RESEARCH REPORT

Supportive Housing for Young People Formerly in Foster Care
A National Scan of Programs

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Executive Summary

Policymakers have long recognized the unique challenges young people aging out of foster care may face as they transition to adulthood. A central challenge is securing viable housing options for young adults that are both developmentally appropriate and responsive to their diverse needs. To build the evidence base for programs that serve young people transitioning out of foster care and into adulthood, the Administration for Children and Families (ACF) contracted the Urban Institute and its partner, Chapin Hall at the University of Chicago, to carry out formative evaluation activities that could lead to future rigorous evaluations. This report describes results from a nationwide scan of housing programs for young people formerly in foster care that follow the Permanent Supportive Housing (PSH) model, an approach that couples low-barrier affordable housing and supportive services for an indefinite period of time.

Key Findings

We sought to better understand the range of current programs that generally follow the PSH model, learn more about how they operate, and identify the next steps for readying these programs for potential future evaluation. We identified 25 programs through an initial scan and determined 19 fit the PSH model. We then conducted in-depth site visits with 8 of those 19 programs.

Seven research questions guided our examination of PSH programs for young people formerly in foster care.

Question 1: What Design Features Characterize PSH Programs That Serve the General Population of Young People at Risk of Homelessness?

We explored many design features, which often varied, including eligibility and participant characteristics; the housing model; the supportive services model; and the community context, organizational setting, and program features. A majority of the programs (N = 14) accepted young people ages 18 to 26 at program entry.
Question 2: What Challenges Does Providing PSH to Young People Formerly in Foster Care Pose?

Program staff identified three common challenges: engaging young people in services, addressing trauma, and funding limitations. Less often mentioned were challenges related to finding housing, foster care system impacts, staff stress, and staff qualifications.

Question 3: What Successes Have Providers of PSH to Young People Formerly in Foster Care Experienced?

Despite challenges, program staff experienced success in several areas, such as building relationships with young people, supporting young people in achieving goals (including in mental health, education, and personal goals), forming relationships with landlords, and supporting staff.

Question 4: How Do Young People Perceive the Programs, and Do Their Perceptions Match Staff Perceptions?

Young people tended to describe program goals in similar ways as staff, and they identified several program benefits and challenges. Young people most often mentioned rules and requirements as interfering with their independence, while also addressing concerns about employment requirements, visitation rules, privacy concerns, miscommunication, and challenges with accommodating family members.

Question 5: What Are Key Program Design Features That Should Be Sustained or Modified?

We learned that because young people vary in needs, functioning, and goals, programs should sustain the Housing First approach by not requiring young people to engage in services. Program staff and young people alike talked about the importance of case management and the need to continue developing innovative ways to build relationships with young people, ensure adequate staff training, and clearly communicate the program's expectations and staff roles. Program features differ between scattered and clustered sites.

Question 6: For Whom Is PSH Appropriate?

The programs we interviewed seem well-suited to provide support to many young people transitioning toward independence. However, most do not appear well-suited to serve young people who have more
intensive service needs such as severe mental or physical disabilities. Overall, the programs work well for those who need support for more than a year or two, but also have a goal to eventually exit the program.

**Question 7: What Should PSH Programs Consider to Prepare for an Evaluation?**

Our full site visits allowed us to explore each program’s readiness for various types of evaluations. The key indicators we assessed were whether the program has a logic model, expected outcomes, and data collection systems, and how programs use collected data to implement the program. Our scan suggests that some programs may be ready for formative evaluation. We compiled a set of recommendations to consider when designing formal evaluations for PSH programs.

**Future Directions**

Because PSH programs are intensive, establishing a clearer target population for PSH and supportive housing would help the field understand how to best serve young people and begin building evidence. Several programs discussed various approaches to engaging young people. Formative and process evaluations can help PSH programs learn whether these approaches can improve service delivery.

Most programs we spoke with are not designed in a way that is amenable to rigorous impact evaluation such as a randomized controlled trial or quasi-experimental design. However, there are other ways to generate evidence, such as continuous quality improvement approaches that programs can use to refine their models, strengthen implementation, and ensure the appropriate services are targeted to young people’s needs.
Supportive Housing for Young People Formerly in Foster Care

In the United States, most young people experience a gradual transition to adulthood accompanied by frequent changes in housing. Young people typically make this transition with the emotional support, financial assistance, and safety net of family members or other adults. Young adults transitioning out of foster care, however, often experience transiency and frequent changes in housing with little support or supervision from family (Munson et al. 2016). The transition from foster care can be abrupt for some young adults, as they are expected to shift from being dependents of the state to being independent young adults overnight (Osgood, Foster, and Courtney 2010). Young people aging out of foster care are tasked with securing suitable housing with little or no support from their family or the state (Brown and Wilderson 2010; Dworsky 2020). Accordingly, many young people aging out of foster care experience homelessness. Studies published over the past three decades report rates of homelessness among this population ranging from 11 percent (Brandford and English 2004) to 36 percent (Dworsky, Napolitano, and Courtney 2013; Reilly 2003).

Transitions to adulthood presents challenges for all young people; however, most have access to various supports that those aging out of foster care do not. Policymakers have long recognized the unique challenges young people aging out of foster care face as they transition to adulthood. In response, federal child welfare policy has increasingly focused on availability of supports for this population (box 1).

**BOX 1**

**The Chafee Foster Care Program for Successful Transition to Adulthood**

Most young people need support as they transition to adulthood. Young people transitioning out of foster care need specific supports tied to the unique challenges they face. Over the past three decades, federal child welfare policy has significantly increased the availability of those supports. In 1999, the Foster Care Independence Act amended Title IV-E of the Social Security Act to create the Chafee Foster Care Independence Program (the Chafee program), the primary source of federal funding for services to support young people in foster care during their transition to adulthood. The Family First Prevention Services Act renamed the program in 2018; it is now the Chafee Foster Care Program for Successful Transition to Adulthood.

The Foster Care Independence Act requires that a small percentage of Chafee program funding be used to rigorously evaluate independent living programs that are “innovative or of potential national significance.” In 2003, the Administration for Children and Families (ACF) contracted the Urban Institute and its partners, Chapin Hall at the University of Chicago and the National Opinion Research Center, to
conduct the Multi-Site Evaluation of Foster Youth Programs. Of the four programs evaluated using a randomized controlled design, only one had a statistically significant effect on youth outcomes.

The Chafee program has helped us better understand the types of supports that young people transitioning out of foster care need. These supports span various domains including financial well-being, housing, education, employment, physical and behavioral health, and social connection. Various programs designed to support this population in these domains exist; however, we still know little about which programs for young people transitioning out of foster care are effective and which program components are essential to their effectiveness. To continue building an evidence base for programs that serve young people transitioning out of foster care and into adulthood, ACF contracted the Urban Institute and its partner Chapin Hall to learn more about what programs for young people formerly in foster care look like and how they operate. This report presents findings from a nationwide scan of supportive housing programs for young people formerly in foster care that follow the Permanent Supportive Housing (PSH) model.

A central challenge acknowledged by policymakers is securing viable housing options for young adults that are both developmentally appropriate and responsive to their diverse needs (Dworsky and Dasgupta 2018). See box 2 for more information. In recent years, supportive housing programs have become a popular means to support young people formerly in foster care. However, we know little about the extent to which programs are meeting the needs of young people transitioning to adulthood, and, if so, how they are addressing this population’s unique needs (Munson et al. 2016). Although research indicates a universal approach will not be adequate (Brown and Wilderson 2010; Delman and Jones 2002), it remains unclear what specific set of housing options should be made available and whether distinct housing options are better suited for young adults who have been in foster care. Housing programs that follow the PSH model may be one potential option for this population.

**BOX 2**

**Developmentally Appropriate and Responsive Housing Options for Young People Aging Out of Foster Care**

Young people aging out of foster care can benefit from housing options that both match their current developmental stage and also respond to their needs (Dworsky and Dasgupta 2018). During the transition to adulthood, for example, young adults commonly have roommates to make housing more affordable or for social support. Some shared housing options may impose roommate restrictions, not allowing young people to live with boyfriends, girlfriends, or biological parents (Dworsky and Dasgupta 2018). Other jurisdictions may allow young people to select their own roommate (Dworsky and Dasgupta 2018), which can promote a developmentally appropriate decisionmaking skill. Depending on age, younger adults may require housing
options that provide more supervision such as curfews or rules for visitors. Such housing options might also provide opportunities to engage in activities that are developmentally appropriate, such as dating or getting together with friends. Yet as young people get older, some rules including policies around alcohol consumption or overnight guests may not align with their adult developmental status.

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*The Permanent Supportive Housing model combines low-barrier affordable housing and supportive services for an indefinite period of time.*
—Rog et al. (2014)

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The PSH model’s purpose is to help the most vulnerable individuals and families lead more stable lives. PSH is a favored approach to serving the most vulnerable among people experiencing homelessness (e.g., young people with foster care experience) because it typically targets people who have experienced multiple barriers to housing and cannot maintain housing stability without supportive services (Gaetz 2021). Additionally, the PSH model operates under the Housing First approach. Housing First acknowledges a right to housing with no terms or preconditions (Gaetz 2021). PSH is one housing option that exists within a broader continuum of housing programs. A related approach, Short-Term Supportive Housing (STSH), differs from PSH programs in that these programs are not meant to be permanent (e.g., Gaetz, Scott, and Gulliver 2013). Both PSH and STSH programs differ from other housing programs because they combine flexible and voluntary supports for housing stability and access to individualized services. Most research on the PSH model concerns older, single adults and homeless families.

