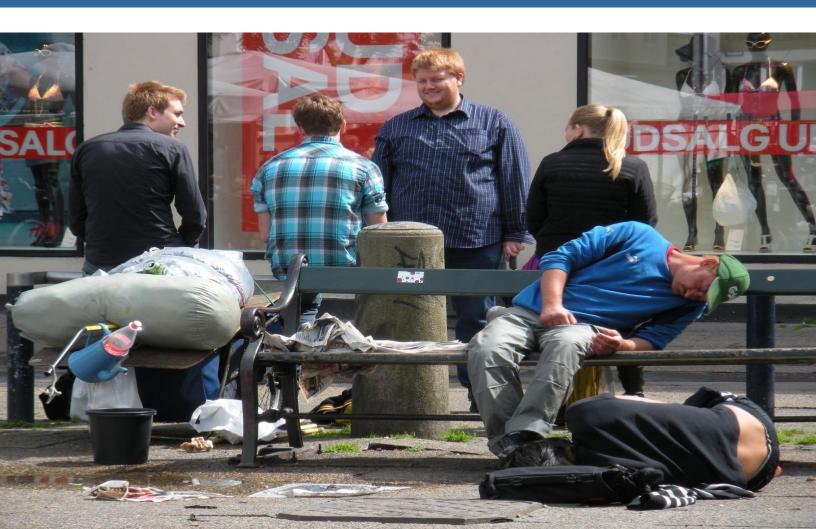# Mindful
Continuing Education

Family Interventions for Youth Impacted by Homelessness

Executive Summary

Family conflict is a key driver of youth homelessness. Most programs serving youth experiencing homelessness use some form of family intervention to address conflict and help reconnect youth with families when such an approach is deemed appropriate. Yet despite the prevalence of family intervention work, no systematic review has assessed the evidence on family intervention strategies, indicating, for example, which are successful in preventing and addressing youth homelessness, which have limited success, and which show promise but have not yet been rigorously evaluated.

This report summarizes existing evidence on family intervention strategies for youth experiencing or at risk of homelessness gathered through a literature review and conversations with a small set of key informants. It also includes a summary of common elements of effective interventions and a discussion of gaps in the evidence base.

We conclude that research has uncovered a few effective family intervention strategies that provide insight into what makes these strategies successful, but more research is needed to evaluate those targeted specifically to youth experiencing or at risk of homelessness. More research is also needed on how to target family interventions to key subgroups, such as youth who are racial and ethnic minorities and/or lesbian, gay, bisexual, transgender, or questioning (LGBTQ).

Methodology

Literature Review

We conducted a systematic search of websites and databases for articles and reports published after 2000 that focus on family intervention strategies for youth ages 12 to 24 within the runaway and homeless youth (RHY), child welfare, juvenile justice, and education sectors. We also circulated a call for relevant reports to include unpublished research, ultimately considering approximately 1,300 studies in total. We initially screened them for relevance, resulting in a set of 87 studies describing 54 intervention strategies. From this set, we eliminated five interventions that did not appear to be effective, resulting in a total of 49 interventions.[1] We rated each study's quality based on the rigor of its

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[1] These interventions either had conflicting findings or were effective on some outcomes, but showed little effectiveness for outcomes of interest. Their findings were used, however, in developing the implementation lessons.

design, then classified interventions based on the overall evidence and a set of predetermined criteria. Each intervention was classified as *evidence-based*, *evidence-informed*, *promising*, *emerging*, or *of interest*. Finally, we grouped interventions in three categories: *prevention*, *reunification*, or *reconnection*. Each intervention was assessed for positive effects, statistical significance, and the quality of the studies estimating those effects. Unlike some reviews, we did not assess the overall effectiveness of the interventions. In particular, we did not examine effect sizes to determine if effects were substantively meaningful as many studies did not report effect sizes. Furthermore, we did not include having an implementation manual as a criterion for assessing the intervention as this information was frequently lacking.

Key Informant Discussions

To supplement our literature review, we consulted with a group of key informants comprising advocates, technical assistance providers, and service providers. We used these conversations to identify proven or encouraging family intervention strategies being used or currently being evaluated, confirm the findings from our literature review, and better understand lessons on and barriers to implementation of these strategies. We chose key informants who could speak to gaps we saw in the literature related to interventions for LGBTQ youth, strategies for Latino and Native American/Alaskan Native youth, school-based interventions, or adoption by RHY providers of strategies developed in child welfare settings. We organized notes from each discussion into an outline of common themes and used these to augment findings from the literature with lessons from the field.

The Evidence on Family Interventions

This review identifies 49 family-focused interventions. We classified 34 as targeting the prevention of homelessness because they address risk factors for homelessness among youth, such as substance use, family functioning, or mental health. Of the remaining interventions, we classified six as reunification strategies, designed to support youth and their families as youth transition back into the family home after a separation. We classified another nine as reconnection strategies, focused on improving family relationships after a separation with or without physical reunification. Some interventions were not accompanied by evaluation studies, and we classified them based on available program descriptions. The full report and its appendices provide details on all 49 interventions, their evidence bases, and references to their evaluations.

Findings on Evidence-Based and Evidence-Informed Interventions

We classified an intervention as evidence-based if it was evaluated using multiple high-quality randomized controlled trials (RCTs) with consistent positive findings, including at least one study conducted with youth experiencing homelessness. Evidence-informed interventions are those evaluated with either multiple high-quality RCTs with at-risk, but not homeless, youth; multiple RCTs of lower quality; a single high-quality RCT with youth experiencing homelessness; or multiple high-quality, quasi-experimental studies with youth experiencing homelessness.

We classified the following six interventions as either evidence-based or evidence-informed.

EVIDENCE-BASED INTERVENTIONS

- **Ecologically Based Family Therapy**: Family systems therapy designed to support positive family connections as well as communication and problem-solving skills.

- **Functional Family Therapy**: Therapy designed to change maladaptive patterns within and around the family by enhancing family interactions and communication.

EVIDENCE-INFORMED INTERVENTIONS

- **Multidimensional Family Therapy**: A family-based therapy approach that aims to reduce adolescent substance abuse.

- **Multisystemic Therapy**: An individualized treatment approach for youth demonstrating antisocial behavior that incorporates interventions targeting several areas that may influence problem behaviors.

- **Treatment Foster Care Oregon**: An intensive system of treatment for children and adolescents delivered by trained therapists, foster parents, biological family members, and case managers.

- **Support to Reunite, Involve, and Value Each Other**: A family therapy approach for youth who are newly homeless and their families.

Core Components of Evidence-Based and Evidence-Informed Interventions

These six interventions have certain core components in common. All include a home-based component in addition to community or clinic settings, and all include clinical services and parent training. These interventions are designed to include weekly sessions that last between three and six months, and all but one are delivered by master's- or doctoral-level therapists with clinical experience. Each also provides additional intervention-specific training to staff. Expert therapists often supervise these clinicians. Both evidence-based interventions focus on reconnection, while two of the evidence-

informed interventions focus on prevention and the other two focus on reconnection. None of the six interventions focus on reunification.

Findings on Other Interventions

We classified 10 interventions as promising, meaning they have either been evaluated using moderately rigorous studies with youth experiencing homelessness or evaluated with one rigorous study of other at-risk youth. We classified 16 interventions as emerging, meaning they have been evaluated using less rigorous methods that suggest the possibility of effectiveness. Finally, we considered 17 interventions of interest because they were relevant according to the inclusion criteria (see appendix A) but were not accompanied by studies that measured outcomes before and after the intervention.

Gaps in the Evidence

Our review of the literature and conversations with key informants highlighted several areas where more information is needed to inform policy and practice.

