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A Housing Stabilization and Support Program for Young Adults Opting-Out of DCF Care:

Interim Evaluation Update on HSSP Pilot

Presented to:

**The Office of the Child
Advocate,
the Unaccompanied
Homeless Youth
Commission (UHYC),
and the HSSP Pilot Team**

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Agenda



Overview Housing Stabilization and Support Program



Evaluation Methods



Interim Quantitative Findings: Young Adults Served by HSSP

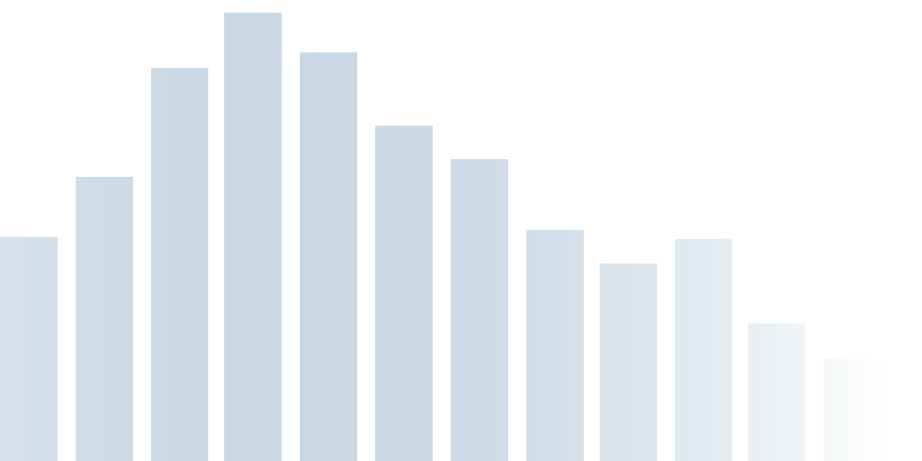


Interim Qualitative Findings: Perspectives of Stakeholders



Summary

Overview: Housing Stabilization and Support Program



Housing Stabilization and Support Program (HSSP)

- Young adults (YA) in DCF custody who opt-out of post-18 care are vulnerable and at a risk for:
 - Homelessness; disrupted education; unemployment; behavioral health challenges; limited resources and more
- A cross-agency team in MA has been working to create a better safety net for these vulnerable YA
- The Covid-19 pandemic created an imperative for a targeted effort to address the needs of this group
- The **HSSP Pilot** was launched in early 2021 to connect YA to housing, education, employment, income, other supports, and to provide on-going support as needed

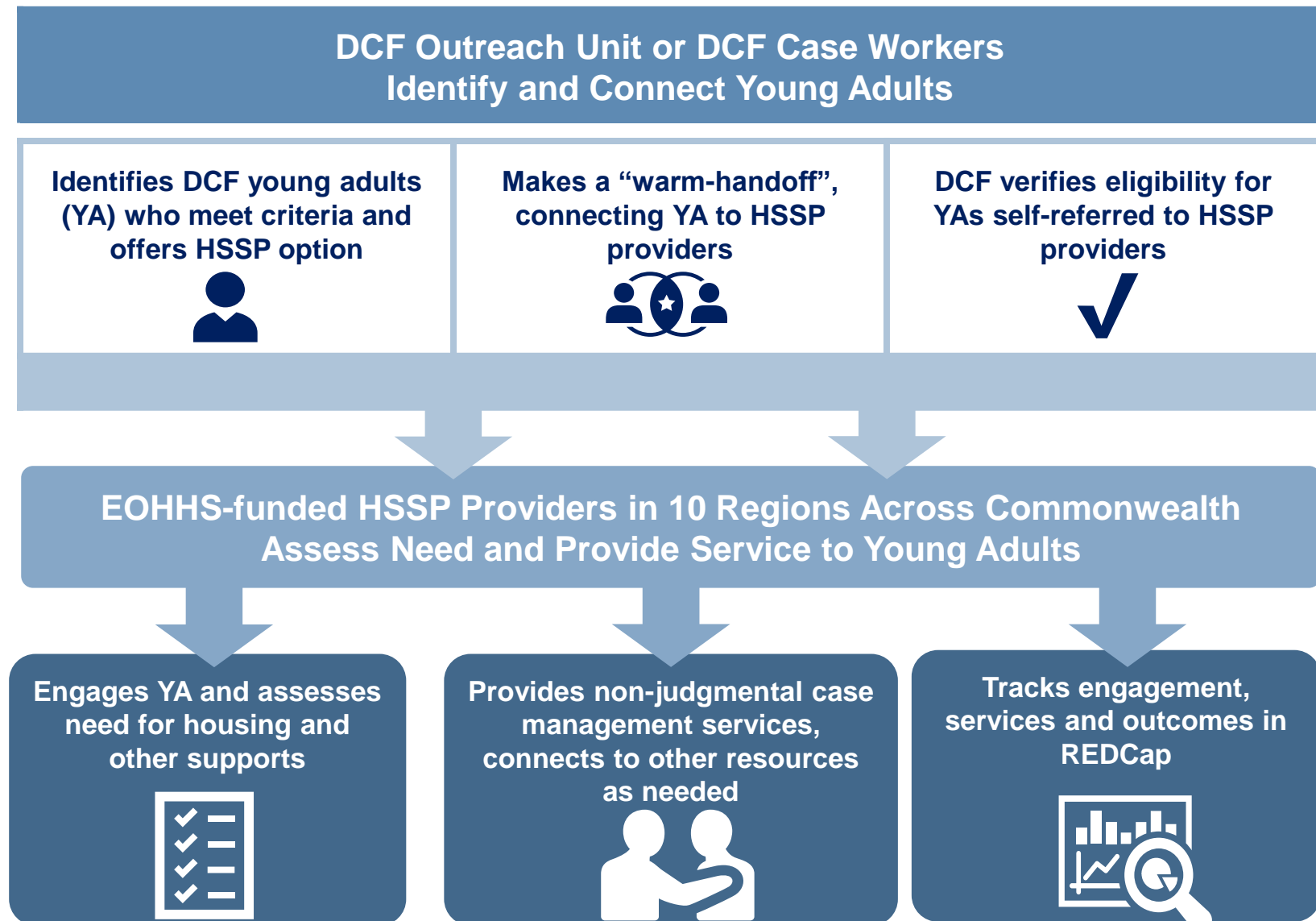
Housing Stabilization and Support Program (HSSP)