In this study, we focus on PSH programs because we know little about how they are used for young people or the extent to which programs meet the needs of young people with foster care histories. This project’s goal was to learn about PSH programs specifically for young people formerly in foster care, which we define as young people who spent any time in foster care, including those who aged out. Through interviews and focus groups, we sought to better understand the range of current programs that generally follow the PSH model, learn more about how they operate, and identify next steps for readying these programs for potential future evaluation.
Approach

We developed the following research questions to guide our examination of PSH programs for young people formerly in foster care:

1. What design features characterize PSH programs that serve the general population of young people at risk of homelessness?
2. What challenges does providing PSH to young people formerly in foster care pose?
3. What successes have providers of PSH to young people formerly in foster care experienced?
4. How do young people perceive the programs, and do their perceptions match staff perceptions?
5. What are key program design features that should be sustained or modified?
6. For whom is PSH appropriate?
7. What should PSH programs consider to prepare for an evaluation?

To answer these questions, we used the PSH model as a benchmark. Between 2017 and 2020, we conducted a national scan of supportive housing programs for young people formerly in foster care. Our scan, which we periodically repeated over the search period to look for new programs, involved reviewing programs compiled from a previous search conducted by Mathematica (Dworsky et al. 2012), internet searches, and reaching out to known contacts in the field. We looked for programs that (1) targeted the most vulnerable young people (e.g., those who are homeless or at risk of homelessness, with a mental health and/or substance use diagnosis, etc.) yet (2) had minimal additional conditions on eligibility (i.e., work or school not required), (3) offered supportive services in addition to housing, and (4) had no absolute duration or age limit (figure 1).
FIGURE 1
Program Search

National scan of supportive housing programs for young people formerly in foster care: involved reviewing programs compiled from a previous search conducted by Mathematica (Dworsky et al. 2012), internet searches, and reaching out to known contacts in the field.

Program criteria:

- Targets the most vulnerable young people (homeless or at risk of homelessness, mental health and/or substance use diagnosis, etc.)
- Minimal additional conditions on eligibility (work or school not required)
- Offers supportive services in addition to housing
- No absolute duration or age limit

Source: Urban Institute scan of supportive housing programs.

We identified 25 programs through this scan and conducted phone interviews with relevant staff from each. These conversations revealed that 6 programs were transitional housing programs and did not fit the PSH model, although they target young people formerly in foster care. The remaining 19 programs (figure 2) fit the PSH model, regardless of whether they specifically target young people formerly in care (figure 3). We then conducted in-depth site visits with 8 of those 19 programs. Additional information about data and methods is provided in appendix A.
The 19 PSH programs identified in our scan were concentrated in some of the largest US cities, such as in the New York Tristate Area and the west coast, although we did not find programs in many other large cities.

**Program Typologies**

In figure 3, we organized the 25 programs from our initial phone interviews along two dimensions—whether they targeted young people formerly in foster care and if they fit the PSH model—to create four possible typologies. Many (\(N = 11\)) of the programs we spoke with met both criteria (Type I). We found several programs that used a PSH model and possibly served young people formerly in foster care (\(N = 8\)), but they did not or could not target them specifically, mostly because of requirements under coordinated entry systems (Type II). Some programs targeted young people formerly in foster care but had firm service requirements and duration limits and therefore did not qualify as PSH (\(N = 6\); Type III). By default, the final category was for youth housing programs that did not fit the PSH model and did not target young people formerly in foster care (Type IV). None of the 25 programs we interviewed fell into the Type IV category. We focus the remainder of this report on the 19 programs that fit the PSH model.
We report the findings as they relate to each research question. For each question, we first summarize what was commonly reported among the 19 PSH programs and highlight any notable distinctions that may set a program apart. We then discuss the recurring themes that emerged from our interviews.

Findings

Question 1: What Design Features Characterize PSH Programs for the General Population of Young Adults at Risk of Homelessness?

Design features we explored about programs included eligibility and participant characteristics; the housing model; the supportive services model; and the community context, organizational setting, and program features. Appendix B summarizes the design features by program.

DESIGN FEATURE 1: ELIGIBILITY AND PARTICIPANT CHARACTERISTICS

A majority of the programs we spoke with (N = 14) accepted young people ages 18 through their mid-twenties (i.e., 24- to 26-years-old) at program entrance. The youngest entry age a program accepted was 17 and the oldest was 29.

Eligibility criteria varied, but most programs based their criteria on (a) history of foster care, (b) whether a youth is homeless or at risk of being homeless, (c) whether a youth has a mental or behavioral health diagnosis, and (d) whether a youth is expectant or parenting. More than half of the programs (N = 11) had foster care history as a criterion for eligibility. Being homeless or at risk of homelessness was another eligibility criterion for 16 programs. Eight programs required young people to have a mental or behavioral health diagnosis. Four programs mentioned they accepted young people who were expecting and parenting, although this was only a requirement by one. Staff from one program explicitly mentioned that they do not accept expecting and parenting young people.
Eligibility within programs also varied. If programs had multiple funding sources, eligibility for specific units would sometimes differ based on their funding. For example, one program had a few units that were donor-funded and had specific criteria that young people must be women and in school. Eligibility criteria based on specific funding sources were either set in addition to the program's existing criteria or existed on their own. Using funding sources to create separate eligibility criteria allowed some programs to bypass the coordinated entry system, which programs are required to use if they receive US Department of Housing and Urban Development (HUD) funding, to serve some young people. We discuss this later in the report.

A few of the programs in New York used state-specific homelessness criteria to determine eligibility. Two of the programs served young people with a history of foster care who are homeless or at risk of being homeless and do not have a mental health diagnosis. Other programs located in New York served young people with a severe mental health diagnosis who are homeless or at risk of homelessness.

Participant characteristics varied across programs. However, staff from most of the programs we spoke with mentioned they had current participants with a history of foster care (N = 16). A few programs served either exclusively men or women, and the programs that served expecting and parenting young people typically had majority-women participants. Staff from other programs mentioned they served an even distribution of men and women. Nine programs had young people who were LGBTQ+, and staff from three of these programs explicitly mentioned that 40 percent or more of the young people they served were LGBTQ+. None of these programs exclusively served LGBTQ+ young people. Nine programs had majority-Black/Latinx participants, and staff from one program mentioned their participant population was racially and ethnically diverse. The education levels of young people varied across programs, ranging from less than a high school diploma to some college-level education.

DESIGN FEATURE 2: HOUSING MODEL

Ten programs had clustered housing, which means they had a single building in which all units were located or a group of buildings close together. Seven programs had scattered-site housing, which means housing units were dispersed throughout the community. Two programs had both scattered-site and clustered housing. Programs with a clustered housing model usually owned the buildings themselves or contracted with a building management company to provide housing. Scattered-site programs usually rented from private landlords. Programs either provided the youth with a voucher to use for housing, making the program participant the direct lease holder, or held master leases with landlords where the youth would act as a subletter or cosigner on the lease. Staff from one program expressed that being the master lease holder is beneficial because consequences for a youth who is noncompliant will less likely affect the young person’s ability to obtain future housing. Rather than an eviction, the youth would receive a lease termination (if warranted by a noncompliance issue), which would not affect their rental history as seriously. Whether the program held the lease was dependent on both the landlord and program. Following the PSH model, many
programs did not have a time limit or require participants to exit at a certain age. Six programs preferred to see participants exit by a certain age (i.e., 25 to 26) but did not require participants who reach this age to leave. Ten programs had no exit criteria at all.

Thirteen programs did not have employment or educational requirements for young people to be in the program. They might have offered supportive services geared toward these areas but did not require young people to be working or in school while in the program. This follows the Housing First approach that PSH programs may operate under. Requirements to engage in supportive services varied across programs. Six programs required young people to engage in case management to some degree (e.g., monthly check-ins), and a majority of programs required young people to follow the basic rules of a typical lease. Typical lease policies include on-time rent payment and restrictions on unit repairs and alterations. Programs often had policies requiring guests to check in and out of participants’ residences and/or limiting the number of guests a participant can have and visitation hours.

While uncommon, one reason young people may have exited a program was noncompliance with program rules. When that happened, it was most often because the resident was violent toward program staff, other participants, or guests. Other noncompliance issues programs mentioned included persistent nonpayment of rent and guest policy violations. Staff described setting up meetings with young people and having ongoing conversations with them to resolve problems and avoid unplanned exits.

THEME: OPERATIONAL TENSIONS WITHIN THE PSH MODEL

Operating a PSH model with no exit date creates practical problems with program flow and may contribute to tension between promoting adult independence and providing young people a sense of permanence. Staff from 11 programs discussed this theme. No inherent reason exists for a program to maintain flow and take new young people rather than serve one group of residents indefinitely. However, program leaders recognized the programmatic impacts of supporting a potentially long ramp to independence, specifically that programming is designed for young adults. A program director said,

One of the things that has been a challenge is the fact that it is not a time-limited program. Our target population is TAY [transition-age young people] up to age 24. At [one site] the oldest is 40...our techniques are really geared toward transition-age youth.

Another director noted that turnover is important to give opportunities to more young people coming out of foster care. One youth reiterated this by saying they moved out because they “wanted to give up the unit to other individuals that needed it more.”

Even though PSH programs are meant to remove the sense of urgency about exiting the program, case managers spoke about what can happen when residents stay a long time, well into their mid-twenties or longer:
It’s permanent housing, which has an upside and a downside to it. The young adult doesn’t have to worry about what to do when they reach age 26. It’s still programmatic housing with a lot of rules. When they get older, they don’t think they should be in a program with a lot of rules.