FEW RIGOROUS EVALUATIONS OF FAMILY INTERVENTIONS FOR YOUTH EXPERIENCING HOMELESSNESS

Although most homeless youth providers include family engagement or counseling as part of their service model, we found very few formally documented interventions designed for youth experiencing homelessness and their families, even fewer of which have been rigorously evaluated. Most family interventions we encountered were developed for other systems, notably child welfare and juvenile justice.

FEW INTERVENTIONS TRACK HOUSING OR HOMELESSNESS AS AN OUTCOME

Only six interventions focus on housing stability as an outcome, making it difficult to assess effectiveness. Most interventions, including those that we classified as evidence-based and evidence-informed, focus on behaviors and family interactions that contribute to youth homelessness. To identify interventions that can help end youth homelessness, programs must track housing as an outcome and evaluations must measure program impacts on homelessness.

LITTLE CROSS-SECTOR SHARING OF INTERVENTIONS

Of the 49 family-focused interventions identified in this review, nearly half were assessed with youth and families involved in the child welfare system, and several were developed for youth in juvenile justice. We found little evidence that these models have been adopted in RHY settings. RHY, child welfare, and juvenile justice systems would benefit from sharing resources and collaborating to develop

programming for youth at risk of homelessness, given that many such youth are served by more than one of these systems.

FEW INTERVENTIONS ADDRESS THE NEEDS OF LGBTQ YOUTH

Research suggests that youth who identify as LGBTQ are overrepresented among youth experiencing homelessness, yet we identified very few interventions that focus on their needs or address family conflict related to sexual orientation. Of the six interventions we found that specifically target LGBTQ youth, we classified two as emerging and four as of interest. And while LGBTQ youth and their families might benefit from other interventions, few evaluations examined outcomes specifically for LGBTQ youth.

FEW INTERVENTIONS ARE DESIGNED FOR RACIAL AND ETHNIC MINORITY YOUTH

Among the interventions identified in this review, only a handful specifically address the needs of minority youth. Given that family values and expectations are largely influenced by cultural norms, family-focused interventions must consider the cultural norms of the youth they serve. Most evaluations did not compare results of interventions for different ethnic and racial groups, so the field lacks evidence on the effectiveness of interventions for youth from different backgrounds.

LITTLE EVIDENCE OF WORKING WITH SCHOOLS TO IDENTIFY STRESSED FAMILIES

Schools are a key place to identify at-risk youth who could benefit from family intervention programming. Although schools increasingly recognize the benefit of meeting the broader health and well-being needs of students, we found very few school-based family interventions. Only 7 of the 49 interventions explicitly contain a school-based component, either by including schools in tailoring an intervention plan or helping families engage with schools to support youth education. Although the McKinney-Vento Act requires schools to identify youth experiencing homelessness, we did not find any rigorously evaluated school-based strategies for identifying or serving youth at risk of homelessness specifically through family intervention.

LACK OF SCREENING TOOLS TO APPROPRIATELY TARGET INTERVENTIONS

Some interventions use assessment tools to identify need, target services, and gauge progress. But most key informants who served at-risk youth did not use screening tools to triage for appropriate interventions and services, including the appropriate type of family intervention services to provide. Such tools could help providers better target interventions.

Key Implementation Lessons

Our review of the literature and conversations with key informants highlighted several factors shaping the implementation of family intervention strategies:

- Service providers noted the importance of gaining parents' trust, working with—not against—parents, and recognizing and addressing parents' barriers to engagement (e.g., stress, multiple responsibilities).

- Key informants suggested that case plans may be more effective when developed in collaboration with families, youth, and the various service providers in their lives (e.g., education, child welfare, juvenile justice). They also noted that case plans should be driven by goals set by youth and their families.

- Effective interventions often combined several types of services, such as clinical services, case management, and parent training, all tailored to a youth's needs.

- Service providers suggested that helping youth foster healthy relationships with supportive social networks, not just families, could build stability.

- Providers may want to allow for flexible intervention settings to make it easier for youth and families to attend multiple sessions. For example, providing sessions in the family home may facilitate participation even if the youth is no longer living there.

- Providers noted that successful family reunification and reconnection require supportive services even after youth and families reconnect. Several of the most rigorously evaluated interventions include frequent coaching and check-in calls with parents after reunification and continued services for youth.

Challenges of Implementing Family Intervention Models

Both the literature and our key informants made clear that there are several challenges to implementation of family intervention strategies within RHY settings. RHY settings include the Family and Youth Services Bureau's Basic Center Program, which provides shelter and services to youth under age 18 for up to 21 days, and the Transitional Living Program, which provides residential services to homeless youth ages 16 to 22 for up to 18 months. Additional settings include drop-in centers and the homelessness system, which includes adult shelters, transitional housing, and rapid rehousing, among others. A particular challenge is the need to house youth quickly, such as in the Basic Center Program.

Other RHY providers may start family intervention work, but unless they are part of a bigger, multiservice agency, they often must collaborate with other providers to continue those services.

RHY providers may find it difficult to identify a family intervention model that best meets their needs, given the lack of models developed specifically for RHY settings. With their heavy workloads, this can be a difficult process even with the research and identification support provided by the Runaway and Homeless Youth Training and Technical Assistance Center.

Evidence-based and evidence-informed strategies may also be too costly for most providers. The most proven models involve hiring highly trained staff, providing intervention-specific training, and conducting ongoing monitoring. These requirements can be particularly costly to RHY programs that experience high staff turnover and must repeat trainings.

Finally, improving family functioning is often not the entire solution. Family intervention strategies may not fully address other family challenges and needs, such as serious mental illness or the need for stable housing. Where such needs exist, family intervention alone may not ensure that a young person has a place to call home.

Research Needs and Research Challenges

Given the gaps in the literature and the challenges to implementing family interventions in RHY settings, we conclude that the field needs more high-quality evaluations of RHY-specific family intervention strategies. Considering the large number of promising, emerging, and of interest interventions, the field could benefit substantially from resources targeted to evaluation of these strategies. The most promising models would have a well-developed theory of change, a means for targeting the intervention to the appropriate youth, an outcome measurement tool, and some evidence of program effectiveness. Research is especially needed on cost-effective family interventions, including those that could be implemented by intake workers, case managers, or others without formal social work or mental health credentials. The evidence base would also be strengthened by the use of rigorous evaluation techniques such as RCTs or well-designed quasi-experimental evaluations. Furthermore, with the large number of emerging and of interest interventions, process studies and formative evaluations could help identify which are most likely to prove effective.

Several family intervention strategies with strong evidence bases currently exist for youth experiencing or at risk of homelessness. Findings from this report examining interventions from the RHY, child welfare, juvenile justice, and education sectors can help inform next steps in policy, practice, and research to ensure that, when appropriate, youth are connected with family members in order to better prevent and ultimately end homelessness.

Introduction

Youth homelessness is often linked to family conflict. However, family connections serve as a protective factor, so most programs serving youth experiencing homelessness aim to reunite youth with their families when safe and appropriate, and it is important to determine which family intervention practices are most effective. This report attempts to compile the evidence base for family interventions and practices aimed at preventing homelessness among youth, reuniting youth with their families, or reconnecting youth with families when reunification is not considered safe or appropriate. The report is primarily based on a systematic review of published and unpublished literature supplemented by discussions with advocates, technical assistance providers, and service providers.

