). CMP is a voluntary program in Colorado in which counties can choose to participate. Local CMPs provide an infrastructure where service planning is coordinated, funds are braided, and in-kind resources shared to address the needs of youth up to age 21 who are involved or who would benefit from multiple agency involvement.

6. Utilizing case planning and assessment tools.
Navigators complete two assessment tools—the Youth Connections Scale (YCS) and Empowerment and Engagement Scale (EES)—with all youth. These tools serve two purposes: first, they serve as measurement of the youth's permanent connections and coach-like engagement; and second, they serve as an opportunity for youth reflection and planning. The EES measures youths' perceptions regarding the extent to which the Navigator has engaged and empowered them to achieve their goals. It is administered within 14 days of identifying linchpin goals and again in a one-year follow-up survey. The YCS quantifies the number and nature of supportive adult connections in a youth's life. At least two are completed over the course of the intervention, the first within 30 days of enrollment in Pathways and the second near completion of the intervention. In addition to providing important data for reporting

outcomes, the YCS is a tool for identifying supportive connections. A variety of additional tools also may be used for care planning or reflection purposes. These include Casey Life Skills, Future Self, Mobility Map, and Child and Adolescent Needs and Strengths (CANS). Usage is determined by site-specific practice requirements as well as relevancy in each youth's individual circumstance.

7. Identifying community connections and transitioning youth to other supports.
Throughout the intervention, Navigators work with youth to identify and build connections with other supports in the community. A key indicator of long-term stability is relational permanency—ensuring the youth has at least one supportive adult they can turn to for help when needed. The Pathways model defines supportive adult broadly and can be any adult the youth identifies as a supportive connection, with the exception of the child welfare professionals involved in their case or the Navigator, as their connection is not meant to be a lifelong support for the youth. The permanent connection identified does not have to be a family member, but can be a mentor, coach, advisor at school or work, friend, or support at a community agency. Identifying and building relationships with a supportive adult is one of the most challenging tasks the Navigators face in their work with youth. Oftentimes, youth served by Pathways do not have a positive supportive adult in their life to turn to, which can be a primary reason they are homeless. Finding and building these lasting connections with the youth typically constitutes one of the linchpin goals identified up front. This goal can take the longest to achieve but is ultimately one of the most important goals for the youth and Navigator to focus on.

The Role of Evaluation

Ultimately, the goal of the YARH demonstration project is to produce evidence-based interventions that can be replicated in other jurisdictions in an effort to reduce risk factors and increase protective factors that ultimately prevent youth from becoming homeless once they transition out of the child welfare system. The Center for Policy Research (CPR) is conducting a formative evaluation of Colorado's Pathways to Success program. CPR has been involved with designing and implementing the Pathways to Success program from its early stages, and has been documenting implementation, providing technical assistance, and reporting on program implementation and outcomes. The formative evaluation is documented through the completion of templates that outline the program's Theory of Change, Logic Model, Population-Intervention-Comparison-Outcomes (PICO) and a continuous quality improvement (CQI) process, known as Usability Testing. By taking a CQI approach to usability testing, the

evaluation team has been able to collect data, report back key findings to project management, and make necessary adjustments to the model and its implementation throughout Phase II. By achieving anticipated metrics outlined in the formative evaluation plan, the evaluation team can assess the impact of each intervention component, make adjustments to the approach, and fine-tune the model to ensure targeted outcomes are achieved.

During Phase I, CPR developed an online management information system to collect key data necessary for the evaluation and provide an online case management system for the Navigators to use in tracking intervention services to youth. This system, known as the Pathways Management Information system (PMIS), allows the evaluation team to access data entered in real time, and analyze and report on program activities and outcomes utilizing a CQI process.

In addition to PMIS, the evaluators use a variety of data sources to collect, analyze, and report on the Pathways to Success Model intervention. These data sources include a 12-month follow-up survey completed one-year post-enrollment with youth who received the intervention; one-on-one interviews with Navigators, Site Supervisors, and key project leadership to document implementation successes and challenges; focus groups with youth who have enrolled in Pathways; and an administrative records extract from the State's SACWIS (State Adoption and Child Welfare Information System) system, called TRAILS. Data will be merged, analyzed, and reported throughout the formative evaluation phase of the Pathways to Success project. Specific outcomes will be analyzed and reported on youth enrolled and receiving the intervention around the five outcome areas of permanency, well-being, housing, education, and employment.

Getting There: Developing the Pathways Model Intervention

The Pathways to Success Model intervention was developed over the course of three learning-intensive years. The process of planning and adaptation aligned with the phases of the YARH grant. Phase I, from September 2013 to 2015, was focused on planning and capacity building. Phase II began in October 2015 and will run through September 2019. This formative evaluation phase has focused on implementing, testing, refining, and evaluating the Pathways model.

During Phase I CDHS convened a state implementation committee that included youth, cross-systems providers, state and local public agencies, advocates, and community members. This committee met to identify the needs of transition-age youth and brainstorm strategies for

meeting those needs. These conversations resulted in the initial design for the Pathways model, see Figure 1 below.