Young people echoed staff reflections that although PSH programs are potentially permanent, in practice they are temporary. Young people from six of the eight programs we spoke with mentioned that they view their program as a temporary stop in their journey toward independence. One youth said, Understand that it’s a stepping-stone, it was never the type of program to come in and you stay here. It’s why they have the rules and regulations they do.

A program director described how the PSH model has, over time, culminated in a group of residents who were but are no longer part of the target population of transition-age young people:

A lot of them are no longer TAY. They’re just adult people and [the] county doesn’t have a mechanism...where they move into different slots to make room for more TAY, [so] these people stay in their slots indefinitely. Right, not only are there not openings but the caseload isn’t really TAY anymore. The problem is, they come in between 18–24, it’s the permanent housing so as long as they’re income eligible and are able to abide by lease terms, they’re allowed to stay there permanently and they at some point become non-TAY and we can only replace them through attrition.

Another director of a program designed for young people through age 26 expressed frustration about a lack of clear options for residents who continue to need supportive housing after that age and how it affects this program’s ability to admit new residents:

It is very inhumane. We operate from a trauma-informed lens and we are not going to force this person out into homelessness. We will work with them to find some sort of permanent housing...We have a youth who is going on 30, but that youth also has cognitive delays. There is no program for them...He works, but that doesn’t give him enough to get an apartment. Do I evict someone like that? He is not causing any problems, but we can’t accept another youth coming into the program.

Program leadership and staff provided several reasons why some young people delay exit, including difficulty finding other housing and not feeling prepared or able to move on.

**Difficulty finding other housing**

Eventually, most but not all young people desire to leave their program for more living space or a more independent lifestyle. The cost of market-rate housing and the availability of other subsidized housing are the biggest barriers to moving on. As such, some staff had young people apply for other subsidized housing programs as soon as they entered the program. A case manager at a program in the Southeast said, “We’ve noticed folks who stay more than three years have disengaged from plans and goals and are more driven by free rent.” A case manager in California said that the cost of housing is the main reason why young people stay in the program: “If you’re paying $300 in rent when the average is $3,000 in [city], they don’t want to leave.” A program director in that program said, “In the [region] it is out of whack. You may be making $30,000 to $40,000 and that will not keep you in an apartment.” She added, “Most young people are ready
to take on their own housing, if we could just get the rental market to cooperate.” Another director from the same program said,

Regardless of how well they’re doing I don’t know if any of us could be living on our own one or two-bedroom apartment in that neighborhood so there’s this reality...if everything was in a different environment you would be exiting them to their own stable housing... since I’ve been here no one has moved out to other housing.

Not feeling prepared or able to move on

Another barrier to exiting is simply not feeling ready to be more independent. Staff reported that usually a few residents have not shored up their resources such as money for a security deposit, even after a long stay. A related issue is a host of often realistic fears about living independently, which might be heightened by having experienced the instability of foster care. One staff member said,

For a lot of our young people who have been here for some time it’s scary moving out to be on their own and see tenants move out due to violence and they’re not successful so that’s scary. And a lot of our participants don’t have a family home to get back to. A lot of people can go to college and then fall back on family...a lot of our tenants don’t have that. We’re that place for them. How do we make them feel safe but also secure enough to move out? It’s one of the biggest issues we have...they sabotage a lot. They’re our long stayers. We are trying to let them know they can be successful without us, this can be your permanent [arrangement] but we don’t want this to be...we want this to be a springboard for you and some of them are like, “No this is good. I don’t need better than this.”

Young people from three programs echoed these observations. They found it difficult to balance feeling comfortable in the program with being motivated to work on goals. One youth noted that they "got to be content" by themselves in the program; another said that they became “accustomed to being in the program and being on [their] own, period.” One youth said they must force themselves to be determined to get things done, which is hard because they can get discouraged easily. Another staff member saw the situation similarly:

Most of them don’t want to move on. We have some that do, but the majority of them, because some of our young people come out of care, so they’re...pretty dependent on programming. That is normalcy for them.

One youth gave another reason for not leaving the program—feeling stuck and unable to move on:

Because I don’t think any of us want to stay here forever...This is not supposed to become permanent...and so when you get here it seems to become permanent. It seems like in moments, I am not going to get out of this.

**DESIGN FEATURE 3: SUPPORTIVE SERVICES**

An essential component of PSH programs is case management services; all 19 programs offered some type of case management. Though the name of the staff position varied across programs (e.g., case manager,
transition specialist, life skills coach), all fulfilled a similar role: to help young people set and obtain goals, ensuring their needs are met and that they are following program rules.

To ensure young people's needs are met, PSH programs provide or refer them to a wide range of services and supports (table 1). The most common areas of support that PSH programs helped young people with are (1) mental health and well-being; (2) positive connections and social support opportunities; (3) training and employment; and (4) education.

TABLE 1

Types of Support Offered to Young People in PSH Programs

<table>
<thead>
<tr>
<th>Type of support</th>
<th>Programs (#)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health and well-being</td>
<td>17</td>
</tr>
<tr>
<td>Positive connections and social support</td>
<td>14</td>
</tr>
<tr>
<td>Training and employment</td>
<td>14</td>
</tr>
<tr>
<td>Education</td>
<td>13</td>
</tr>
<tr>
<td>Referrals</td>
<td>13</td>
</tr>
<tr>
<td>Income support and public benefits</td>
<td>9</td>
</tr>
<tr>
<td>Parenting and/or child care</td>
<td>9</td>
</tr>
<tr>
<td>Life skills</td>
<td>8</td>
</tr>
<tr>
<td>Financial literacy</td>
<td>7</td>
</tr>
<tr>
<td>General workshops</td>
<td>7</td>
</tr>
<tr>
<td>Physical health and well-being</td>
<td>7</td>
</tr>
<tr>
<td>Housing (furnishing, search, move-in)</td>
<td>6</td>
</tr>
<tr>
<td>Support for young people who are LGBTQ+</td>
<td>6</td>
</tr>
<tr>
<td>Drop-in center</td>
<td>5</td>
</tr>
<tr>
<td>Leadership opportunities and skills</td>
<td>4</td>
</tr>
<tr>
<td>Transportation</td>
<td>4</td>
</tr>
<tr>
<td>Arts</td>
<td>2</td>
</tr>
<tr>
<td>Support for young people with disabilities</td>
<td>2</td>
</tr>
<tr>
<td>Legal support</td>
<td>2</td>
</tr>
<tr>
<td>Food security</td>
<td>1</td>
</tr>
<tr>
<td>Roommate mediation</td>
<td>1</td>
</tr>
</tbody>
</table>

Notes: This table captures the services and supports mentioned by PSH programs during our site visits and interviews; it is not exhaustive. Programs may offer multiple types of support.

Many programs supported young people in these areas with case management, including referrals to other community-based organizations, but some have program specialists on staff as well. For example, six programs had mental health specialists on staff that provided young people with therapy, and one had physical health specialists that support youth health care needs. Three programs had a staff member who supported young people with educational, training, and vocational goals, such as helping them apply to an educational program with the goal of earning a degree, find job or training opportunities, prepare for interviews, and in some cases build skills necessary for employment. One program employed an arts specialist who provided opportunities for young people in the program to connect with staff or each other through art.
DESIGN FEATURE 4: CONTEXT, ORGANIZATIONAL SETTING, AND PROGRAM FEATURES

Programs were situated in various geographic, economic, and policy contexts, and their organizational settings differed in important ways. Programs were concentrated in more densely populated areas like the New York Tristate Area, West Coast, and Midwest cities, although a few were in the Southeast and Southwest. Organizational setting was characterized by whether the program was directly connected to the child welfare agency for its program referrals, which might have affected service delivery. We were interested in understanding whether the 10 programs connected to the public child welfare agency (PCWA) differed from the rest that were not. We hypothesized that the connection to a PCWA would make it easier to connect young people with PSH programs. Our site visits provided support for this hypothesis in some cases but not all. PSH varied in how the connection to PCWAs affected program operations.

For example, young people in one program connected to the child welfare agency could not be connected directly to the PSH program because of coordinated entry. That is, young people were required to be homeless before they could be eligible for PSH through coordinated entry. This program relied on flexible funding streams to circumvent the requirement and allow young people to move directly into the PSH program.

This was not the case for another program connected to the child welfare agency. This program operated under state funding streams and was not required to use the coordinated entry system. In this case, our hypothesis was supported—being connected to the PCWA appeared to make it easier to connect young people directly to the program. Young people in this program also maintained their PCWA case workers, which was seen as a benefit to one youth:

I think having the same person is beneficial...and it’s just easier to have one person you can rely on and be confident they are not going to go anywhere.

Similarly, staff from another program connected to the PCWA said that their alignment benefits young people:

We do try to work together if we can, especially with their [PCWA] workers...because it’s better. I’m just learning, it’s better for us all to be on the same page in order for them to fully, you know, take advantage of all the services. It’s better if we’re all just on the same page—it works more smoothly versus they’re doing one thing, or they’re doing one thing.

For others, the connection to a PCWA appeared to facilitate communication and relationships among PCWAs and PSHs, even if it did not increase efficiencies as we hypothesized. For example, staff from one program noted that they used to be able to take referrals directly from the PCWA. However, because they transitioned to coordinated entry, the PCWA was no longer a referral pathway. The program still has a strong relationship with the PCWA and checks in with them, for example, if young people have not transitioned well.
THEME: NAVIGATING COORDINATED ENTRY

Depending on funding source and the program’s intended population, PSH programs accepted young people from various referral sources (e.g., public child welfare agency, self-referral, community-based organization). Programs funded through HUD can only accept young people referred to the program through coordinated entry processes. HUD’s goal for coordinated entry is to allocate housing assistance effectively according to a number of operating principles, the primary being that the most vulnerable are prioritized and programs take a Housing First approach.