BOX 1

Outcomes of Interest

Youth

- Academic/educational
- Delinquency
- Employment
- Health
- Housing placement

Parents

- Family functioning

- Housing status
- Life skills
- Mental health
- Substance abuse

This review examines family interventions appropriate to use in runaway and homeless youth (RHY) settings, including the Family and Youth Services Bureau's Basic Center Program, which provides shelter and services to youth under age 18 for up to 21 days, and the Transitional Living Program, which provides residential services to homeless youth ages 16 to 22 for up to 18 months. Additional RHY settings include drop-in centers and the homelessness system, which includes adult shelters, transitional housing, rapid rehousing, and others. To be fully inclusive, we also look beyond the RHY sector to highlight interventions targeting risk factors for youth homelessness from other systems, such as child welfare, juvenile justice, and education (see box 1 for a list of outcomes of interest). In particular, many evaluations we identified during our review are from the child welfare and juvenile

justice sectors, so this report is largely informed by prevention, reunification, and reconnection efforts in those fields that may also be applicable in RHY settings.

This literature review defines risk of homelessness as experiencing one or more of the following risk factors: previous history of homelessness; family conflict; current or past physical or sexual abuse; lesbian, gay, bisexual, transgender, questioning (LGBTQ) identity; child welfare involvement; or juvenile justice involvement (Toro, Dworsky, and Fowler 2007; Ray 2006; Pergamit 2010). Family intervention strategies used in non-RHY systems (e.g., child welfare, juvenile justice, education) must target at least one of those risk factors to be considered relevant to youth experiencing or at risk of homelessness.

In total, we identified 54 interventions,[2] although further evaluation indicated that 5 of those may not be effective in improving outcomes of interest.[3] We eliminated those 5, leaving 49 interventions, of which 29 target the parent to some degree. Each intervention was assessed for positive effects and the quality of the studies estimating those effects. However, we did not assess the overall effectiveness of the interventions. In particular, we did not review levels of statistical significance or effect sizes to determine if effects were substantively meaningful.

We identified six evidence-based and evidence-informed interventions:

■ **Evidence-based interventions.** Multiple high-quality randomized controlled trials (RCTs) with consistent findings; at least one study conducted with youth experiencing homelessness.

  » Ecologically Based Family Therapy
  » Functional Family Therapy

■ **Evidence-informed interventions.** Multiple high-quality RCTs with at-risk, but not homeless, youth; multiple RCTs of lower quality; a single high-quality RCT with youth experiencing homelessness; or multiple high-quality, quasi-experimental studies with youth experiencing homelessness.

  » Multidimensional Family Therapy
  » Multisystemic Therapy

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[2] See appendix A for screening, rating, and classification methodology.

[3] Those interventions, along with program descriptions, are listed in appendix C and were considered for the Key Implementation Lessons section but are not addressed elsewhere.

> » Treatment Foster Care Oregon
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> » Support to Reunite, Involve, and Value Each Other

We identified another 10 interventions as *promising*. These interventions address risk factors associated with homelessness and may have been rigorously evaluated with at-risk youth in another sector (e.g., child welfare or juvenile justice) but have not been evaluated with youth experiencing homelessness. The remaining 33 interventions have not been rigorously evaluated but have potential for improving outcomes for youth experiencing or at risk of homelessness and their families. Of these, 16 were the subject of studies that assessed participant outcomes before and after the intervention and thus were classified as *emerging*. Another 17 were considered *of interest* because the interventions were theoretically relevant but were not accompanied by studies that measured outcomes before and after the intervention.

In addition to classifying interventions by level of research evidence, we categorized them as *prevention*, *reunification*, or *reconnection* strategies based on their central aims. Most (34 of 49) were classified as prevention, 6 were classified as reunification, and 9 as reconnection. The distinction between reunification and reconnection interventions is worth noting, as returning home (reunification) is not always safe and appropriate. In those instances, reconnecting with family is still important for youth. All 49 interventions are detailed in appendix C, with a short overview provided in the text below.

The report also includes a summary of common themes identified across the effective interventions and a discussion of gaps in the evidence base and potential gaps in services. Despite this knowledge gap, several rigorously evaluated interventions exist from which lessons can be learned. This report also highlights the need for additional resources to identify what works for youth experiencing or at risk of homelessness and their families.

Family Conflict and Youth Homelessness

A recent analysis of national survey data suggests that nearly one in five youth run away from home before age 18, and half of those run away multiple times (Pergamit 2010). Most runaway youth who leave home because of family conflict or abuse are reunited with their families after a relatively brief period (Milburn et al. 2007; Hammer, Finkelhor, and Sedlak 2002) and never enter the RHY system. Among youth ages 12 to 17 who exited a Basic Center Program in 2014, 69 percent exited to the

private residence of a parent or legal guardian and another 8 percent exited to a relative or friend's home.[4]

Family conflict and maltreatment, including physical and sexual abuse, have been identified as key risk factors (Thompson et al. 2010). Youth experiencing homelessness report parental substance use (Ferguson 2009; Mallett, Rosenthal, and Keys 2005) or religious beliefs and youth sexual orientation or school performance as issues that cause conflict with parents or guardians (Cochran et al. 2002; Hyde 2005). LGBTQ youth make up an estimated 20–40 percent of youth experiencing homelessness and are more likely to experience family conflict and abuse than their heterosexual peers (Durso and Gates 2012; Friedman et al. 2011).

Living in stressed families can also increase the risk of family conflict and homelessness. Stressed families are often the focus of interventions from multiple sectors, including RHY services, child welfare, juvenile justice, and education. A study of Minnesota youth ages 10 to 17 experiencing homelessness found that 46 percent reported having been in a correctional facility (Owen, Heineman, and Decker 2005, 2007). Youth whose families have been involved with the child welfare system are also at increased risk for homelessness, especially when they leave foster care without permanent family supports (Fowler, Toro, and Miles 2009).

Ultimately, many of the services that stressed families receive from multiple sectors have similar goals: improving family functioning and supporting reunification and reconnection after separation (e.g., after detention in the case of juvenile justice and in out-of-home foster care placement in the case of child welfare).

The Importance of Engaging Families

Although family conflict may lead youth to leave home, familial and social connections remain key protective factors for youth experiencing homelessness (Milburn et al. 2009; Johnson, Whitbeck, and Hoyt 2005). Strengthening those connections is often beneficial even when youth are not living with their families, as in cases where reunification is not safe or appropriate. Because a high percentage of newly homeless youth return home (Milburn et al. 2007), it is important to look at how efforts to

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[4] Authors' tabulation from "NEO-RHYMIS Standard Reports Selection," US Department of Health and Human Services, Administration for Children and Families, accessed April 15, 2016,

strengthen those social ties might serve as protective factors. Also, youth experiencing homelessness who report higher levels of support from, and closer bonds with, caregivers are less likely to engage in problem behavior (Milburn, Rosenthal, and Rotheram-Borus 2005).

Every key informant we spoke with pointed to the role families play in youth homelessness, and several noted a culture shift within the RHY system from viewing parents as the problem to embracing them as part of the solution.   The importance of families underscores the need to understand how to engage with family members to improve family functioning and either prevent homelessness or reunify or reconnect youth with their families. Several key informants said they believe increasing national attention is now being directed at family interventions within the RHY system. For example, the Runaway and Homeless Youth Training and Technical Assistance Center (RHYTTAC) recently surveyed RHY providers to understand their existing efforts related to family intervention, and this topic has been a key focus of RHYTTAC's recent national conferences, with about a dozen workshops and roundtables on working with families in the past three years. In addition, the Family and Youth Services Bureau recently proposed to fund a demonstration in this area, hoping to better understand strategies for preventing youth homelessness and helping youth experiencing homelessness to reunify with their families. Despite the increased attention, however, there is little evidence that family intervention work within the RHY system is focused on implementing practices which have been rigorously evaluated for this population, indicating a clear gap for the field.