Initially, the Pathways model intervention represented an adaptation of existing practice. It consisted of four components:

1) A Pathways Navigator;
2) Permanency Roundtables (PRT);
3) Road Map to Independence (RMTI); and
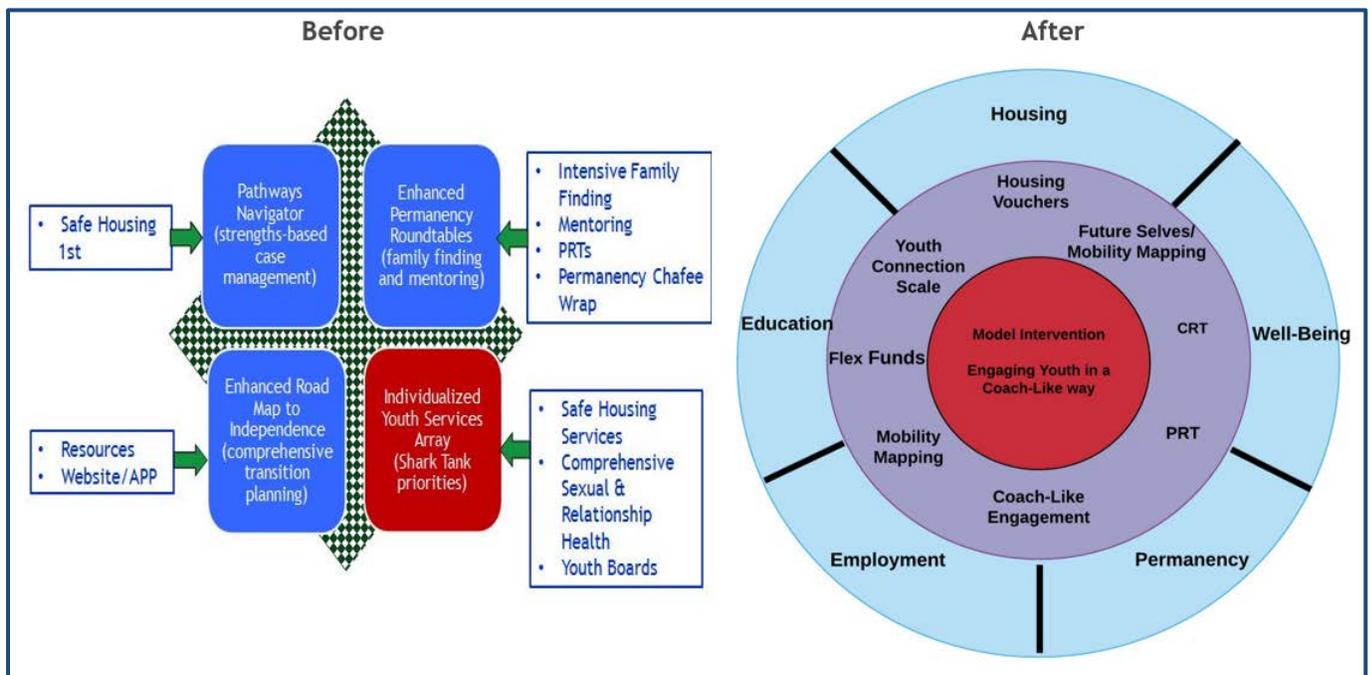4) Individualized Youth Services Array.

Figure 1. Evolution of the Pathways Model Intervention

These components were a composite of three evidence-based or research informed practice models and customized support. The Navigator component represents dedicated staff members who use a strengths-based case management model to work with youth in resolving barriers to accessing services and transition supports. The Permanency Roundtable (previously described) is coordinated by the Pathways program and conducted monthly for each enrolled youth. Similar to a PRT, the RMTI process involves establishing a team of natural and professional supports who assist the youth in creating a comprehensive transition plan. The Pathways RMTI meeting is conducted every 120 days and includes the development of a Runaway and Homeless Prevention Plan as well as an Independent Living Plan. Finally, the individualized youth services array is a catch-all meant to address the individualized needs of each youth served. Identified needs range from securing stable, supportive transitional housing to developing permanent connections. Youth voice is critical to the process of developing the

Pathways model intervention; it is specifically incorporated through the addition of the individualized services array component.

While the original model was promising, it presented several challenges that became apparent at the beginning of the Phase II formative evaluation. Principally, the model was difficult to explain and rigorously evaluate. County implementation sites raised concerns about their capacity to hold monthly PRTs as required by the Pathways model. Federal partners pointed out that there was no need to include the PRT model in an evaluation, as it was already being evaluated in another project. A range of stakeholders pointed out that the RMTI process was duplicative of both the PRT and CRT and thus did not add value for youth.

To address these immediate challenges, the model was adjusted to have only one "core" component, the Navigator who engages the youth in a coach-like way. The other three components became tools the Navigator could use in working with youth. Through initial implementation and testing, it became clear that coach-like engagement needed to be the cornerstone of the intervention rather than the additional tools as originally conceptualized. Additional minor challenges and potential limitations of the model have been continuously addressed throughout Phase II via an ongoing CQI process.