Leadership or other staff from a total of 11 programs raised the issue of coordinated entry when describing their program’s context and how it admits eligible young people. Many cities and counties have adopted coordinated entry systems in recent years. These systems are designed to remove discretion about eligibility from programs to consistently prioritize individuals or families based on vulnerability and severity of need. Many program staff verified the system does, in fact, do that. One staff member reflected that coordinated entry means equitable treatment and that young people will not be “turned away because housing agencies think they will be a challenge for their program. They want to pick perfect candidates but that’s not fair.”

As a consequence of coordinated entry, some programs that targeted young people aging out of foster care in the past have had to restructure their programming to accommodate a sometimes higher-need population of young people. The policy has had mixed effects on programming and admissions. Most staff talked about the downsides. Program staff at all levels highlighted the following problems.

Some programs designed before coordinated entry had an established target population and corresponding service model that did not necessarily align with the highest-need young people now referred to them under coordinated entry. Consequently, these programs were not set up to successfully help the highest-need young people, potentially resulting in a less effective program. Staff said that the prevalence and acuity of mental health and addiction problems among coordinated entry–referred young people made it harder to focus on employment, education, and other independent living skills. Sometimes they were unprepared to provide the level of care needed and had to move residents to another program. In reference to young people referred under coordinated entry, one staff member said,

We have had instances where they moved in and shortly after we realized we weren’t the right level of care for them, due to mental health...we’ll have workers work with them to transition them to a different level of care or more support.

Because these systems reorganize service slots by priority rather than generate more slots, efforts to prioritize the neediest can displace other young people who might have benefited from the model that preceded coordinated entry. Some expressed that coordinated entry is not well suited to young people transitioning from foster care. On one hand, the scarcity and cost of intensive supports like supportive
SUPPORTIVE HOUSING FOR YOUNG PEOPLE FORMERLY IN FOSTER CARE

Funding for supportive housing necessitates some prioritization. On the other hand, this prioritization comes at the expense of others who need help. One program staff member said,

> Before, we were able to provide subsidized housing for a participant that just needs to get through college. It [now] has to be for those that have the highest acuity. It is sad. I don't know where the kids go that are on track and just trying to finish a degree.

Some staff described unintended consequences of the priority system. One described the system as slow and inefficient: "What coordinated entry has done is slowed down the process. It might take us two months to get a youth in the apartment...[without coordinated entry] we would have already done it." Staff from another program attributed the inefficiencies to the "clunkiness" of putting in an opening and waiting for a referral. Further, the young people who are prioritized are not necessarily those coming from foster care. “The contracts where we have to take youth from coordinated entry, we’re just getting very high-need homeless youth, they’re not necessarily foster care youth, they’re usually not," said one program director. Others expressed similar sentiments about the system being ill-fitted to young people coming from foster care who, in their view, tend to have lower acuity. For example, coordinated entry systems use a vulnerability index, often the VI-SPDAT, to prioritize individuals. The VI-SPDAT 2.0 Individual form captures housing instability and homelessness, daily functioning, and physical and mental health, but it does not include foster care as a vulnerability item.

Leaders described how they work around coordinated entry. One program’s strategy to regain some flexibility is to diversify its funding. Securing private funders allows the program to reserve a few coordinated entry beds for young people who do not fit the usual coordinated entry criteria—for example, being homeless. In that program, young people sometimes age out of their foster care independent living program on the same campus, have nowhere to go, and would have to spend time on the street or in shelter before qualifying for the program’s PSH program under coordinated entry. Reserving beds outside of the coordinated entry system solves that problem, offering young people a stable transition to an adult housing program.

A few program leaders spoke about coordinated entry in a favorable light, although no managers or frontline staff did. Leaders lauded its purpose to provide more equitable access to resources. By assigning young people to programs according to need, the system removes the problem of young people not knowing what programs are available. As one agency director noted, “It’s opened access to a lot of folks that wouldn’t have known to get in touch with us.” Removing programs’ ability to deny admission gives young people the power to decide whether or not to accept the program to which they were assigned. It also may help young people be open about their struggles because they know the program cannot turn them away. And the nature of the screening tools used to prioritize young people means that their needs are documented so programs are better prepared for their arrival. This documentation may also improve efficiency if the young
people do not have to repeat their basic information upon entry. One agency director said, “The system is nice in that regard. It gives us a holistic picture of this person’s experiences.”

**Question 2: What Challenges Does Providing PSH to Young People Formerly in Foster Care Pose?**

Though services are not mandated for most PSH programs, staff are responsible for engaging the young people in their programs. However, staff said their programs (N = 11) have struggled to engage young people. Staff from 11 programs also discussed the ways trauma can affect youth experiences in PSH programs. Another common challenge (N = 9) discussed by program leadership was funding. Less often mentioned were challenges finding housing (N = 8), foster care system impacts (N = 6), staff stress (N = 7), and staff qualifications (N = 5).

**YOUTH ENGAGEMENT**

Program staff mentioned a few reasons that their programs have not been able to effectively engage young people. For example, some said that young people may not engage with programs because they are too busy with other responsibilities (e.g., work, school, life stressors). Although challenging for staff to navigate, nonengagement may not always indicate a problem. As one case manager noted,

> Hopefully the youth we’re working with are busy enough that they don’t have time to go to group. The ones that need it the most go...but it’s a balance—if I want them to work full time and take the city bus, do you think you’re going to make it to group? I’m probably not.

Another reason for lack of engagement is that young people may not need or want support. For example, they may be fatigued with programming, want to be independent except for when they need something, or because they do not trust program staff. One staff member said,

> [The youth are] pretty independent except when they need us...For me, it’s pretty normal. In foster care they had people checking in all the time...Youth might backtrack, distrust around that, dance around that...Some youth say, “I don’t want to meet with you,” and that’s ok. Doesn’t disqualify but need to be honest. But if someone enters and say they’re willing and interested in engaging...and if we can’t engage, then we can’t help.

Young people spoke about their interactions with their case managers and staff in the program. Some young people reflected positively on those relationships and others discussed challenges. Those who reflected positively viewed case managers as helpful, supportive, consistent, and caring. One youth said that their case manager “goes above and beyond” to get them what they need: “I love my [case manager], he’s the best because he actually sits there and helps people. He actually cares and relates to the tenants.”

Those who cited challenges said that sometimes it can feel like case managers are not genuine or are judgmental, cannot answer their questions, or are not hands-on enough. A few young people echoed staff
observations that they may not use case management until they need support with something specific. However, other young people said they tend to use all services they are offered. One youth commented, “I really need support. And [if] it’s not there or it’s not genuine, or it makes you feel like you are back in a group home, like I’m a number.”

Young people from three programs talked about staff turnover, with some noting that turnover was particularly challenging for them (e.g., it takes a lot to continuously open up to new people, repeating their stories can feel overwhelming).

Leadership and staff from four programs noted that youth engagement may also vary by age or time in the program. For example, one program said even though their exit age is 26, they might have older young people because “sometimes the engagement piece doesn’t happen before, but now they’re more mature,” so the program might give them six months’ more time. Staff from another program observed that younger participants may be more willing to follow the rules and engage when they first enter the program. One example they gave is that “there are some youth who are 18 that excel in areas that the 23-year-old doesn’t.”

Programs also said that youth engagement may vary depending on the mental health needs of young people and their levels of functioning. One program mentioned that “because [of]...some of their mental health needs, [young people] are seeking out support more than a youth who doesn’t have a clinical diagnosis,” while another said that young people “who come see [the case manager] very regularly are very high functioning and...clients who won’t see [the case manager] because they’re less functioning.”

**TRAUMA**

Program staff discussed ways that trauma may affect youth experiences in PSH programs. For example, staff from a few programs mentioned that young people who have experienced trauma might experience social-emotional challenges in the program, including trust issues and behavioral outbursts or fights:

> We might have a fight break out and make sure no one is triggered...These young people have real, true stories of trauma and drama.

Others noted that trauma can affect young people’s level of engagement in the program, in that they may be less likely to seek help. As one staff member said, “With their trauma history, [they] don’t always ask for help, but the staff is there to assist them.” Another noted that the lack of engagement can stem from a lack of trust in others:

> Especially with participants that have abandonment issues, to trust a case manager enough to work with them. Usually hell to pay before they trust.
Trauma can also affect the extent to which young people want to connect with others in the program whose experiences might be similar and triggering:

I’d say many of them aren’t friends with each other and I didn’t understand why because during group they were always friendly and after talking with them they told me they don’t hang out with each other outside of that because those with shared experiences it can be triggering for them.

Program staff also discussed the effects of trauma on youth functioning, including mental health (i.e., dissociating, posttraumatic stress disorder):

Some of our tenants were so disrupted from physical violence, we had to move them along and those young folks moved back into homelessness.

I have a lot who can’t walk across their room without losing their keys and its usually because they’ve experienced so much complex trauma and so they’re disassociating.

The life skills we try to build with them are more how to live in your own apartment. Some of the folks we serve, they are not used to having a place to keep their things that is secure. They are not used to sleeping on furniture. We go and see that they are sleeping on the floor.

FINDING HOUSING
Some scattered-site programs had preexisting partnerships with landlords and property managers to maintain housing units for the program, and others helped young people locate new housing units for the program. These programs found that landlords may be reluctant to rent to young people in programs or may not understand the youth population. Program staff noted that young people commonly damage property and cause disruptions in the apartment complexes, which makes it challenging to work with landlords. Some noted that it can be difficult to find housing that fits young people’s needs—for example, being close to work or school or in the neighborhood of their choice. These challenges are not specific to supporting young people formerly in foster care, and they have been identified among other programs that help young people and families find housing (Batsche and Reader 2012; Texas Foster Care Transitions Project 2001).