- HSSP provided by EOHHS-funded community-based organizations via a dedicated YA Housing Stability Specialist
 - YA referred by DCF Outreach Unit or DCF Case Workers
- **Eligible Young Adults**
 - Age 17 and over who opted-out or are unlikely to remain in DCF care
 - Determined eligible and referred by DCF
 - DCF-involved YA who self-refer/“walk-in” who meet criteria are also eligible
- **HSSP Pilot Phase I**
 - Launched in January 2021 with two organizations in Worcester and Springfield targeting YA whose DCF cases were “closed” during pandemic
- **HSSP Pilot Phase II**
 - Expanded statewide with 10 organizations in December 2021 targeting YA whose cases are closing

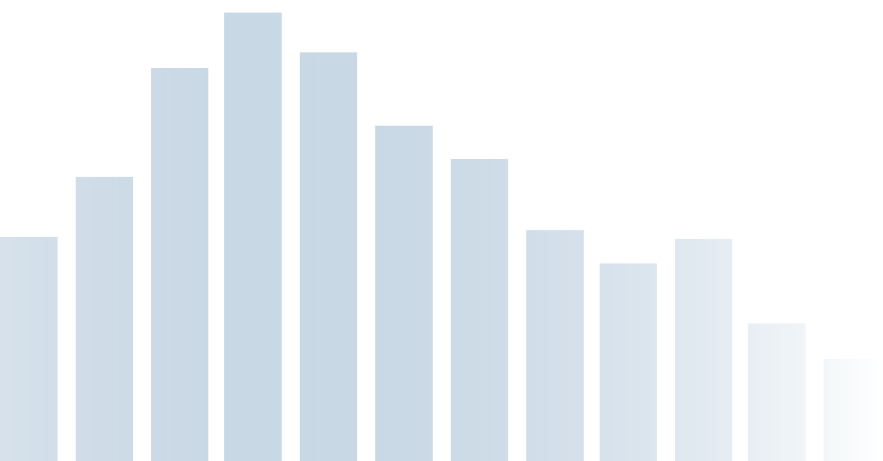
HSSP Partners

- **MA Office of the Child Advocate**
- **MA Exec Office of Health and Human Services (EOHHS)**
 - DCF, DMH, DYS, DSS, DTA and MassHealth
- **Interagency Council on Housing and Homelessness**
 - MA Unaccompanied Homeless Youth Commission
- **UMass Chan Medical School**
- **HSSP Provider Organizations**
 - Berkshire County Regional Housing Authority
 - Dial/Self Community Services
 - Center for Human Development
 - LUK
 - Catholic Social Services
 - Housing Assistance Corp on Cape Cod
 - Old Colony YMCA
 - Lynn Housing and Neighborhood Development
 - Community Teamworks, Inc
 - Wayside Youth and Families
 - The Home

HSSP Pilot Implementation



Evaluation Methods: Led by UMass Chan Medical School (UMCMS)



Quantitative and Qualitative Methods

- All methods reviewed and approved by UMCMS IRB

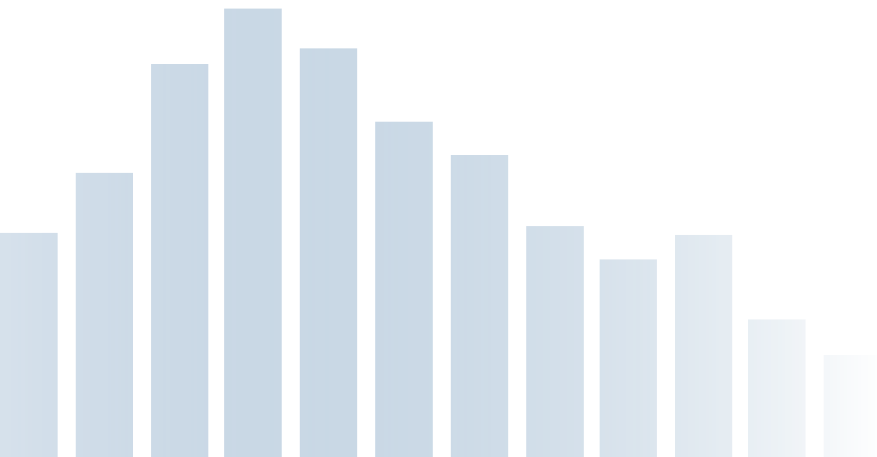
Quantitative approaches

- UMCMS evaluators developed a secure web-based REDCap Database
 - REDCap tracks data on HSSP YA characteristics, engagement, assessment, referrals and outcomes
 - Data are entered in REDCap by HSSP providers; no YA identifying info included
 - UMCMS evaluators provide REDCap training and support to providers
 - UMCMS evaluators generate statistics on REDCap data