The culture shift in the RHY system includes a move toward treating families the same way providers generally treat youth: recognizing their strengths, meeting them where they are, and allowing them to take the lead in developing a plan to address problems that affect them. Families will most often remain in youth's lives far longer than service providers, and youth generally feel a connection to families and maintain some level of contact despite any conflict that may exist. One key informant provider we spoke with tells his frontline staff, "Family will have more pull than you'll ever have," and explained that the family must buy into any plan to address a youth's challenges and needs to avoid the family potentially undermining a treatment plan.

Advocates we spoke with stressed that early intervention, when youth have left home for the first time (or even sooner), provides the most hope of reunification. When youth are older and families are more strained by years of conflict, reunification is less likely, although it remains important to engage

families and help youth establish some relationship—with healthy boundaries (Thompson, Kost, and Pollio 2003; Thompson, Safyer, and Pollio 2001). Another informant mentioned that reconnection with family can be more successful if the youth goes through the process while supported by service providers.

Although the literature focuses on engaging and developing relationships with immediate family, our informants stressed that family may need to be defined more broadly to include the youth's complete social network and connect youth with a support system when biological or legal parents may not be willing or appropriate supports.

Methodology

Literature Review

To identify relevant family intervention strategies, we conducted a systematic and extensive search of websites and databases and circulated a call for papers. Our search targeted family interventions for youth ages 12 to 24 in the RHY sector and other sectors, such as child welfare, juvenile justice, and education. Very few interventions were identified in the education sector, and unless otherwise specified, "other sectors" will refer to child welfare and juvenile justice.

Our first search strategy employed large search engines, such as Scopus and PubMed. Search terms were synonymous with or related to "family-focused," "homeless youth," and "intervention"; related risk factors for youth homelessness such as "LGBT" and "foster care"; and outcome terms such as "substance use" and "mental health" (see appendix A for more detail). Next, we searched the websites of organizations that commonly research, fund, or deliver interventions for youth experiencing homelessness or youth in other sectors. The third strategy was our call for submissions, soliciting articles and reports on family-focused interventions addressing or relevant to youth homelessness. We restricted our review to sources published in or after 2000.

We considered approximately 1,300 studies and reviewed them for relevance using a multistep process with increasingly stringent inclusion criteria. Studies were excluded if

- the source did not examine an intervention;

- the study population was not within the target age range of 12–24;

- the intervention did not include a family component or address family outcomes;

- the intervention did not address youth homelessness and does not address risk factors associated with youth homelessness; or

- the study was conducted outside Australia, Canada, the United Kingdom, or the United States.

This process identified 83 studies describing 52 different interventions. Our discussions with key informants revealed 4 additional studies and 2 interventions for a total of 87 studies and 54 interventions. From this set, we eliminated 5 interventions that did not appear to be effective, resulting in a total of 49 interventions. These eliminated interventions either had conflicting findings or were effective on some outcomes, but showed little effectiveness for outcomes of interest. Their findings were used, however, in developing the implementation lessons. The five excluded interventions were

Family Finding, Repeat Offender Prevention Program, Secure Crisis Residential Centers, South Oxnard Challenge Project, and Treatment Foster Care—Older Youth. Citations for each of these interventions are included in appendix C.

Because homelessness prevention interventions are relatively nascent in development, we did not expect to find many rigorous evaluations. Our task was to identify the full array of interventions and assess the extent to which they had been rigorously evaluated and provided some indication of effectiveness. As a result, unlike some reviews, we did not assess the overall effectiveness of the interventions. We identified whether the impacts on relevant outcomes were positive and statistically significant. However, we did not examine effect sizes to determine if the effects were substantively meaningful. In fact, some high-quality studies did not report effect sizes, and calculating them was outside the scope of this project. In addition, we noted where we knew if an intervention's implementation was documented in a manual, but this information was frequently unavailable. Thus, we did not include having a manual as a criterion for classifying interventions.

We rated each study's quality based on the rigor of its design as reported in the research papers we reviewed and then classified interventions based on the overall evidence. Each intervention was classified as evidence-based, evidence-informed, promising, emerging, or of interest, according to the criteria in table 1.[6] A complete description of our methods, including classification criteria, is found in appendix A. Our classification of interventions may differ from other evidence-based reviews as a result of differences in criteria. For example, we may have excluded some rigorous evaluations, or assigned them a lower category of evidence, because they were not conducted with a population relevant to this project. Furthermore, because we did not assess effect sizes, we imposed other criteria to achieve the evidence-based designation, such as low rates of attrition and differential attrition in experimental evaluations. We also emphasized replication because the history of program evaluation includes many apparently successful programs that did not succeed at replication. We include program descriptions for all evidence categories, however, as we recognize that many programs may be worthy of consideration by the field for implementation and/or further evaluation.

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[6] These criteria were adapted from those used in other HHS-sponsored reviews, such as Avellar, Dion, et al. (2011) and Avellar, Clarkwest, et al. (2012). In terms of study quality, we also referenced Mathematica Policy Research and Child Trends (2012). This protocol is largely based on the US Department of Education's What Works Clearinghouse.

TABLE 1

Intervention Classification Criteria

	Criteria
Evidence-based	Multiple high-quality randomized controlled trials (RCTs) with consistent findings. At least one study conducted with youth experiencing homelessness.
Evidence-informed	Multiple high-quality RCTs with consistent findings. Study population did not include youth experiencing homelessness.
	Multiple RCTs with consistent findings; no study received high study-quality score. Study population included youth experiencing homelessness.
	Single high-quality RCT. Study population included youth experiencing homelessness.
	Multiple high-quality quasi-experimental studies with consistent findings. Study population included youth experiencing homelessness.
Promising	Single RCT with moderate study quality; study population included youth experiencing homelessness.
	Single high-quality RCT or multiple high-quality quasi-experimental studies with consistent findings. Intervention is of theoretical relevance, but study populations did not primarily consist of youth experiencing or at risk of homelessness.
Emerging	Multiple RCTs with inconsistent findings.
	Multiple quasi-experimental studies with inconsistent findings.
	Single RCT with low study quality.
	Single quasi-experimental study with moderate study quality.
	Single case design (pre-post comparison) pilot study. Pre-intervention data must have been collected in advance (i.e., no retrospective pre-post comparisons).
Of interest	Interventions that did not meet criteria for any of the categories previously listed but are of theoretical relevance. May include interventions with no outcomes evaluations.

Finally, we grouped interventions in three categories: prevention, reunification, or reconnection. Prevention interventions focus on family functioning for youth still living at home. Reunification interventions typically support youth and their families in the transition to living together again. Reconnection interventions focus on improving family functioning after a separation; reuniting youth with their biological families may be a part of the intervention but is not the primary focus.

Key Informant Discussions

To supplement the information in our literature review, we consulted with a group of key informants. The conversations with those informants were designed to serve several purposes:

- Identify which proven or promising family intervention strategies are being employed in each setting.

- Confirm our understanding, based on the literature review, of where the evidence is strong about the effectiveness of family intervention strategies and where the evidence is weak or altogether lacking.

- Inform us of ongoing evaluations of relevant family interventions and any interventions that show promising results in informal data collection but have not yet been evaluated.

- Share information on barriers to implementing family intervention strategies in certain settings.

- Provide information about key implementation considerations for employing family intervention strategies, especially geographic or organization settings or specific populations.

In collaboration with the HHS Office of the Assistant Secretary for Planning and Evaluation, we selected key informants from 10 organizations and developed six semistructured guides with questions tailored to each type of organization. In January 2016, Urban Institute and Child Trends staff held semistructured conversations with advocates, service providers, technical assistance providers, and researchers focused on youth experiencing homelessness or similar at-risk populations. The service providers are all Family and Youth Service Bureau grantees that run Basic Center Programs or Transitional Living Programs or participate in street outreach; some offer other services as well.