This multi-phased process of design and adaptation has generated a stronger, more targeted, and ultimately more feasible model intervention. The formative evaluation period has provided time to make modifications based on data collected and lessons learned through implementation and testing. It has also enabled the evaluation team to test and readjust each specific component of the intervention rather than approaching it as a programmatic black box.

> *Developing a model intervention to prevent and address homelessness among youth with current or prior foster care involvement is a complex process that must take into consideration many different factors. A formative evaluation can help guide that process by providing reliable data from which to make informed decisions to support youth in successfully transitioning into adulthood.*

Lessons Learned & Key Considerations

Throughout the planning, implementation, and testing of the Pathways to Success Model, many lessons have been learned. Future research briefs will highlight additional programmatic lessons learned from implementation. This brief shares the key takeaways related to planning, design, and the "big picture" of implementing a cross-systems intervention in multiple settings. They include:

***Strong Stakeholder Engagement and Buy-in*:** To create a new model intervention, key stakeholders and decision-makers must be creative and flexible, and willing to think outside the box. Further, youth are key stakeholders who must be engaged. Their voices are critical to the design and testing of the model intervention to ensure it is relevant and developmentally appropriate. The common saying "Build it and they will come" does not apply here; without youth voice at the planning table, interventions will suffer from lackluster youth buy-in.

From the beginning, planning must include all systems and agencies involved since no one system or agency alone can address all the needs of young people with current or prior foster care histories to support their successful transition to adulthood. Critical agencies at the table should include child welfare, juvenile justice, physical and behavioral health, legal (e.g., courts, guardians ad litem (GAL)), schools and representatives from higher education, workforce, housing, runaway and homeless youth providers. By promoting youth voice and securing the buy-in of key stakeholders at both the organizational and programmatic level, intervention design has a greater likelihood of achieving targeted outcomes and ensuring a smooth implementation.

Clear Communications and Procedures: It takes time to plan, coordinate, develop, and test a model intervention. A clear communication plan informs key stakeholders of ongoing model design changes to ensure their ongoing support and buy-in. Further, clear policies and procedures are also needed so that the model intervention can be implemented as it was intended, with fidelity across all partner agencies and sites.

Establish an Effective Learning and Decision-Making Process: While time-consuming and challenging, a formative evaluation allows for a more targeted and impactful intervention and allows planners to strategically modify the intervention and its implementation. Program staff input is especially valuable in identifying issues and challenges allowing for critical midcourse corrections to ensure intended outcomes are achieved.

Defined Model Intervention to Evaluate: To achieve systems-change, a model intervention needs to be at once definable and streamlined but flexible enough to work in different community settings. It is also important to not lose sight of the fact that the purpose of the formative evaluation is to inform programmatic development. Critical to the evaluation is having a database where information is entered in real-time to allow the evaluation team to analyze and report on program activities and outcomes utilizing a CQI process.

Ongoing Support, Training and CQI: Implementing a new program and achieving system change requires ongoing support for policymakers and supervisors as well as program staff. This includes ongoing training and technical assistance to improve skills and knowledge critical to implementing the model intervention as intended. Ongoing training must be conducted pursuant to adult learning theory, be held in a safe environment where skills can be practiced and constructive feedback given, and be focused on both line and supervisory staff. Implementing a continuous quality improvement approach is critical to assessing intermediate outcomes and ensuring that the model that is implemented achieves the outcomes outlined from the beginning.

Key Considerations for Developing a New Model Intervention

The lessons learned highlighted above point to the kinds of questions an agency or organization should ask when thinking about whether to undertake the work of designing and implementing a multi-system model to address the unique needs of transition-age youth. Below are key considerations agencies should take into account before beginning the design and implementation of a program.

1. Who are the key partners and stakeholders? How can they be meaningfully involved in the planning process?
2. How will youth input be elicited? How will it be meaningfully incorporated into the model?
3. To what extent are key stakeholders flexible, open-minded, and able to think beyond the constraints of the existing systems?
4. Is there sufficient buy-in by influential partners to address systems-level barriers?
5. How will clear communication and implementation procedures be established, revised, and maintained to sustain strong working relationships with key stakeholders and program staff?

6. How will the implementation of the model intervention account for differences in community-level resources and capacity?
7. Will a CQI process be put in place to inform program implementation?
8. How will implementation fidelity be monitored to ensure that the model intervention is being implemented as intended?
9. How will program staff be trained and supported? How will supervisors and policy makers be trained so that they can effectively support program staff?

Developing a model intervention to prevent and address homelessness among youth with current or prior foster care involvement is a complex process that must take into consideration many different factors. This brief is the first in a series to detail the process of developing, implementing, and testing a model intervention, aimed at building evidence-based practices that lead to real impacts for youth involved in the child welfare system. Phase I of the Pathways to Success Project was a deliberate planning phase that incorporated a cross-systems approach ensuring all agency partners were at the table to ensure buy-in across these critical agency partners. Phase II focuses on implementation and testing of the designed intervention. The formative evaluation conducted in Phase II helps guide that process by providing reliable data from which to make informed decisions to support youth in successfully transitioning into adulthood. Future briefs will focus on the youth served through the Pathways to Success model intervention, how youth are identified and served, and outcomes associated with youth who participated in the intervention.

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