Qualitative approaches

- UMCMS evaluators conducted informant interviews with stakeholders
 - State agency staff; service providers; YA receiving services
 - Interviews audio-recorded, transcribed and thematically analyzed

Interim Quantitative Findings: YA Referred and Engaged in HSSP February 2021 to February 2022



YA Referred and Engaged in HSSP to Date

- 87 Young Adults Referred to HSSP Pilot
 - 92% (n=79) referred by DCF Outreach Unit or DCF Case Worker
 - 8% (n=8) referred by other entity or self-referred
 - 57% of these YA were confirmed eligible by DCF
- 85% (n=74) of Young Adults referred to program had at least one engagement with provider



Characteristic of HSSP YA Served to Date

Age

Mean = 20, range 17-28

- 24% age 17-18
- 60% age 19-21
- 16% age 22 and older

Gender Identity

- 59% Female
- 37% Male
- 4% Non-binary/other

Sexual Orientation

- 79% heterosexual
- 15% gay/bi/pansexual
- 7% not listed

Trans Identity

- 6% trans

Race/Ethnicity Identity

- 74% White
- 19% Black
- 10% Other
- 24% Latinx

Primary Language

- 96% English
- 4% Spanish

Level of Education

- 39% Less than high school
- 37% High school/HiSet/GED
- 24% Tech training/some college

Disability Status

- 20% have a disability

Parenting Status

- 17% parenting, pregnant, expectant father

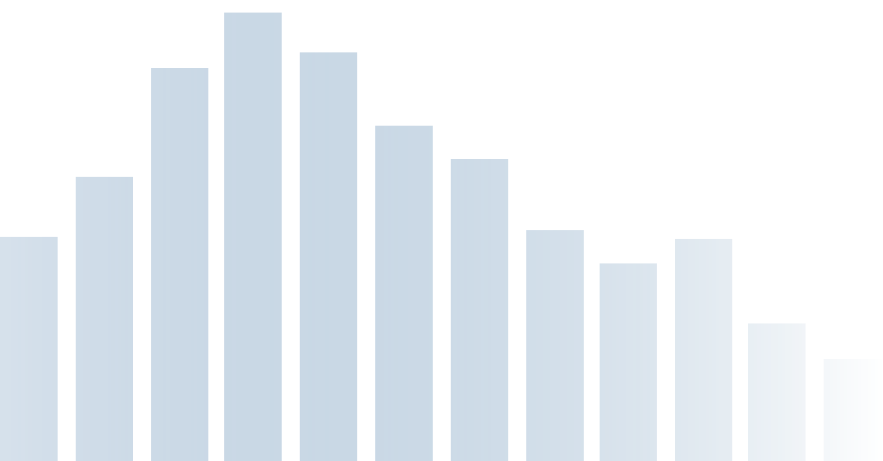
Involvement with DCF Among HSSP YA

70% of engaged YA appear to still have an open case with DCF or have signed back into DCF

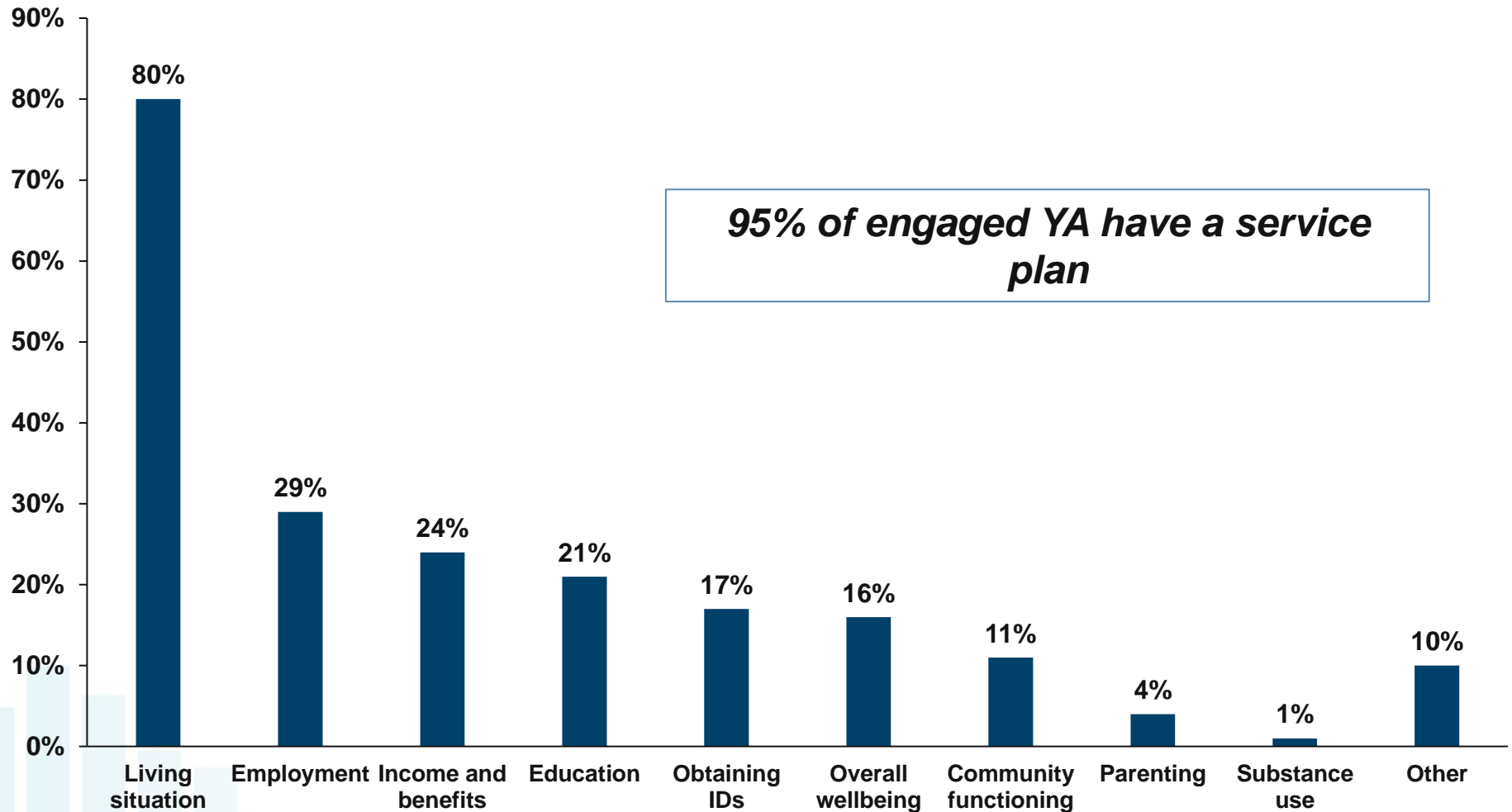
Engagement of Young Adults in HSSP to Date