Two staff members from our research team participated in each discussion: one senior staff member led the discussion and one junior staff member took verbatim notes. With the respondent's permission, we recorded each conversation to ensure accuracy in note-taking. After each discussion, notes were cleaned (using the recording to clarify when necessary) and the senior researcher reviewed each set of notes to identify key themes and takeaways. Notes from each discussion were organized into an outline of common themes and we used these to augment findings from the literature with lessons from the field. More detail on the process can be found in appendix B, along with a list of the key informants.

Although our conversations did not fill every gap in our literature review, we chose to address certain key gaps. For example, data suggest that LGBTQ youth are disproportionately represented among homeless youth populations, yet we identified only a few evaluations of interventions targeting LGBTQ youth and their families. We also found few studies on school-based interventions and interventions targeting Latino or Native American/Alaskan Native families. And although child welfare systems have many evaluated strategies for working with families in conflict, we have not seen evidence that those interventions are then translated to youth experiencing homelessness. Because of the limited number of organizations, the information summarized here is not a complete picture of the field. Rather, this information reflects the unique viewpoints of the select group of experts with whom we spoke.

The Evidence on Family Interventions

This section details the interventions identified in our review and provides descriptions of programs classified as evidence-based, evidence-informed, or promising (descriptions for emerging and of interest interventions can be found in appendix C). We then outline core components of evidence-based and evidence-informed interventions followed by a discussion of gaps in the evidence. Tables showing the distribution of positive outcomes by level of evidence and by intervention category can be found in appendix D.

Overview of Interventions

We reviewed 49 family-focused interventions in the categories of prevention, reunification, and reconnection. Of these, 34 were classified as prevention strategies because they address risk factors for youth homelessness, such as substance use, family functioning, or mental health. Six were classified as reunification strategies because they support youth and their families in the transition back to the family home after a separation. And nine were classified as reconnection strategies because they focus on improving family relationships after a separation with or without physical reunification. Some interventions were not accompanied by evaluation studies, and we made classifications based on available descriptions of those programs.

Study Quality

As described in appendix A and above, each intervention was classified as evidence-based, evidence-informed, promising, emerging, or of interest. Table 2 displays the distribution of interventions by evidence level. It is worth noting that both evidence-based interventions focus on reconnection. In fact, almost half of reconnection interventions identified in this review were evidence-based or evidence-informed. In sharp contrast, no interventions focusing on reunification were as rigorously evaluated. Most prevention interventions did not have multiple evaluations, few had rigorous evaluations, and many did not have studies that reported outcomes.

Intervention Type by Evidence Level

	Evidence-based	Evidence-informed	Promising	Emerging	Of interest	Total
Prevention	0	2	7	13	12	34
Reunification	0	0	0	3	3	6
Reconnection	2	2	3	0	2	9
Total	**2**	**4**	**10**	**16**	**17**	**49**

The following sections briefly describe the evidence-based, evidence-informed, and promising interventions we identified and provide lists of emerging and of interest interventions. Descriptions of all interventions, organized by level of evidence, appear in appendix C and include citations for studies evaluating or describing each intervention.

Evidence-Based Interventions

Evidence-based interventions have been rigorously evaluated in multiple high-quality RCTs and have been implemented with runaway or homeless youth. This review identified two evidence-based interventions:

- **Ecologically Based Family Therapy (EBFT)**: Family systems therapy designed to support positive family connections as well as communication and problem-solving skills.

- **Functional Family Therapy (FFT)**: Therapy designed to change maladaptive patterns within and around the family by enhancing family interactions and communication.

As shown in table 3, both focus on reconnection and provide clinical services—including family therapy—and parent training in both clinic- and home-based settings. Descriptions and citations for these studies can be found in appendix C.

TABLE 3

Components and Outcomes of Evidence-Based Programs

	Functional Family Therapy	Ecologically Based Family Therapy
Classification		
Reconnection	X	X
Intervention components		
Clinical services	X	X
Parent training	X	X
Case management		X
Setting		
Clinic	X	X
Home	X	X
Community	X	
Positive outcomes		
Substance abuse	X	X
Delinquency	X	
Family functioning	X	
Mental health		X
Sector evaluated		
Runaway and homeless youth	X	X
Juvenile justice	X	

Evidence-Informed Interventions

Evidence-informed interventions have either been rigorously evaluated with at least one high-quality RCT with runaway or homeless youth or evaluated with multiple high-quality studies among youth considered at risk of homelessness (e.g., youth from stressed families or with past child welfare or juvenile justice involvement). We identified four evidence-informed interventions:

- **Multidimensional Family Therapy (MDFT)**: A family-based therapy approach that aims to reduce adolescent substance abuse.

- **Multisystemic Therapy (MST)**: An individualized treatment approach for youth demonstrating antisocial behavior that incorporates interventions targeting several areas that may influence problem behaviors.

- **Treatment Foster Care Oregon (TFCO)**: An intensive system of treatment for children and adolescents delivered by trained therapists, foster parents, biological family members, and case managers.

- **Support to Reunite, Involve, and Value Each Other (STRIVE)**: A family therapy intervention for youth who are newly homeless and their families.

We classified MDFT and MST as prevention strategies, and TFCO and STRIVE as reconnection strategies. STRIVE has been implemented with youth experiencing homelessness, while the other three have been implemented with youth involved in the child welfare or juvenile justice systems. All four are delivered in home-based settings, with all but STRIVE delivered in other settings as well: MST and TFCO in communities and MDFT in clinics.[7] All four interventions have multiple components and offer clinical services and parent training.

These interventions have been evaluated for a range of outcomes: all had positive effects on delinquency and three had positive effects on family functioning and substance abuse. Additional positive outcomes are shown in table 4. Descriptions and citations for these studies can be found in appendix C.

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[7] STRIVE allows the family to choose the location; in all cases, the families chose a home setting.

TABLE 4

Components and Outcomes of Evidence-Informed Programs

	MDFT	MST	TFCO	STRIVE
Classification				
Prevention	X	X		
Reconnection			X	X
Intervention components				
Clinical services	X	X	X	X
Parent training	X	X	X	X
Case management			X	
Setting				
Clinic	X			
Home	X	X	X	X
Community		X	X	
Positive youth outcomes				
Delinquency	X	X	X	X
Family functioning	X	X	X	
Substance abuse	X	X		X
Education	X	X		
Health			X	X
Mental health	X	X		
School dropout		X	X	
Employment		X		
Placement stability		X		
Positive parent outcomes				
Parenting skills		X	X	
Sector				
Runaway and homeless youth				X
Child welfare	X	X	X	
Juvenile justice	X	X	X	

Promising Interventions

Promising interventions have been evaluated by moderately rigorous studies with youth experiencing homelessness or one rigorous study with youth in other at-risk sectors. Although evidence of their effectiveness has not yet been established, we believe they warrant further evaluation. This review identified 10 promising interventions:

- **Adolescent Community Reinforcement Approach (A-CRA)**: A clinic-based therapeutic intervention for adolescents with substance-related disorders and their caregivers. Fourteen therapy sessions, usually delivered weekly, include 10 with the adolescent alone, 2 with caregivers, and 2 with both parties.

- **Brief Strategic Family Therapy (BSFT)**: An 8–24 week intervention, delivered by therapists, for adolescents with substance abuse and behavioral problems. BSFT works to foster relationships with family members, identify problematic interactive patterns, and modify negative family interactions.

- **Contingency Management–Family Engagement (CM-FAM)**: A family engagement program for juvenile drug offenders that involves parents and caregivers in a system of rewards and disincentives tied to drug test results.

- **HIV Outreach for Parents and Early Adolescents (HOPE) Family Program**: A shelter-based, preventive intervention designed to decrease youth risk-taking related to HIV infection and mental health through eight weekly sessions focused on family strengthening, communication, and parenting skills.