FOSTER CARE SYSTEM
Some program staff noted that the foster care system does not prepare young people to succeed in their programs:

As a whole, they [child welfare] are not preparing the kids for that kind of housing.

Program staff also discussed how case manager roles in PSH programs differ from child welfare caseworker roles. This difference might lead to unclear expectations among young people who enter the program. For example, one case manager said a client called them “and was frustrated [with them] about her health care insurance.” The case manager continued, saying “I don’t have anything to do with that so let’s take a step back, because [child welfare] workers...make sure you have insurance...that’s more their job and I just guide them toward what they need so I have noticed expectation differences.” Program staff also
suggested that engagement can be more difficult if young people have had negative experiences with child welfare caseworkers or the foster care system more generally.

STAFF STRESS
Program staff mentioned that working in PSH programs can be stressful and, at times, overwhelming. For example, some staff mentioned the breadth of support they provide to young people (and sometimes the young people’s children) across multiple domains. They also mentioned having a high level of responsibility, which can be stressful (e.g., managing crises, being on-call, maintaining relationships with landlords or property managers, and communicating across multiple partners). Lack of resources was mentioned as another stressor (e.g., downsizing and having too few staff). Overall, work-life balance can be challenging—as one staff member put it, “We have really high highs and low lows working with this population.”

At least one youth recognized the overwhelming nature of staff responsibilities, saying,

I feel like I put too much pressure on [case manager] and worry her. I feel like we should have another person we can go to sometimes...I feel like sometimes with my life problems and other things I need— it can be too much for her. She doesn’t show it but.

Program funding is another common stressor among staff, where program leaders discussed not being able to serve all young people who need supportive housing in their communities or not being able to serve young people for as long as they need support. Others mentioned having to let staff go and being unable to hire staff needed to operate the program well.

STAFF QUALIFICATIONS
A few program staff mentioned hiring challenges. They noted that pay is not high enough to attract highly qualified staff and that staff in some programs are not diverse enough. Staff from one program had concerns that their staff are too close in age to the young adults participating in the program and may not be as skilled at supporting young people as others who have been in the field longer would:

One of [the] things I worry about is that some of the staff are around the same age as our young people and they haven’t had a lot of life experience and so then how good are [they] at helping young people when [they’re] not far off? That’s why turnover would be bad, and you have to try your best to hire people who are the best for this. So, that is a challenge.
Question 3: What Successes Have Providers of PSH to Young People Formerly in Foster Care Experienced?

BUILDING RELATIONSHIPS WITH YOUNG PEOPLE
Though program staff noted that staff sometimes experience challenges engaging young people, most also talked about successes they have had building relationships with young people ($N = 13$). Some programs have engaged young people by

- using specific approaches ($N = 3$) including evidence-based models like motivational interviewing;
- using specific strategies ($N = 9$) like offering incentives; and
- using various communication methods, and helping them set youth-driven, individualized goals.

Staff from five programs mentioned the importance of being consistent and reliable (e.g., available 24/7, unconditional regard). As staff from one program noted, staff are always aware of how young people are doing even if they are not engaging with staff. Many emphasized the importance of building relationships and trust with young people ($N = 8$) and interacting with young people in a familial way ($N = 5$), mentioning they care for young people they work with like a parent or family member would. Some program staff talked about the need to be flexible ($N = 4$)—for example, by allowing young people to engage with whomever they choose at first and understanding they might miss appointments. Others talked about recognizing the effects of trauma when working with young people ($N = 4$) by avoiding triggers, creating supportive environments, and being patient with youth engagement.

SUPPORTING YOUNG PEOPLE IN ACHIEVING GOALS
We asked staff from all programs to describe what successful exits from their programs look like. Programs most often described the type of housing young people enter after exiting (e.g., another housing program or pay rent on their own). However, staff from seven programs also provided examples of successes young people have had in their program in areas other than housing. For example, staff from one program spoke about a youth who is transgender, saying they are “able to be out and proud as a trans person and they never see that support in their personal life.” Staff also spoke about the importance of the program in helping young people achieve long-term goals:

We’ve had youth in the program who have had legal stuff...addressing those things feels important and it's hard to do when—Maslow’s Hierarchy of Needs—you don’t have a place to sleep. So being able to watch young people and being able to address those things and resolve long-term goals its really amazing because it’s really hard to do. I can think of one young person who also has her kid with her and there’s no way this would have happened without this program, which is incredible.

Others spoke about supporting young people in other areas:
- **Mental health.** "We had a tenant who just moved out, and when she came in she was not taking her meds and we were able to get her stabilized and she’s paying her rent, and that’s what I’m proud of. When she first came to us, we had a lot of work—just being able to find creative ways. So we worked with her...she’s stabilized and she’s on her own and that makes me so happy."

- **Education goals.** "He has been successful in this program, worked full time, he got accepted to [college]...having him stable, having him working, getting him into college. I’m so proud."

- **Personal growth.** "She’s been doing well and now she’s going to school and working it’s hard to see her as the same person I met [previously]...I just remember how hard it was for them to be unstable and not feel safe and how hard it was to ask for services and just feeling ashamed and embarrassed and not understanding that strangers being the most supportive people they’ve had, and then the next day being empathetic and apologetic."

Staff from one program also noted the successes that came for young people after exiting the program:

For my client, they eventually got married and after he exited he called me to check in. So he's loosely stayed in touch with me and he did get employment he kept employment. He kept it, was consistent. He got little raises, he learned the value of work. Just some of those soft skills or whatever.

**FORMING RELATIONSHIPS WITH LANDLORDS AND PROPERTY MANAGERS**

Staff from six programs said they have formed positive relationships with landlords and property managers by building partnerships, communicating honestly, sharing their direct contact information, and working to increase landlord or property manager knowledge about the youth population and their needs.

**SUPPORTING STAFF**

Staff from six programs talked about creating positive workplace environments by supporting staff self-care and providing opportunities for communication and team connectedness through check-ins, team meetings, and high-quality supportive supervision.

**Question 4: How Do Young People Perceive the Programs, and Do Their Perceptions Match Staff Perceptions?**

**PROGRAM GOALS**

Young people tended to describe their programs in similar ways as staff. Generally, they said the program goals are to

- better oneself;
- learn to be independent and responsible;
• build savings and increase financial stability;
• work on school or employment goals; and
• obtain housing while waiting for more permanent housing options.

Two young people commented,

To have savings—the goal of this program is to have savings. You come out of here with savings, build your credit...maybe get in school or college or trade or whatever. Just to better yourself. Be able to eventually not be here for seven years. To be able to...two, three years—get it together. You know, seek your therapy. You know, just be at your tip-top.

The goal is to become better, manageable with life in general. To be better at saving money, pay rent on time, take care of bills, always keep everything balanced. I guess they prepared us for when that time comes. It's a huge benefit because a lot of people don't have that—so psychologically, they're just stuck. People make the same mistakes and this program helps a lot of people with problems so when people come out of a group home and exit childhood, they don't know what to do. It's like moving to a new city. So it's a guiding process—and shows you how to get through that.

PROGRAM CHALLENGES
Young people shared various challenges with us, but few were consistently reported within or across programs. Rules and requirements were most often mentioned (N = 5) as interfering with young people’s independence, but discussions covered topics across employment requirements, challenges reporting on income changes particularly if income fluctuated often, rules around visitors, and privacy concerns. Young people from three programs talked about challenges with miscommunication or misunderstanding the program, particularly around the supports offered or resources or amenities that would be available to them in the program and what the program would be like. Young people from three programs said they experienced challenges with accommodating family members (e.g., space too small for children, cannot live with family members or significant others). Young people from two programs talked about relationship issues with other tenants or discussed issues related to housing quality, like cleanliness and not being able to make the apartment feel like a home.

PROGRAM BENEFITS
Young people mentioned several benefits of the program including the following:

• Financial support. The program supports young people financially, which helps them become financially stable. One youth participant said, “When you’re ready to transition you sometimes don’t have money to do that and supportive housing gives you that money or they pay the landlord that, but they help you and say ‘here, we’re going to help you with this, don’t worry about it’ and it relieves a lot of stress.”
- **Stable and secure housing.** Young people mentioned that they feel relieved to have stable and secure housing. One youth said, "Definitely just being able to do my own thing finally and not having to worry about much, about necessities. I know I have a place to sleep tonight, have food, and if I need anything else I can call my workers and they can find someone who can help me with whatever I need. So that lifts a weight off my shoulders so I can focus on what I want to do in the future and what I want to do with my life."

- **Education and employment goals.** The program helps young people work on their education and employment goals. One youth listed their goals: “Being stable and having a job, having work ethic, having goals, and being productive.”

- **Future Orientation.** The program allowed young people to think about their future, which can feel empowering. According to one young person, "It’s made it more comfortable to plan for a future, I know what I want to do. I know where I want to be in 10 years thanks to [program name]. It’s given me a way to not consistently worry about my situation now...That’s probably the biggest benefit—you get to focus on your future instead of right now...Because having to bounce around has been hard. Having that power over yourself and what you want to do in life—it’s been empowering."

- **Independence.** Young people have opportunities to practice independence. One youth mentioned, "I also feel like it gives you a sense of independence, even though you have that support you still make sure you pay your rent, they tell you about leases. It gives you that sense of independence that you wouldn’t have being in foster care, so I think that’s great."