- Engagement with and on-behalf of Young Adults
 - Total of 403 engagements
 - 72% were remote/virtual with young adult
 - 13% were in-person with young adult
 - 16% were with others, on behalf of young adult
 - Mean = 5 engagements per YA (mode=2, range=1 to 58)
- Engagement activities included initial outreach; assessment and service planning; regular check-ins; referrals and warm hand-offs to other services; working on service plan; providing flex funds

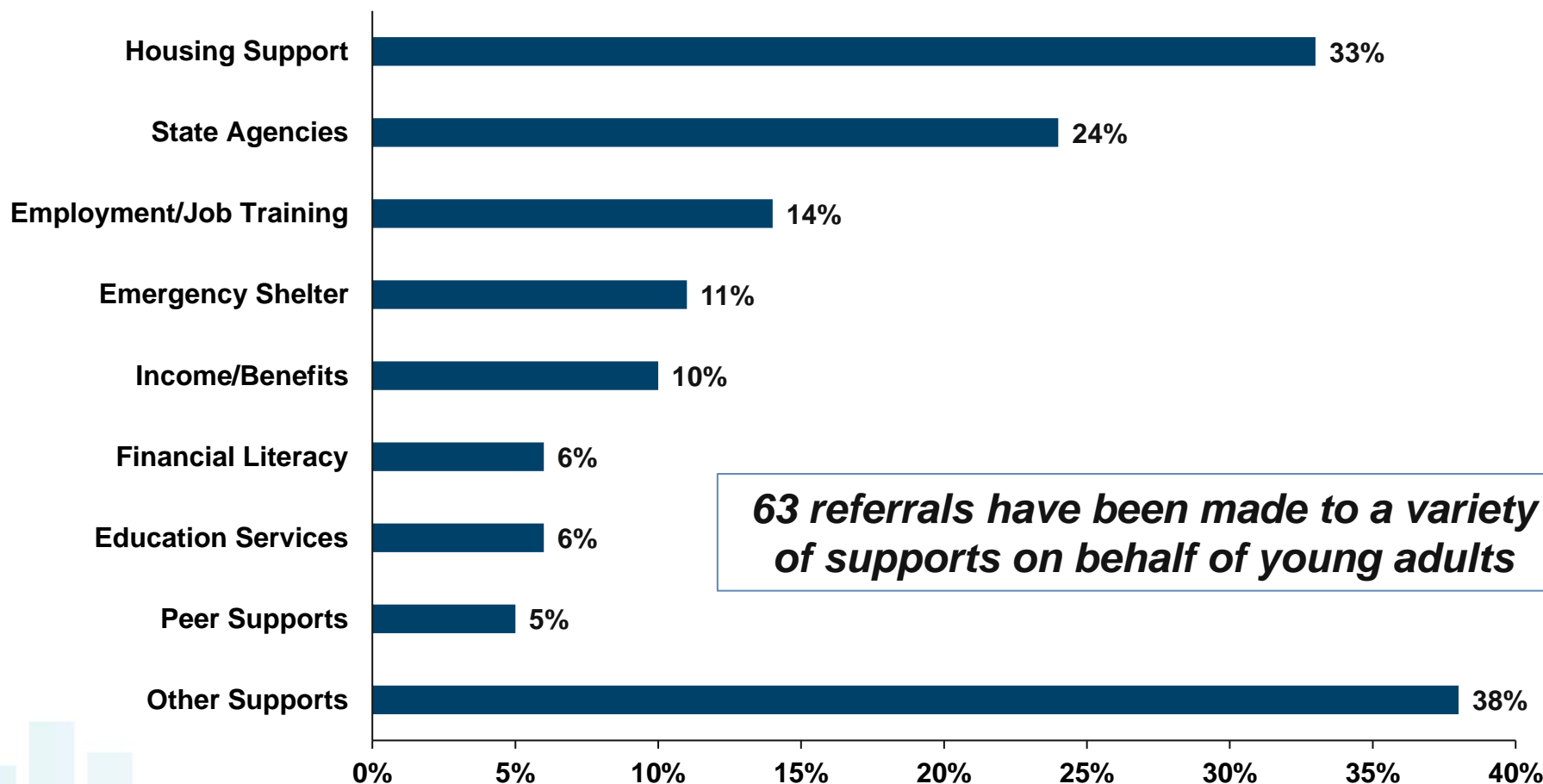
Interim Quantitative Findings: Services Provided by HSSP to Date