- **LifeSkills Training + Strengthening Families Program (LST + SFP10-14)**: A combination of two interventions designed to reduce substance abuse and problem behaviors in youth while strengthening parenting skills. Sessions are separate for parents and youth, who later meet in a combined session where families can practice new skills. LST consists of 15 skill building classes, and SFP10-14 consists of seven weekly sessions involving separate and simultaneous hour-long sessions for parents and youth followed by an hour for families together.

- **Multifamily Educational Intervention (MEI)**: A group-based family treatment approach designed to reduce youth substance use and improve youth and family functioning through nine 90-minute sessions mixing group discussions, presentations, exercises, homework, handouts, and family problem-solving activities.

- **Parenting Adolescents Wisely (PAW)**: A program intended to improve parenting behaviors for adults with adolescent children through an instructive video. Over approximately two and a half hours, scenes show several parent-child interactions followed by a critique of each interaction.

- **On the Way Home (OTWH)**: A transition program for boys recently discharged from a continuum of out-of-home placement settings that provides parent training, homework support, and school-based mentoring. The program begins about 10 weeks before discharge and continues for about a year after the youth returns home.

- **Together Facing the Challenge (TFC)**: An intensive-treatment foster care intervention with a focus on supervising and supporting foster parents through six weeks of training along with two-day training for supervisors.

- **YVLifeSet:** A comprehensive case management, counseling, and support intervention designed to prepare older youth exiting juvenile justice custody or aging out of the child welfare system for adult life. The program includes about nine months of weekly meetings with specialized case managers.

Seven of the 10 interventions were classified as prevention strategies and 3 were classified as reconnection. HOPE Family was the only promising intervention implemented with youth experiencing homelessness and was delivered in family homeless shelters where youth were accompanied by a parent. Only two interventions were implemented in multiple settings. Six include multiple components, and most include a parent training component. Additional details, including the positive outcomes achieved by these interventions, are shown in table 5. Descriptions and citations for these studies can be found in appendix C**.**

TABLE 5

Components and Outcomes of Promising Programs

	A-CRA	BSFT	CM-FAM	HOPE Family	LST + SFP10-14	MEI	PAW	OWH	TFC	YVLifeSet
Classification										
Prevention	X	X	X	X	X	X	X			
Reconnection								X	X	X
Intervention components										
Clinical services	X	X		X		X				X
Parent training	X		X	X	X	X	X	X	X	
Case management	X							X		X
Training for professionals									X	
Setting										
Community			X				X		X	X
Clinic	X	X				X				
Home		X						X		
Homeless program				X						
School					X			X		
Positive youth outcomes										
Mental health		X		X		X	X		X	X
Substance abuse	X	X	X		X	X				
Delinquency		X	X							X
Family functioning		X				X				
Educational								X		X
Employment										X
Health										X
Housing status										X
Placement stability								X		
Positive parent outcomes										
Parenting skills							X			
Sector										
Runaway and homeless youth				X						
Child welfare								X	X	X
Juvenile justice		X	X			X				X

Emerging Interventions

Emerging interventions either lack or have inconsistent results across rigorous evaluations but provided data indicating possible improvement in outcomes (e.g., they were evaluated in a single quasi-experimental study or a pre-post study without a comparison group). Although we cannot draw conclusions about the effectiveness of these programs, they represent new approaches for delivering family-focused interventions to youth experiencing or at risk of homelessness and warrant additional evaluation. We do not present a summary of outcomes for these interventions since the evidence remains preliminary; however, a brief description of program goals and components can be found in

appendix C. Two of the six interventions identified in this review that are designed for LGBTQ youth, Lead with Love and Queer Sex Ed, fall into this category. Minority Youth and Families Initiative, the only intervention in this review tailored to the needs of racial and ethnic minority youth, is also in this category. We identified 16 emerging interventions, all focused on either prevention or reunification:

Prevention

- Connections
- Family Group Decisionmaking
- Family Solutions Programs (Multiple Family Group Intervention)
- Intensive In-Home Family Services (IFT)
- Lead With Love
- Let's Talk: Runaway Prevention Curriculum
- Minority Youth and Families Initiative
- Multisystemic Therapy—Emerging Adults (MST-EA)
- Parents' Turn
- Project SAFE
- Queer Sex Ed
- System-of-Care
- Team Decisionmaking

Reunification

- Runaway Intervention Program
- Tools for Positive Behavior Change
- Transitioning Youth to Families

Interventions of Interest

Interventions of interest meet the inclusion criteria for this review but have not been evaluated with pre-post comparison studies or rigorous evaluation methods. Although we cannot draw conclusions about the effectiveness of these interventions given the lack of rigorous evaluation, they represent potential approaches for delivering family-focused interventions to youth experiencing or at risk of homelessness and warrant additional evaluation. We do not present a summary of program components in this report given the lack of evidence; however, a brief description of program goals and

components can be found in appendix C. Four of the six interventions designed for LGBTQ youth fall into this category: Gender and Sexuality Development Program, Family Acceptance Project, Strengths First, and Waltham House LGBTQ Training.

Key informants mentioned additional programs outside the scope of our review, but we did not include these because we either lack literature describing them or the existing literature did not pass our inclusion criteria. These included Nurturing Parenting, which has mostly been evaluated with younger children, and Homebuilders, a family preservation program widely used with younger children but showing mixed results for adolescents. We identified 17 interventions of interest in the literature across all three strategies:

Prevention

- A-OKAY
- Comprehensive Relative Enhancement Support and Training Project (CREST)
- Family Acceptance Project
- Family Team Meetings
- Gender and Sexuality Development Program
- Recognize Intervene Support Empower
- Siblings in Foster Care
- STEP-TEEN
- Strengths First
- Tennessee Voices for Children's Family Connection Program
- Waltham House LGBTQ Training
- Waterbury Educational Stability Initiative

Reunification

- Family Reunification of Youth in Foster Care with Complex Mental Health Needs
- Home Free
- Short Term Shelter Program

Reconnection

- Eva's Initiative Family Reconnect Program
- Jumpstart

Core Components of Evidence-Based and Evidence-Informed Interventions

To better understand what makes for successful family interventions, this section focuses on common settings and components, as well as program duration/intensity and staff characteristics, of the six evidence-based and evidence-informed interventions we identified. Each program is described individually in appendix C. While it is beyond the scope of this review to assess the contribution of individual program elements, it can be useful to identify common components among these rigorously evaluated interventions. Identifying core components is critical for replicating and scaling up interventions in different settings (Blase and Fixsen 2013) because they provide a more robust framework for developing best practices than any single intervention alone (Lipsey et al. 2010). [8]

Home-Based Services

All six evidence-based or evidence-informed interventions include a home-based component and most also deliver services in a second setting, either community-based (three) or clinic-based (three). Only STRIVE provides services almost exclusively in the home. No program was implemented primarily in a school-based setting.

Clinical Services and Parent Training

All six interventions include a clinical services and parent training component, and two also provide case management. Although no intervention includes training for professionals as a core component, most evaluations reported that program therapists are trained to deliver the treatment.

Multiple Intensive Sessions

Interventions typically last between three and six months. The number of sessions range from 5 to 16, although most include 12 to 16 sessions. Three interventions reported frequency and session length, and sessions typically occur weekly. EBFT sessions range from 50–90 minutes, MDFT sessions range from 60–90 minutes, and STRIVE sessions range from 90–120 minutes.

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[8] More evaluations will provide a larger sample to allow for meta-analysis, a more systematic method for identifying core components.

Graduate-Level Therapists

Interventions are mostly delivered by master's- or doctoral-level therapists with prior clinical experience. Most programs include formal training for professionals, although some studies noted that staff already had experience delivering the intervention. Clinicians are often supervised by advanced therapists, usually experts in delivering the specific treatment.