- **Mental and physical health.** The program provides support for mental and physical health needs. One young person shared, “I have been stable...It took a place to receive consistent care and housing support and constant support in order for me to get to where I am now.”

**Question 5: What Are Key Program Design Features That Should Be Sustained or Modified?**

What have we learned about the common and distinct ways in which programs are designed and operated and the themes above that suggest what programmatic features should be sustained or modified?

**HOUSING FIRST MODEL**

Program staff discussed ways that young people and their goals differ and described PSH as an individualized approach to supporting them. Because young people vary in their needs, level of functioning, and goals, programs should sustain the Housing First approach by not requiring young people to engage in
services. Some programs described successful ways of staying in touch with young people outside of services. Even if they are not technically engaging in services, these strategies appear important to implement and/or sustain. For example, though programs do not require service engagement, staff still can reach out to young people often and in various ways (texts, flyers, social groups or outings, relevant workshops).

CASE MANAGEMENT
Program staff and young people alike discussed the importance of the case management relationship. Programs should continue developing innovative ways to build relationships with young people, ensuring staff are adequately trained in various aspects of youth development and how trauma affects development. However, staff and young people had different expectations about the case management role and aspects of the program. Staff should also clearly communicate the expectations of the program and their role to young people as they enter the program.

SCATTERED-SITE VERSUS CLUSTERED
Programs differed in whether young people lived in scattered-site or clustered housing. Scattered-site programs may experience challenges with finding housing, as noted previously, and engaging young people because they are not able to see the young people or drop by as easily. Some clustered-site programs mentioned that when young people were not engaging in services, others in the building were often still communicating with them and building relationships (e.g., front desk, security). Young people in one scattered-site program preferred to talk to us in individual interviews rather than focus groups because they did not feel comfortable in a (virtual) group with other participants they did not know. For these young people, privacy was paramount but, on balance, we heard more challenges about scattered sites.

For example, staff from a few programs said it is harder to maintain contact with young people in scattered sites:

And since it’s scattered sites, in order to engage them...that piece is harder...they have to come to the main office, that’s a challenge right there in serving them because we don’t necessarily see them and it’s easier for them to ignore us. So we have strategies to engage them.

It’s harder to engage the clients especially the youth. They are coming from foster care; we are not 24 hours and it is hard. We have a 24 hours’ phone, but we don’t want to be up tracking down someone who is doing something illegal. It’s a challenge with scattered sites. I love what I do but it is setting youth up for failure.

They have to be able to live independently; because it’s scattered sites we don’t see them. We are only required to be with them once they settled in. We see them at most twice a month. We have limited contact with those young people who are really doing well. If we see they have mental needs or need medication, we cannot meet those needs. We can’t be there every day.
SUPPORTIVE SERVICES
Program staff and young people spoke about various supportive services. Services to help young people with mental health and well-being, training and employment, education, and positive connections/social support were most often mentioned by staff. Both staff and young people mentioned it is important that supportive services be tailored to youth needs.

What have we learned from residents about what programmatic features should be sustained or modified?

Young people varied in how they would improve PSH programs. They most often mentioned more opportunities for social connections with others in the program or in the community more broadly. Other improvements young people mentioned tended to be tied to their specific experiences in the program:

- hire peer support or staff with similar experiences as the young people
- provide more assistance to help young people transition out of the program (e.g., better jobs, more solidified plan)
- increase funding to serve more young people
- improve staffing (e.g., more therapists, less judgmental)
- increase support for young people who are parents
- improve housing quality
- be more organized (difficult to manage paperwork processes, staying up to date on new policies or procedures)
- increase opportunities for social connections in the program and with the community
- increase support for mental health
- provide roommate or peer mediation support

Question 6: For Whom Is PSH Appropriate?

Our interviews and site visits allowed us to better understand who might be most appropriately served by PSH programs, although the intended target population of these programs remains unclear. Although we limited our sample to programs that closely fit the PSH model, none fit perfectly. Most programs that said they had no time limit still tried to help young people develop independence, usually with the expectation that they eventually move on from the program, even if the program had no exit criteria.

The programs we interviewed appear well-suited to provide support to many young adults as they transition toward independence, find careers, complete education goals, and develop skills necessary for
independence. However, most programs do not appear well-suited to serve young people who have more intensive service needs, such as severe mental or physical health and disabilities or severe behavioral challenges. The programs in our sample appear to be most appropriate for young adults ages 18 to 30, broadly representing the period of transition to adulthood and including young adulthood. As such, the programs work well for those who need support for more than a year or two, but also have a goal to eventually exit the program. Young people who need intensive support indefinitely and are unlikely to become independent enough to exit from a program may benefit most from PSH programs that offer housing where exit may not be achieved. Coordinated entry systems tend to identify young people with the highest needs, and they may not have foster care backgrounds.

THEME: BALANCING DEPENDENCE AND INDEPENDENCE

For any young person, the transition to adulthood is marked by the necessity to develop skills for independence while not yet being or feeling fully independent. If foster care fails to replace the sense of security that ideally comes with being raised in a supportive family setting, then young adults coming out of foster care may lack the sense of security that mitigates the struggle to become an adult. Samuels and Pryce (2008) found a competing tension between independence and dependence among a sample of young adults who were in or had recently left foster care. This theme arose in our interviews with staff from 11 programs.

Case managers recognized that experiences young people have had before coming to the program shape their behaviors:

They weren’t given an opportunity to learn what they needed in foster care.

They’re coming from a setting that most of the people weren’t helping them and now that they’re here they feel like they don’t have to follow rules and regulations. I have the heart for working with them...What I do is I say, you know you’ve been disrespectful. But I’m not going to yell at them. I believe in them.

Case managers described common situations where they had to balance boundary setting with flexibility in keeping with the supportive housing philosophy. Sometimes they revealed that their own philosophy tilted in one direction: “The goal of our program is to push them toward independence,” and “[Our] objective is to not let them get too comfortable.” Another expressed a similar sentiment, with more concern about young people becoming independent: “With adolescents there’s such a fine line between helping them and enabling them. I feel like it’s really easy for them to give up and rely on the system to work for them. I know our intention is to support them, but they easily turn that into their own helplessness.” Another offered more detail:

They know they don’t ever have to leave here...you have to keep in mind this is a program. When you are here, you don’t have to leave but you still have to meet your therapist and life coach. You have to follow the rules and policies...You don’t have to live here. We want you to be ready. You pay rent but
it is not that much. Outside of here it is a whole different ball game. We are setting you up to live outside. It is up to you whether you want it. We are here.

Young people from five programs talked about how they are ultimately responsible for achieving their goals and they must take advantage of the program. As one youth put it, “You get out of it what you put into it.” Another summarized their experience in the program by saying, “It’s not bad, if you don’t do what you got to do its going to be miserable.” Overall, another said, “It’s not going to be easy, but it’s going to be worth it.”

Other staff described strategies for encouraging independence in supportive ways, such as creating a “move-out board” in a common area so that residents could see who was preparing to leave the program. One staff member said, “There are a lot of emotions surrounding transitions. We had five people transition out during COVID. We were very proud of that. I created a move-out board for when people walk out the building so that may have motivated them.” Another staff member spoke about the approach to bringing young people along: “We start having conversations...where will you see yourself in the next few years. We had to initiate that conversation [at first] but now they’re coming down and talking about it.”

Leadership staff spoke about how program requirements were designed to help smooth the transition by offering resources but not requiring young people to take them, and by setting program requirements that are goal-oriented yet flexible and usually nonbinding in accordance with Housing First principles. One program director said,

One of the things we try to do is make it somewhat less of a program. I mean these are now young adults who are living on their own and so staff are there to assist and support but not in a parental way or in the same level of dependence that there might have been when they were younger. I think there is the idea that individuals are not always going to be here.

One pair of program managers talked about their joint approach to bringing residents toward independence whereby one manager enforces campus rules while the other tends to offer more emotional support. This is not unlike how a two-parent family might interact with an adolescent:

We encourage our direct care staff to be mindful of boundaries when we get too family like and close. [The other manager] and I, we like to be the heavy. How do you want to play this? I have relationships with them, but I am not the one in their apartment teaching them how to clean their stove...we do build relationships and we use that. It is definitely a good cop and bad cop sometimes.

Another director acknowledged the tension between dependence and independence more explicitly, giving examples of how COVID-19 has affected residents in their program:

We try to be available, accessible, and welcoming and also understanding exactly what you said—of the tension between “I don’t need you, I’m on my own.” [Program director] can speak about the experience during COVID-19—when “Ooh sure, we don’t need you” and then when things got a little scary, tenants would come to staff and kind of seek reassurance, advice, support, whatever it is that was the challenge they were facing—dealing with a sick family member...”We don’t need you except
Like program staff, young people from five programs talked about balancing their independence with dependence while in the program, though in a slightly different way. Young people mentioned that staff may initially help them a lot, but as time goes on staff become more hands-off. One youth noted that the program should be youth-driven in that staff can only do so much for them before “it’s doing what the kids should be doing themselves.” Though the young people we spoke with appear to understand the purpose of the program is to become independent, too much focus on independence can be alienating for young people. This was summarized by one youth who said they understand the program is for independence, but they can only be so independent and sometimes feel alone in the program. Another mentioned that it can be hard to strike the right balance because if they become more independent and need staff less, they can feel pressure from staff to move on and leave the program.

Question 7: What Should PSH Programs Consider to Prepare for an Evaluation?

What have we learned about the common and distinct ways in which programs are designed and operated that suggests whether they are ready for some form of formal evaluation?