Areas of Need Identified in HSSP Service Plan



Types of Referrals Made on Behalf of YA in HSSP

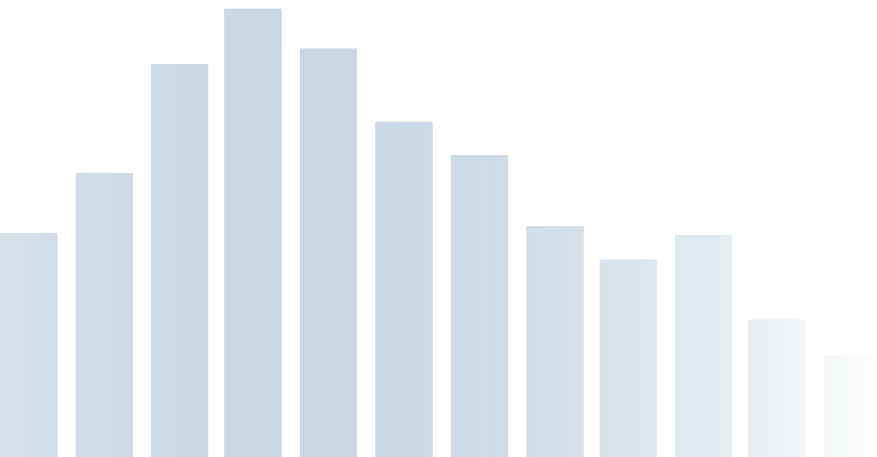


Other included health/mental health services; transportation; health insurance, legal services; recreational activities; domestic violence services; furniture assistance

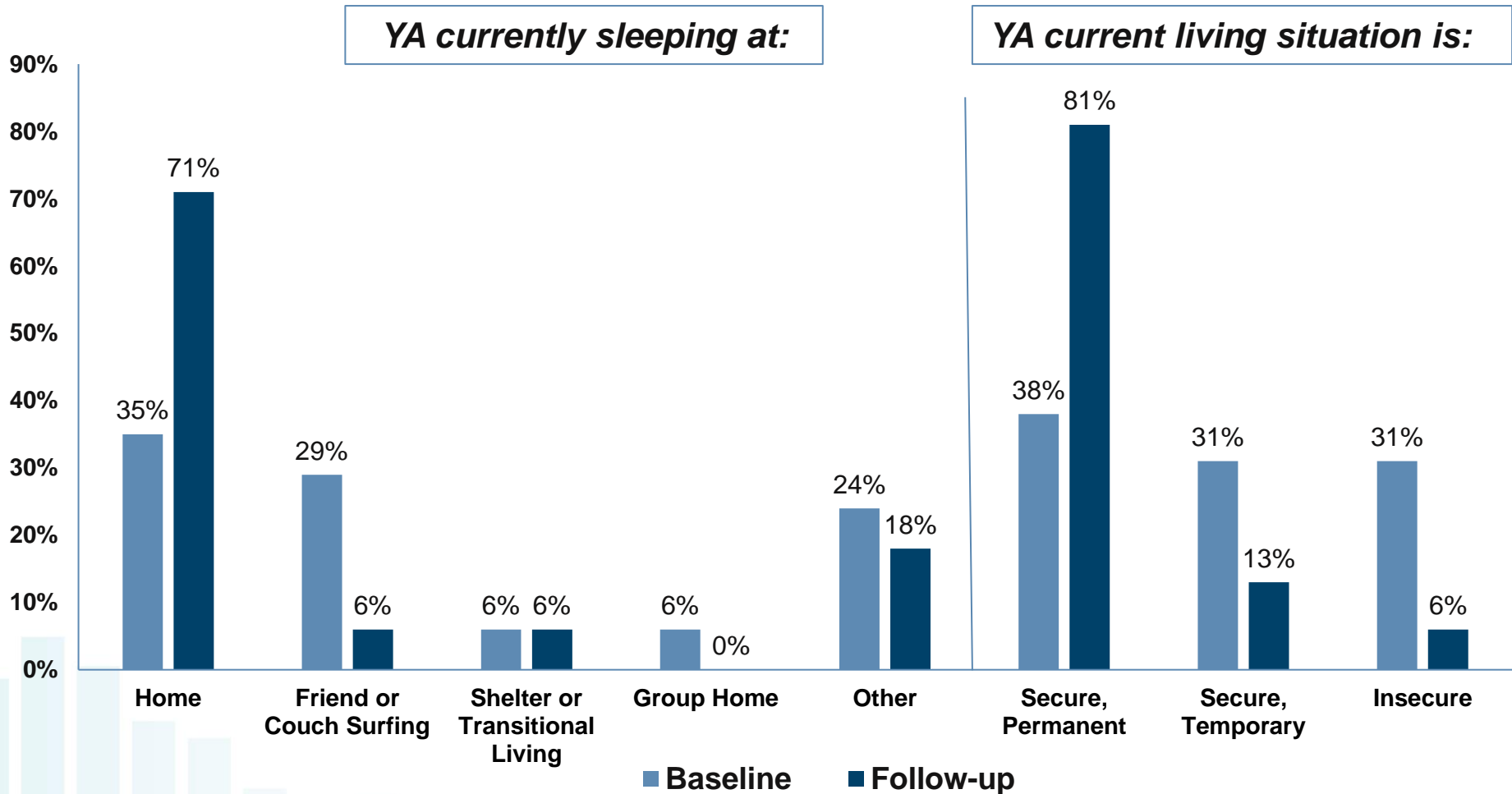
Results of Referrals Made by HSSP Providers

