

Evaluation of a Housing Stabilization and Support Program for Transition Age Youth Involved with the Department of Children & Families

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The Massachusetts Housing Stabilization and Support Program

The Office of the Child Advocate (OCA) and the Executive Office of Health and Human Services (EOHHS) have partnered to lead a cross-agency network in Massachusetts working to create a better safety net for transition age youth.

The COVID-19 pandemic created an imperative for a targeted effort to address the needs of youth in Department of Children & Families (DCF) custody who opt out or age out of DCF care and who are at risk for homelessness, disrupted education, unemployment, behavioral health challenges, limited resources, and more. In response, the OCA and EOHHS co-funded the launch of the Housing Stabilization and Support Program (HSSP) pilot in January 2021 to provide case management support connecting transition age youth to housing, education, employment, income, other life skills and supports, and to provide ongoing support as needed. This pilot phase of the HSSP launched with two organizations, one in Worcester and one in Springfield, targeting youth whose DCF cases were closed during the pandemic.

HSSP Pilot Expansion

In December 2021, the OCA and EOHHS expanded the HSSP statewide to 11 organizations serving eligible youth, providing an organization in each Massachusetts county. In continued partnership, the EOHHS funds HSSP services, and the OCA funds network facilitation and evaluation of the HSSP, conducted by ForHealth Consulting at UMass Chan Medical School.

Massachusetts TAY Network Agencies

MA Office of the Child Advocate

MA Executive Office of Health and Human Services (EOHHS, including DCF, Department of Mental Health, Department of Youth Services, Department of Developmental Services, Department of Transitional Assistance, and MassHealth)

Department of Housing and Community Development

Interagency Council on Housing and Homelessness

MA Unaccompanied Homeless Youth Commission

ForHealth Consulting at UMass Chan Medical School

HSSP Services and Eligibility

Figure 1 illustrates the process by which the HSSP implements case management services and supports youth engaged in the program.

The HSSP is provided by EOHHS-funded community-based organizations via a dedicated young adult Housing Stability Specialist. Youth are considered eligible for the HSSP if they are DCF-involved and 1) are at least age 17 and have opted out or are unlikely to remain in DCF care, 2) are age 18-22 and could benefit from HSSP services, or 3) are approaching age 22 and will “age out” of DCF care. The DCF Adolescent Outreach Unit or DCF Social Workers identify and refer eligible youth to HSSP providers through a warm hand-off. If a youth self-refers to the HSSP, DCF is notified and verifies eligibility.

The HSSP providers then work to engage the youth and assess their need for housing and other resources or support, followed by non-judgmental case management services to address those needs. HSSP provider engagements, referrals for housing and other services, and youth outcomes are tracked by the HSSP provider in a database developed and maintained by the evaluation team at ForHealth Consulting.

HSSP provider organizations

Berkshire County Regional Housing Authority

Dial/Self Community Services

Center for Human Development

LUK

Catholic Social Services

Housing Assistance Corporation on Cape Cod

Old Colony YMCA

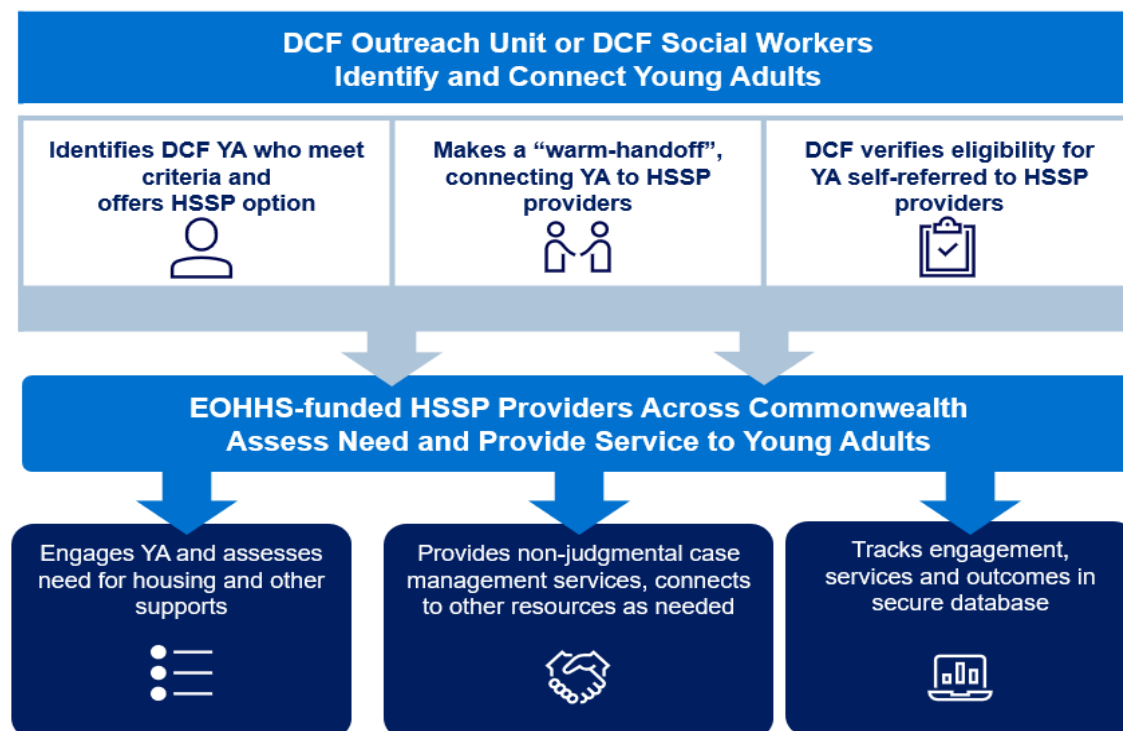
Lynn Housing and Neighborhood Development

Community Teamwork, Inc.