PSH can engage in several types of program evaluations: formative, process, outcome, and impact evaluations. Each type of evaluation has different purposes and requirements. A formative evaluation, for example, can be conducted early on in a program’s development to test its theory of change and logic model. A PSH program with a logic model therefore could engage in formative evaluation. A process evaluation tests an established theory of change and logic model to assess how the program is operating. A PSH that collects data on program implementation in a data system could engage in a process evaluation.

An outcome evaluation is conducted once formative and process evaluations have tested the theory of change and logic model. An outcome evaluation tests whether the program produces outcomes it intends to. It would require PSH programs to collect data on short- or long-term outcomes collected by the program. An impact evaluation (randomized controlled trial or quasi-experimental design) is conducted once the outcome evaluation shows positive program outcomes. Impact evaluations are more resource intensive. Rigorous impact evaluations can determine whether positive program outcomes are caused by the program. Programs that engage in an impact evaluation would need to collect data on long-term outcomes and consider how aspects of the program might interfere with a rigorous evaluation design (table 2 below).

Our full site visits allowed us to explore each program’s readiness for various types of evaluation. The key indicators we assessed were whether the program has a logic model, the type of outcomes that
programs expect or observe in their programs, whether they collect data on these outcomes and have a data-collection system, and whether and how they use data collected to implement the program.

LOGIC MODEL
Programs that have an established theory of change and logic model but have not yet tested them can engage in formative evaluations to develop a program manual and assess their stability and fidelity. A program’s logic model specifies inputs (i.e., program resources), activities (i.e., services provided to participants), and outputs (i.e., benchmarks to monitor progress). At least four of the eight programs that participated in site visits have a logic model that explains the program’s theory of change. However, a couple had not revisited the logic model recently. All eight programs mentioned collecting data on service delivery outputs. These often included data collected during meetings with young people. This information can inform a process evaluation to answer questions about how often and for how long young people engage in the program’s activities (i.e., frequency, dosage) and how long young people stay in the program (i.e., duration).

SHORT-TERM OUTCOMES
All eight programs collect data on short-term outcomes. Programs collect this information through case notes and assessments. Some short-term outcomes mentioned include

- progress and goal attainment (e.g., self-reported employment, income, educational attainment, public benefit receipt);
- financial stability;
- life skills; and
- parenting or child well-being.

Short-term outcomes are necessary for an outcome evaluation.

LONGER-TERM OUTCOMES
All eight programs expect young people to achieve long-term outcomes after they exit the program. At least three programs collect or track this information once young people have exited, such as through phone calls, check-ins, or surveys. Two long-term outcomes mentioned were

- self-sufficiency and
- housing and housing stability.

Impact evaluations would require PSH programs to collect data on longer-term outcomes such as these.
DATA SYSTEM
Programs sometimes have more than one system for capturing data. Several staff discussed entering data into various disconnected systems, often depending on funder requirements. A few have their own internal data systems used by their umbrella organization as well. Data systems facilitate all evaluations and continuous quality improvement (CQI) efforts.

DATA USE
Program staff discussed ways they use data, with some relying on it to inform implementation more than others. Some ways programs use data are to use assessments to inform case management and planning and explore trends by cohort or test change in prepost assessments. Others mentioned using data primarily to inform decisionmakers such as directors, boards, or funders. Even if programs do not engage in formal evaluations, using data collected to improve the program is important to ensure programs benefit young people as intended. PSH can use data to engage in CQI efforts, as part of a formal evaluation or outside of evaluation.

PSH EVALUATION CONSIDERATIONS
Based on our site visits, we compiled a set of recommendations to consider when designing formal evaluations for PSH programs (table 2). These considerations may be especially important for PSH programs that intend to engage in impact evaluations.

<table>
<thead>
<tr>
<th>Consideration</th>
<th>Site visit findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entry age and program duration varies, especially in programs with no hard time limit</td>
<td>As one youth noted, programs should “meet people where they are individually...some learn slower than others.” An evaluation would need to consider whether young people who enter at age 18 are developmentally comparable to those who enter at 23 and whether those with relatively brief program stays are comparable to young people who stay for many years.</td>
</tr>
<tr>
<td>Youth goals vary</td>
<td>Short- and long-term goals vary depending on youth needs as well as how they self-identify needs. PSH programs provide or connect young people to a wide range of supports and services, and some extend beyond the young people to their children and families too. A program evaluation should focus on identifying a few primary outcomes to start.</td>
</tr>
<tr>
<td>Youth engagement in the program varies</td>
<td>Both young people and program leadership/staff mentioned that some young people only engage with the program when they need support. Others noted that sometimes low engagement means something is wrong, but other times it might mean things are going well (e.g., busy with work, school). Evaluations should explore how dosage or duration, intensity, and frequency of services vary across young people.</td>
</tr>
</tbody>
</table>
Consideration | Site visit findings
--- | ---
Data on long-term outcomes may be difficult to collect | Some programs mentioned it can be difficult to track outcomes once young people exit. Some programs stay in contact with young people or conduct informal surveys, interviews, or check-ins once young people exit. However, these programs noted there can be differences in who participates in the follow-ups. Young adults who believe they got a lot out of the program may stay in touch more than others who feel they did not benefit.

Programs tend to be small | PSH programs have limited slots, and the slots infrequently turn over. This makes it difficult to achieve the statistical confidence necessary to measure impacts.

Services are not mandated | Most PSH programs do not require young people to participate in services (and data collection or information-collecting activities). As staff from one program noted, “No one has to say, ‘hey I got a new job’ or ‘I got fired.’” It may be challenging to collect data from young people who are not engaged in services during an evaluation period. An evaluation plan will likely need to account for incentives or other data collection strategies (e.g., administrative data).

Limitations

We set out to describe PSH programs for young people who were previously in foster care. We see this national scan of what, where, how, and for whom as a necessary precursor to developing questions about program effectiveness. Resource constraints limited us to eight in-depth site visits, and we targeted certain staff roles for our interviews but not all staff. However, we did speak with all 19 programs we could find that met our criteria for PSH. The list may not be exhaustive.

Additionally, we conducted seven of the eight site visits virtually rather than in-person because of COVID-19. The one in-person visit we conducted offered rich context around the residential and service setting that cannot be conveyed via Zoom. That visit also yielded the best youth focus group turnout. Our focus groups, both in-person and virtual, were voluntary, which means the young people we spoke with are almost certainly not representative of all young people who participate in PSH programs. Programs in our scan were also not evenly dispersed geographically. Programs were highly concentrated in or near large cities, specifically those on the east and west coasts. This may reflect the true distribution of programs according to population density and political environments willing to support such programming, or it may be that programs elsewhere are harder to find.
Lessons and Future Directions

Findings from our national scan suggest that PSH programs vary in design, but all share goals to, at a minimum, safely house young people at risk of homelessness and support their well-being over the medium or long term. Young people and staff tended to agree on the goals and benefits of PSH; however, they also each noted challenges. In particular, our findings indicate that staff in PSH programs struggle to engage and form strong relationships with young people. Staff from several programs noted their approaches to engaging young people and formative and process evaluations can help PSH programs learn whether these approaches can improve service delivery. Staff commonly identified funding as a challenge. Funding often affected programs’ eligibility criteria and capacity depending on the contracts they had with their funders and whether they were funded by HUD.

We also identified several themes, including the effects of navigating coordinated entry, operational tensions with the PSH model, and the pull between youth independence and dependence. We heard that coordinated entry may optimize the allocation of scarce resources to the neediest, but in doing so it fundamentally changed the service population of some programs that were unprepared for it. This theme raises a broader question about whether these programs are truly PSH and whether they should be. The programs as designed appear well-suited for young people who are not the highest acuity and who need medium-term support. Coordinated entry, in shifting the referral population to a higher-need group, pushes the boundaries of these program designs and forces the question.

This theme also relates to the operational tensions noted in that some young people may need to stay in supportive housing programs permanently, leading to low program turnover. This is consistent with the PSH model, which is intended to target those who have experienced multiple barriers to housing and cannot maintain housing stability without supportive services (Gaetz 2021). The questions around who PSH should serve and for how long brought about the need to balance promoting youth independence and dependence on the program.

Because PSH programs are costly and intensive, they should continue serving young people who need that level of service. Most programs we spoke with might be better thought of as supportive housing rather than PSH. They are largely designed to serve young people who do not require the intensity of PSH but do need more support than a transitional housing program. Establishing a clearer target population for PSH and supportive housing would help the field understand how to best serve young people and begin to build evidence about for whom programs may be most effective.

Our scan suggests that some programs may be ready for formative evaluation. Most if not all programs we spoke with are not presently designed in a way that is amenable to rigorous impact evaluation designs like a randomized controlled trial or quasi-experimental design (table 2). However, there are other ways to
generate emerging evidence outside of, or in addition to, rigorous impact evaluations. Programs can engage
in continuous quality improvement activities to define and refine their models, strengthen program
implementation, and ensure services are delivered to young people as intended.
Appendix A. Data and Methods

Data Collection

Phone Interviews

We conducted 60-minute phone interviews with leadership and staff from the 25 programs in our national scan. For all interviews, we first obtained oral consent to participate in and record the conversation. We spoke with one or two program directors and/or managers (i.e., mid-level administrators) from each program. We developed a semistructured interview guide according to our research questions that asked staff about

- background on the program and the organization in which it may be nested;
- eligibility criteria, capacity, characteristics of program participants (e.g., foster care history, parenting status, educational status, etc.);
- housing and supportive services offered;
- evaluation readiness; and
- staff reflections on the programs.