- Majority of referrals have been productive
 - 62% of referrals resulted in YA connecting with and receiving services
 - Most common successful connections related to health insurance, housing, and other benefits
 - 7% of referrals resulted in YA being “wait-listed”
 - Most commonly housing
 - 6% of referrals were “refused” by YA

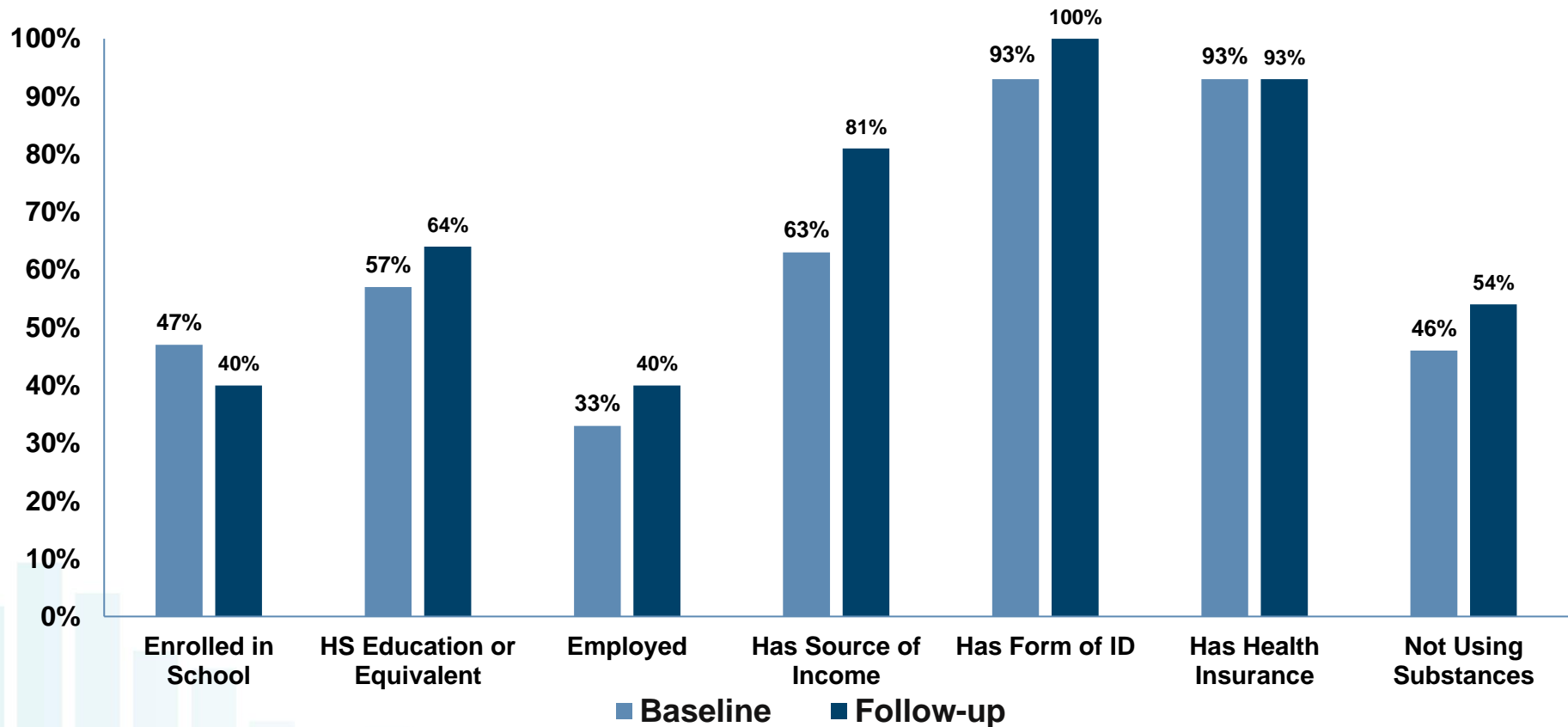
Interim Quantitative Findings: Outcomes Achieved by HSSP YA Enrolled in Phase I (n=20)



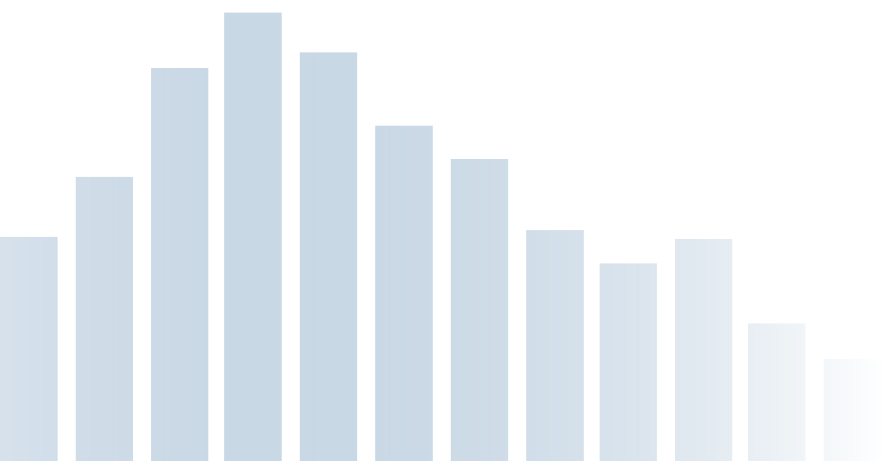
Outcome: Living Situation at Baseline and Follow-up



Outcomes: Education, Employment, Income, Insurance, Substance Use Status at Baseline and Follow-up



Qualitative Findings from Interviews During Phase I: Young Adult Perspectives



Referral/Connection with Providers was Easy

“My attorney forwarded me to the service as I was signing out of DCF...I was scrambling for options. I didn’t know what to do with myself. I didn’t have any money.”