Gaps in the Evidence

One benefit of conducting a systematic review is the ability to identify gaps in the evidence base. Bear in mind that gaps identified through this review reflect the evidence gathered through the search strategies described in the methodology section. These gaps suggest that much more evaluation is necessary to understand what works for youth experiencing homelessness or runaway events and their families.

There Are Few Rigorous Evaluations of Family-Focused Interventions with Youth Experiencing Homelessness

Family services are often listed in plans to reduce homelessness among youth, and many youth homeless programs list family counseling or other engagement services as part of their programming. However, we found very few formally documented interventions designed for youth experiencing homelessness and their families and even fewer that have been rigorously evaluated. Table 6 presents the settings and components of interventions we identified within the RHY sector.

This review did identify a number of well-documented and rigorously evaluated family-focused interventions from other sectors, especially child welfare and juvenile justice. Although these interventions share a focus on common risk and protective factors, the unique aspects of working with youth experiencing homelessness must be considered. For example, it may be challenging for programs to implement interventions designed to be delivered over several months because of time and resource constraints. Some family interventions require significant human resources, such as therapists and case managers with specific credentials. Therefore, more rigorous evaluations of family-focused interventions must be conducted with youth experiencing homelessness and their families to identify cost-effective programs with positive outcomes.

TABLE 6

Setting and Components of Interventions in the Runaway and Homeless Youth Sector

	Setting					Components		
	Clinic	Community	Home	Homeless program	School	Case management	Clinical	Parent training
Evidence-based								
Ecologically Based Family Therapy	X		X			X	X	X
Functional Family Therapy	X	X	X				X	X
Evidence-informed								
STRIVE			X				X	X
Promising								
HOPE Family				X			X	X
Emerging								
Let's Talk: Runaway Prevention Curriculum		X			X			
Parents' Turn				X				X
Runaway Intervention Program			X			X	X	
Of interest								
Eva's Initiative Family Reconnect Program				X		X	X	
Home Free		X				X		
Family Acceptance Project	X	X	X	X		X	X	X

Few Interventions Track Housing or Homelessness as an Outcome, Making It Difficult to Assess Effectiveness

Only 6 of the 49 interventions identified in this review focus on housing stability as an outcome. Most, including those we classified as evidence-based and evidence-informed, focus on behaviors and family interactions that contribute to youth homelessness. These programs do not track housing or homelessness as an outcome, and their evaluations focus on more immediate outcomes related to targeted behaviors. Only a handful of interventions specifically evaluated with youth experiencing homelessness track housing or reunification as an outcome, most notably the Runaway Intervention Program and Eva's Initiative Family Reconnect Program.

Cross-Sector Learning and Collaboration with Child Welfare and Juvenile Justice Systems Could Strengthen Services for Youth Experiencing Homelessness and Their Families

Advocates we spoke with noted a lack of preventative work by RHY providers, with the notable exceptions of Cocoon House and the US Department of Housing and Urban Development Interagency

Collaboration on Preventing LGBTQ Homelessness, which uses the Family Acceptance Project[9] to do prevention work. One informant noted that the child welfare and juvenile justice systems may be doing more in this area. All three systems, they suggested, often serve the same youth and would benefit from shared resources and better collaboration to develop programming to prevent child welfare involvement, youth homelessness, and youth offending.

These views are borne out in the literature. Of the 49 family-focused interventions in this review, only one-fifth were developed for or assessed with youth experiencing homelessness and their families. Almost half were developed for or assessed with youth and families involved in the child welfare system. Although few interventions focus on housing stability as an outcome, a number of these child welfare interventions include components relevant for programs working with youth experiencing homelessness. Several include structured strategies for involving families and other stakeholders in creating stable living situations for youth by reducing the number of placement changes they experience or increasing the likelihood of achieving permanency. A number of interventions from both child welfare and juvenile justice systems include home-based services that work with parents to address family dynamics that may contribute to risky behaviors such as substance abuse and running away. Several interventions support families for several months after the youth transitions back into the home. In contrast, few interventions with a specific focus on youth experiencing homelessness offer similar home-based services or conducted long term follow-up.

Few Interventions Address the Specific Needs of LGBTQ Youth

Although LGBTQ youth are overrepresented among youth experiencing homelessness, only a handful of interventions focus on their specific needs. Of those, two were classified as "emerging" and four as "of interest." LGBTQ youth and their families may benefit from many of the identified interventions, but very few evaluations examined whether interventions intended for a general population of youth experiencing or at risk of homelessness were equally effective for LGBTQ youth. In addition, family conflict related to sexual orientation—a risk factor unique to this population—may not be addressed by many general population interventions. And although program staff may be sensitive to the particular needs of LGBTQ youth and their families, without formal training or tailored program components, youth may not consistently receive appropriate or adequate support. Some organizations and

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[9] A description of the Family Acceptance Project can be found in appendix C under Prevention-Focused Interventions of Interest.

initiatives, such as the Family Acceptance Project, provide information and guidance to families with LGBTQ adolescents.[10]

Key informants offered many recommendations for tailoring intervention work to LGBTQ youth and their families. One provider noted that having staff who are themselves openly gay or transgender can help youth feel comfortable sharing their gender and sexual orientation, and how that orientation affects their relationship with their families. Another pointed out that reunification may not always be a constructive outcome for LGBTQ youth, particularly older youth, if families reject their identity. In these cases, reconnection can still be a supportive factor in youth development and the transition to adulthood. For some, family may need to be defined more broadly to focus on building connections with positive adults who can support the young person even if they are not a relative or legal guardian.

Reconnecting LGBTQ youth and families may require educating parents about the harm they can cause through rejection. Both technical assistance and service providers noted that this cannot be done by demonizing parents. Several informants praised the Family Acceptance Project as a model for this work. Along with other strategies, the Family Acceptance Project engages faith leaders who are more open and affirming of LGBTQ individuals, as well as those that are not, to share with families the importance of maintaining love even if their child's identity goes against their religious beliefs. The Family Acceptance Project can, however, be costly to implement, since it requires training for many staff members within a network of service providers. It is also important to remember that family rejection is not the only cause of LGBTQ youth homelessness and to continue to address other drivers of homelessness.

Few Interventions Have Been Designed for Racial and Ethnic Minority Youth

Among the interventions identified in this review, only a handful specifically address the needs of minority youth. Family conflict is a major risk factor for homelessness among youth, and family values and expectations are largely influenced by cultural norms. Thompson, Kost, and Polio (2003) found differences in reunification across ethnic groups for youth in shelters. Many interventions we identified may work for youth of most backgrounds, but most evaluations did not compare effectiveness across different ethnic and racial groups. It can be difficult, given the need for large enough samples, to make valid comparisons across groups.

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[10] For more information, see Family Acceptance Project:

One key informant in our study, a service provider with experience serving Native American families, noted that Native American youth have some particularly poor outcomes, including high rates of school dropout and suicide. They may live with transient families who shift locations over the course of a year. On the other hand, Native American families may have stronger extended family networks. These networks can provide support but may also mean that runaway youth are not reported as quickly if adults assume that youth are with another family member. She noted that the loss of a grandparent can be a time of crisis for young Native American youth who have relied on grandparents as a strong adult figure in their lives. Culturally responsive services—this provider employs a Native American therapist—are important for serving these families, as they may distrust government-associated service providers.

Language may also be a barrier to working with families from diverse backgrounds. Accommodating these families in intervention work may require developing multilingual capacities among staff; even if youth are English proficient, their parents may not be. For example, STRIVE is delivered in English and/or Spanish based on the youth's preference (as the youth is the target of the intervention).