Nineteen programs were identified as fitting the PSH model, regardless of whether they specifically targeted young people formerly in foster care. After conducting an initial scan, we narrowed our focus to conduct full site visits to 8 out of the 19 programs that fit the PSH model. Below we describe the selection criteria used to choose these 8 programs. We aimed to select programs that demonstrated variation in these criteria to capture the different ways PSH programs can function.

Strategy and Sampling Criteria for Site Visit Selection

- Local housing affordability. A reoccurring theme we heard during our phone interviews was that it is difficult for young adults to transition out of PSH programs because housing costs are too high. In some places, especially urban coastal cities, it is much cheaper and appealing for young people to stay in their (subsidized) units for many years rather than move out on their own, even if they no longer need the supportive services.

- Housing type. PSH programs vary in the type of housing they provide. Some offer clustered housing (i.e., young people live in a single-site housing complex or campus), while others offer scattered-site housing (i.e., young people live in individual apartment buildings throughout the jurisdiction).
Fidelity to PSH model. Programs vary in how closely they follow the PSH model.

Connection to the child welfare system. Programs may be operated by a child welfare agency, receive referrals directly from a child welfare agency, or have no connection to a child welfare agency.

Coordinated entry versus open referrals. Programs receive youth referrals from various sources. Some are required to use coordinated entry systems, while others use open referral systems. We explored whether the coordinated entry system affects a PSH program model.

Location. We selected programs in the Northeast, Southeast, Southwest, Midwest, and West for geographic diversity. This offered a mix of economic and political contexts in which programs operate.

Full Site Visits

We conducted full site visits from March 2020 through April 2021 with eight programs (table A.1). During the visits, we conducted 60-minute interviews with key staff, including program directors and/or managers; case workers; employment, education, or other program specialists; and data managers (if applicable). We also held 90-minute focus groups with youth participants at each program (N = 35 young people). For all interviews and focus groups, we first obtained oral consent to participate in and record the conversations. Young people were compensated for their time. We completed one of the visits in-person, before COVID-19 pandemic-related travel restrictions were in place, and conducted subsequent site visits using the videoconferencing platform Zoom. The in-person site visit was conducted across a few days, whereas virtual site visits were conducted across several weeks. It is possible that the different modes of site visits affected data collection. One example is that it may have been more difficult to recruit young people for virtual focus groups than in-person focus groups. We discuss other potential effects in the limitations section.

We used the same semistructured interview guides as in our phone interviews. Although we discussed most program features in our guide with each staff member interviewed, we also targeted questions to staff that were most relevant to their position. For example, we targeted questions about program participant needs and engagement to case managers and questions about any data-tracking systems to data managers.

We developed and used semistructured focus group guides to ask young people about their experience applying to and enrolling in the program, the types of supportive services the program offers and their experience with these services, their relationship with program staff, and their overall experience with and thoughts on the program.
TABLE A.1
Programs in Our Full Site Visits (N = 8)

<table>
<thead>
<tr>
<th>Program</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACENDA</td>
<td>New Jersey</td>
</tr>
<tr>
<td>CHRIS 180</td>
<td>Atlanta, Georgia</td>
</tr>
<tr>
<td>First Place for Youth</td>
<td>San Francisco, California</td>
</tr>
<tr>
<td>Independence Place</td>
<td>Cleveland, Ohio</td>
</tr>
<tr>
<td>Louis Nine House</td>
<td>Bronx, New York</td>
</tr>
<tr>
<td>PATHS</td>
<td>Milwaukee, Wisconsin</td>
</tr>
<tr>
<td>SCO Family of Services</td>
<td>Queens, New York</td>
</tr>
<tr>
<td>Transitions</td>
<td>Albuquerque, New Mexico</td>
</tr>
</tbody>
</table>

Note: Click program links for more information.

Analysis

Coding and Analytic Approach

Interviews and focus groups with program staff and participants were audio-recorded, transcribed, and analyzed using NVivo software. We used the interview and focus group guides to develop a priori codes that guided analysis and identified emergent themes. The codes were used to organize data into key features that described the programs (e.g., housing type, type of supportive services offered). During our descriptive analysis, themes emerged from narratives around consistent topics among respondents and several different staff positions and programs.
## Appendix B. Program Features and Designs

### TABLE B.1
Program Features and Designs

<table>
<thead>
<tr>
<th>Program</th>
<th>Location</th>
<th>One-bed. fair market rate (2021)*</th>
<th>Coordinated entry system</th>
<th>Direct referrals from local child welfare agency</th>
<th>Age at entrance</th>
<th>Criteria*</th>
<th>Ineligible</th>
<th>Design feature</th>
<th>Housing model</th>
<th>Program model</th>
<th>Exit criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACENDA: Connect to Home (YARH) Program and EPY Program</td>
<td>Burlington County and Gloucester County, NJ</td>
<td>$1,040</td>
<td>Yes</td>
<td>Yes</td>
<td>Eligibility</td>
<td>Eligibility</td>
<td>Eligibility</td>
<td>Clustered vs. scattered-site</td>
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<td>MH; LS/CM</td>
<td>Age 26—no hard time limit</td>
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<td>CHRIS 180</td>
<td>Atlanta, GA</td>
<td>$1,040</td>
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<td>Yes</td>
<td>17–24</td>
<td>MH</td>
<td>Clustered</td>
<td>MH; LS/CM</td>
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<td>First Place for Youth</td>
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<td>18–24</td>
<td>H</td>
<td>Clustered</td>
<td>TEV; LS/CM</td>
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<td></td>
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<td>Friends of Youth</td>
<td>Kirkland, WA</td>
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<td>Yes</td>
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<td>H</td>
<td>Clustered</td>
<td>LS/CM</td>
<td>None</td>
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<td></td>
<td></td>
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<td>HeartShare St. Vincent's Services</td>
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<td>$1,801</td>
<td>18–25</td>
<td>FC; H</td>
<td>MH</td>
<td>Scattered</td>
<td>LS/CM</td>
<td>Age 26—no hard time limit</td>
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<td>Independence Place</td>
<td>Cleveland, OH</td>
<td>$705</td>
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<td>FC; H</td>
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<td>LS/CM</td>
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<td>Jewish Board of Family and Children's Services</td>
<td>Bronx, NY</td>
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<td>FC; H</td>
<td>MH</td>
<td>Scattered</td>
<td>LS/CM</td>
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<td>Larkin Street</td>
<td>San Francisco, CA</td>
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<td>18–24</td>
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<td>LS/CM</td>
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</tr>
<tr>
<td>Program</td>
<td>Location</td>
<td>One-bed. fair market rate (2021)a</td>
<td>Coordinated entry system</td>
<td>Direct referrals from local child welfare agency</td>
<td>Age at entrance</td>
<td>Criteria*</td>
<td>Ineligible</td>
<td>Housing model</td>
<td>Program model</td>
<td>Program model</td>
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<tr>
<td>Louis Nine House</td>
<td>Bronx, NY</td>
<td>$1,801</td>
<td>Yes</td>
<td>Yes</td>
<td>18–25</td>
<td>MH; FC;</td>
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<td>TEV; A;</td>
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<td>Opportunity House</td>
<td>Cuyahoga County, OH</td>
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<td>PATHS</td>
<td>Milwaukee, WI</td>
<td>$803</td>
<td>Yes</td>
<td>Yes</td>
<td>17–21</td>
<td>FC; H</td>
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<td>Scattered</td>
<td>MH; LS/CM</td>
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<tr>
<td>Peacock Commons</td>
<td>Santa Clara, CA</td>
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<td>MH; H</td>
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<tr>
<td>Penny Lane Centers</td>
<td>Los Angeles County, CA</td>
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<tr>
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<td>FC; H</td>
<td></td>
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<td>The Foundling</td>
<td>Brooklyn, NY</td>
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<td></td>
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<td>FC; H</td>
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<td>The Lantern Community</td>
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<td></td>
<td>18–25</td>
<td>MH; FC;</td>
<td>H</td>
<td>Clustered</td>
<td>TEV; PH;</td>
<td>LS/CM Age 26—no hard time limit</td>
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<tr>
<td>The Lee</td>
<td>New York, NY</td>
<td>$1,801</td>
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<td></td>
<td>18–26</td>
<td>FC; H</td>
<td></td>
<td>Clustered</td>
<td>MH; LS/CM</td>
<td>Age 26—no hard time limit</td>
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<tr>
<td>Transitions</td>
<td>Albuquerque, NM</td>
<td>$770</td>
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<td></td>
<td>18–21</td>
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<td>Scattered</td>
<td>LS/CM</td>
<td>Age 21</td>
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<td>Women in Need</td>
<td>New York, NY</td>
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<td></td>
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<td>FC; H</td>
<td></td>
<td>Both</td>
<td>LS/CM</td>
<td>None</td>
<td></td>
</tr>
</tbody>
</table>


* Criteria key: MH = mental health diagnosis; FC = targets young people with foster care history; EPY = expectant/parenting; H = homeless or at risk of homelessness.

** Services key: TEV = training, employment, vocational; PH = physical health; MH = mental health; A = arts; LS/CM = life skills/case management.
Notes

1 Under HUD’s Continuum of Care policies, coordinated entry systems are meant to systematically screen homeless individuals, prioritize them, and match them with programs according to need. More detail is here: “Coordinated Entry Policy Brief,” HUD, updated December 2, 2015, https://files.hudexchange.info/resources/documents/Coordinated-Entry-Policy-Brief.pdf.


3 “Coordinated Entry Policy Brief,” HUD.

4 For a fuller discussion of the principles of coordinated entry issued by HUD, see “Coordinated Entry Policy Brief,” HUD.


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About the Authors

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