“I signed out [of DCF] because I wanted to be home with my parents...[but] I could not be with my mom. Just putting this out there. My mom was the one who told me about [pilot]. I called, and they called me back. From there they wanted to meet with me and start an application.”

“I would say pretty easy. We walked in and immediately the first day starting working on unemployment and food stamps...”

“The process to me was easy. [Provider] knew what she was doing.”

YA have a Range of Service/Support Needs

“Currently I’m staying with friends. Hopefully not long term. I think I can enroll in one of [provider] apartment programs.”

“I was in the shelter...I’m in my own apartment now. Working out good...[provider] helped me get furniture.”

“I want to stick my feet in [a job] and see what I can get done since I’m not that confident education-wise.”

“I needed money, did not have health insurance. Transportation was a big thing. Pharmacy, food stamps, unemployment.”

“She helped me make an appointment to get a new psychiatrist, a therapist, and long-term therapy.”

Working with Provider has been Positive

“She has been very helpful. Helping me get to appointments... helping me get a handle on, I want to say ‘adulting.’”

“It’s been hard to juggle everything...whether it’s unemployment, food stamps...just breaking down things. She has really helped me get a grasp on becoming a man.”

“I have a lot of things on my plate, and she helps me organize and shows me how to get things done. It’s a lot, especially coming from foster homes and programs where everything is just fed to you.”

“She helped me get the confidence to go and do my stuff.”

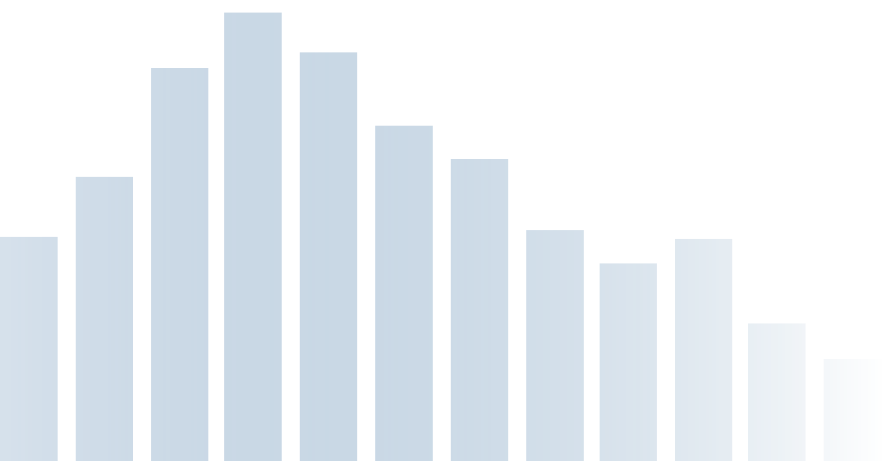
“She knew what she was doing. I got so comfortable over there... she was respectful.”

Opting-Out vs Signing-Back In to DCF

“I just did not see myself going to school and they were getting more aggressive about [it]. I wanted less hands on...I felt they were disappointed with me. We had a good game plan and things fell out.”

“I decided to sign back in [for financial support] but I did not know how to get the resources, who to contact, stuff like that.”

Qualitative Findings from Interviews During Phase I: Provider Perspectives



Initial Contact is Key – Email is not the Best

“DCF referrals coming via email without phone numbers have not gone anywhere.”

“Email is so sterile. I try to use a tone on email that sounds fun...but still a pretty sterile way to communicate. Being able to talk in the moment...that gets them to be okay...and build trust.”

“Email is not a way to engage a young adult...being able to give them a call, being able to meet in person and start building rapport [would be better].”

Flexible Case Management Approach is Critical

“Our approach builds equity and capacity... to move people out of poverty...leading with youth voice and choice.”

“The more they push us away the more we say ‘we respect that you don’t want us around. We are here...when you come back, we open the door with open arms. No judgement, no criticism. At your pace.’”

“Need to understand what they can commit to and what they want to do and go from there. If they’re not on board, it will not work.”

“Some [YAs] are more independent and want to make the call themselves...others are like...‘can you help me’.”

“We don’t pretend to be [the parent]. We make sure that the YA knows we are not the curators of their life, we are just the scaffolding. Holding things together while you figure it out.”

Housing is a Vital Service Need

“When it comes to housing, we need more of more.”

“Every [YA] that comes through the door is like ‘you’re going to help me get an apartment, right?’ Doesn’t work that way, but I do love the confidence.”

“I always recommend not putting all your eggs in one basket...I frame it as steppingstones...transition from one to another to get to the place they want to be.”

“The market the way it is, makes it really hard to get a landlord to rent to [YA]. They want credit, rental history, income.”

“For supportive or rapid rehousing, the expectation is that people have income.”

School, Work, Health and Other Supports are Needed

“Housing, education, employment are the big three. Community resources...so food pantries and furniture. A couple needed help with phones.”

“In our experience, most homeless YA don’t have jobs. But getting this service allows them to be stable enough to think about employment.”

“We help with application, or role play interview, if they need clothing for the interview or a ride, we will help them. We found our presence alone lowers their anxiety to go into the interview.”

“[Most] have a mental health illness...diagnosed or not.”

Compared to other YA, DCF YA have some Unique Challenges

“YA transitioning out of DCF are some of the most vulnerable... there is not one person who has not had a mental health issue.”

“Once they turn 18, they are expected to be self-sufficient but the system they are coming from did not create a road map for them to move into that role.”