Wayside Youth and Families

The Home

Figure 1. HSSP Implementation Process



Evaluation of the HSSP Pilot and Expansion

The evaluation team at ForHealth Consulting developed a secure web-based database to track characteristics of youth served by HSSP, service engagement, assessed needs and referrals to other services, youths' quarterly outcomes (living situation; involvement with DCF, education and employment, having a source of income, forms of identification and insurance, and substance use) and reasons for discharge. Data are entered by HSSP providers and no youth-identifying information is included. The evaluation team provides training and support to HSSP providers and generates statistics on HSSP data. This evaluation does not test the causal impact of HSSP on youth outcomes.

HSSP Participants and Services

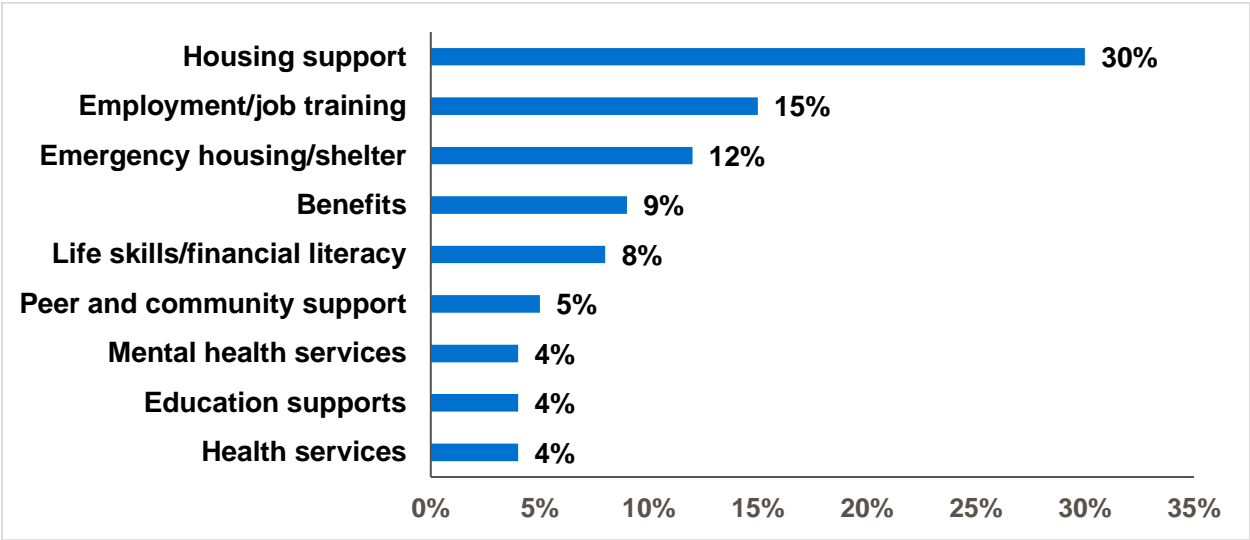
A high percentage (88%) of young adults referred to HSSP (324 total referrals) between February 2021 and April 2023 were connected to and served by HSSP providers. On average, the youth served by HSSP are 20-year-old heterosexual white and Latina females with a high school degree or equivalent. Table 1 includes the characteristics of youth served by HSSP from February 2021 to April 2023.

Table 1. Characteristics of HSSP Youth

Characteristic	Percent
Age (mean = 20, range 17-28)	
Age 17-18	22%
Age 19-21	57%
Age 22-24	21%
Gender Identity	
Female	59%
Male	39%
Non-binary/Other	2%
Sexual Orientation	
Heterosexual	81%
Gay/bi/pansexual/asexual/queer/questioning	15%
Not listed	4%
Race/Ethnicity (DCF Classifications)	
White	37%
Latine	36%
Black	23%
Multi-racial/Other	5%
Primary Language (not mutually exclusive)	
English	97%
Spanish	9%
Level of Education	
Less than high school	25%
High school/HiSet/GED	53%
Technical training/Some college	22%
Other Characteristics	
Have a disability	15%
Parenting, pregnant, expectant father	23%
Identify as transgender	2%

In addition to providing direct case management services and some financial support (e.g., material items such as furniture or gift cards, flex funds for rent support), HSSP connects young adults to a range of needed services, and referrals to housing support are the most common (see Figure 2).

Figure 2. Types of Referrals Made on Behalf of Youth



The Impact of HSSP on Youth Outcomes

HSSP providers are having a positive impact on the lives of the young people they serve.

As shown in Figure 3, youth were significantly more likely to have secure housing and employment after participating in HSSP. At their most recent quarterly follow-up, 60% of youth were living at home (defined as living in their own apartment, a rented room, or with a family/caregiver) compared to 37% of youth at baseline assessment. Housing status at discharge is not known for more than half of the young adults, but most of the young adults whose housing status is known at discharge were living in their own apartment, in a rented room, or with a family or caregiver.

Figure 3. Youth Housing Security and Employment Outcomes