“Their level of trust is so low; it is hard to get them to buy into the idea that we are here to help.”

“Sometimes transitioning to biological parents...trauma and family dynamics...understanding how to navigate them all puts these YA at a disadvantage.”

“Transition back to DCF is not always smooth. It can be a long process. There is paperwork. For a YA with a child...what does the eligibility process look like?”

There are Resource/Other Barriers to Serving YAs

“Housing is the scarcest resource even though we have all these great programs.”

“There are not a lot of mental health/substance use services that our YA can buy into. This population is really tricky. A lot of times they go onto a waiting list...and you don’t catch it when they are ready. It is harder to engage them if they have to wait.”

“The pandemic created another barrier. Everything is done by phone or online. That can be a difficult for a YA. They get a little impatient.”

“It would be nice for us to be invited to meetings to talk with the YA who may be questioning whether they want to sign on with the department.”

“Getting back into DCF can be a long process. I have been back and forth with DCF. I think it came down to the social worker doing paperwork.”

Interagency Connections/Meetings are Valuable

“Connections with higher ups within different state agencies [are helpful]...all the collateral providers are in communication.”

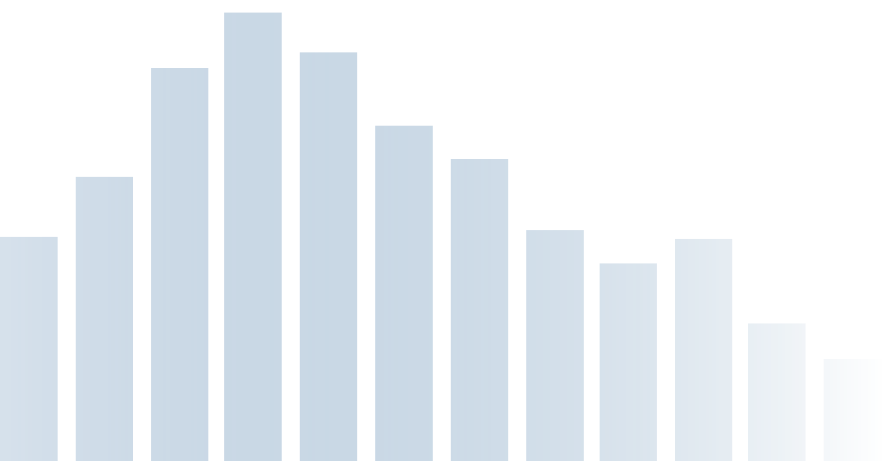
“It begins to get at the red tape. Let’s make this as low barrier as possible.”

“When we do run into issues...[we can] dial it up to a manager and push the envelop a bit. It allows services to get into place a lot quicker than normal, which is much more beneficial to our YA. If we don’t get them what they need they eventually leave.”

“I had to reach out to MassHealth...for me to call MassHealth outside this process is hell. Being able to email [contact]...she gave me everything I needed, and it was super easy.”

“Always good to have a support team behind you.”

Qualitative Findings from Interviews During Phase I: Agency Perspectives



Pilot Provided a Safety Net During the Pandemic

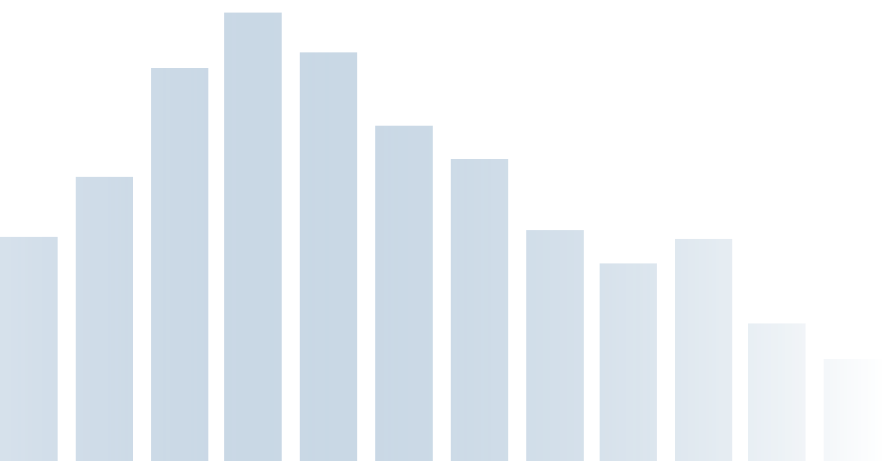
“These YAs are not super different from the YA [providers] already serve. But pilot is making the connection earlier, so YA is not floundering. They’re getting connected sooner to provider and wraparound supports.”

“It has provided a valuable safety net. Social workers were excited to hear about [pilot]. We’re trying not to have an all or nothing approach...you’re in this system or not.”

“It is a huge relief for [DCF SW] in those regions to have a place to point YAs to. To say, ‘if you don’t want to call me, please call this community agency’.”

“See value in continuing, but we need to figure out if we are trying to serve these kids outside the system. We’re working to make sure YA have adequate transition planning ...so if they want [to close], we take a look at what’s outside system that they still need for support.”

Summary



Summary of Interim Findings

- A high percentage of YA referred to the pilot connected to and were served by providers
- The initial connection is critical to engaging YA
- HSSP appears to result in positive changes in key domains - housing, employment, education, health – for YA served in a relatively short period of time
- YA experienced providers/services as helpful, supportive, respectful – overall they were very happy with the service
- HSSP provides an important safety net for YA opting-out of DCF, with easy access to needed services/supports
- Some YA served continue to receive DCF services

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