Closer Links to Schools Could Create Additional Opportunities to Identify Stressed Families

Informants mentioned that schools are a key place to identify at-risk youth who could be served by prevention programming that engages families. Others noted that having strong ties in the overall community and advertising prevention and family intervention services can ensure that families in crisis learn about those services. Although schools increasingly recognize the benefit of providing behavioral and physical health services, very few school-based family interventions were identified through the literature review. In fact, only 7 of the 49 interventions explicitly include a school-based component. Of these, most either include schools in multisector meetings to develop tailored intervention plans or focus on helping youth and their families connect with schools to support the youth's school engagement.

Schools are mandated by the McKinney-Vento Act to identify youth experiencing homelessness, but there remains a lack of rigorously evaluated school-based strategies for identifying and serving these youth through family intervention. This study did not look at all school-based interventions for runaway and homeless youth, only family-focused interventions. Thus, there may be a greater number of school-based interventions for youth experiencing or at risk of homelessness than our process identified.

More Work Is Needed on Design and Assessment of Screening Tools to Determine What Type of Family Intervention Is Appropriate

Some interventions use one or more instruments to assess needs, inform services, and gauge progress. While some employ full assessment instruments, others combine, abbreviate, or otherwise adapt previously validated instruments. It is beyond the scope of this report to consider the properties or appropriateness of the assessments used, but a screening tool to triage for appropriate interventions and services, including identifying when and what type of family intervention is appropriate, would be a valuable tool for the field. Our literature review found the following instruments are used as part of one or more interventions (though not all would be useful to assess the need for a family intervention):

- Casey Life Skills Assessment (formerly known as Ansell-Casey Life Skills Assessment)

- Child and Adolescent Needs and Strengths

- Family Acceptance Project FAPrisk Screener for Family Rejection & Related Health Risks in LGBT Youth

- Level of Service Inventory

- Missouri Family Functioning Assessment Scale

- National Council on Crime and Delinquency Michigan Delinquency Risk Assessment Scale

- Outcome Rating Scale

- Parent Daily Report

- San Diego County Department of Social Services Family Assessment Analysis

- Session Rating Scale/Group Session Rating Scale

- The Transition Age Youth Triage Tool

- Wisconsin Delinquency Risk Assessment Scale

To address screening tools specifically, we asked our key informants about any tools programs use to determine whether family prevention, reunification, or reconnection strategies were appropriate for youth. Service providers mentioned some tools used to screen youth on intake that determine their broader set of needs and may weigh into family reunification decisions. One informant uses a series of assessment tools: the Massachusetts Youth Screening Instrument, used in juvenile justice; the Beck depression screener; the Vera Institute human trafficking screening tool; a screener used for identifying

depression and risk of suicide; and the Personal Experience Inventory, used for identifying substance abuse. Some providers who work with LGBTQ youth use the FAPrisk screener built into the Family Acceptance Project model,[11] which assesses an LGBTQ youth's risks and family functioning as it relates to acceptance of their sexual orientation. Other informants mentioned homegrown screeners used to identify risk factors including family functioning, juvenile justice involvement, and gang involvement. However, most informants did not use or know of screening tools to determine prescription of family intervention services or strategies. As one informant noted, "It is just part of the case plan for each young person."

One informant cautioned that some organizations ask youth about the possibility of family reunification using a simple yes/no question. In the moment, a youth may say no, even if, with some effort and support, family reunification may be the best outcome. Another key informant praised Eva's Initiative in Toronto for their approach of monitoring youth for signs of family engagement and building on that toward reconnection or reunification. Eva's Initiative provides phone cards or paper and stamps for youth to call or send letters to family and watches to see whether they make use of these resources. If so, staff will open up a conversation about the young person's family and explore further engagement.

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[11] See appendix C for a description of the Family Acceptance Project model.

Implementing Family Intervention Models

Developing and implementing interventions designed to improve circumstances for youth experiencing or at risk of homelessness is challenging work. Very few studies we reviewed achieved positive outcomes in all domains that were assessed, and some pilot studies recommended significant revisions to the intervention. Below is a summary of lessons learned from the literature across multiple interventions, supplemented by lessons and challenges gleaned from our key informants.

Key Implementation Lessons

Think Carefully About How to Engage Parents

One of the greatest challenges of family interventions is engaging parents or other caretakers, particularly of older youth. Parents in stressed families are often overwhelmed and may perceive involvement from public systems and service providers as intrusive or judgmental. As a result, it can be difficult for parents to trust providers enough to engage in the services being offered. Parental engagement is important as it helps facilitate youth participation in clinical services (Slesnick et al. 2011). The literature suggests several ways to engage parents. In a qualitative study of foster parent engagement in clinical services for youth, foster parents recommended that therapists spend time in the first few sessions explaining the process and learning the parents' preferred interaction style (Dorsey, Conover, and Revillion Cox 2014). An evaluation of a parenting skills program suggested parental engagement could be increased by identifying potential barriers, such as high parental stress levels, and bolstering services upfront (McWey et al. 2014). Parents may also be juggling multiple responsibilities, making it difficult to consistently participate in services, especially if travel is required. Several interventions we reviewed provided at least some services in the family home.

One theme that emerged among key informants was working with, not against, parents. They noted that preserving parents' trust throughout the process is critical to working with parents, and to do so, providers must make it an organizational philosophy to see parents as part of the solution and work with them to address family needs. One provider said she is adamant about preserving parental custody while working to reunify families. Taking custody, she said, may lead parents to view the provider as the enemy, making reunification much more difficult.

More generally, informants mentioned the need to help parents connect with resources. Three of the four service providers we spoke with and both sets of technical assistance providers mentioned the importance of taking a trauma-informed approach. A similar set of key informants mentioned that cultural competence is key (and one commented that the standard should be higher than "competence")

because early interactions with parents can make or break a trusting relationship. One informant mentioned the need for more education on youth development so parents can understand adolescent brain development and typical teen behavior.

Make Decisions as a Team That Includes Both Youth and Their Families

Youth experiencing homelessness often come from stressed families with multiple needs. Case management plans can be more effective when they represent multiple perspectives (Quinn and Van Dyke 2004). An experimental evaluation of an intervention targeting youth in the juvenile justice system found that youth who participated in a group planning process that included family members and others close to them, such as a teacher or social worker, were more likely to successfully complete their plan and less likely to reoffend (McGarrell and Hipple 2007). This strategy may be particularly well-suited to programs serving youth experiencing homelessness as it does not require long-term participation in services. Rather, it is intended to broaden perspectives—including those of the youth—to tailor the plan to the unique strengths and needs of a particular family.

Several key informants mentioned the importance of letting families and youth lead plans for improving family functioning, so that the plan works for that particular family and youth and they remain engaged in the process. Let youth and families set and commit to their own goals for improving how they relate to each other. One informant mentioned that a useful family intervention model may look more like a toolkit with numerous options rather than a prescribed set of steps.

Further, several informants talked about the importance of supporting reconnection to a broader set of individuals and not just parents. One noted that models to support connections with siblings can also help create stability for youth. Others argued that the goal of family interventions should not always be reunification but could instead focus on helping the young person learn how to build healthy relationships with family members and/or more generally build a social network. Youth can then work on learning to access needed supports through that network. As one example, the MST model, originally used for younger children, has been adapted for emerging adults; this process included removing the requirement that parents be involved in the treatment and refocusing efforts toward connecting youth to social networks.

Youth and Families with Complex Needs May Require Multiple Services Delivered in Various Settings

Interventions that address multiple needs or individually tailor services may be more appealing to youth experiencing or at risk of homelessness and their families. Most interventions identified through this review include a combination of clinical services, case management, and parent training. Many allow

parents and youth to choose the setting, which can increase the chances that they can access services in a space that is comfortable for them. While it can be challenging for youth-serving organizations to develop a wide array of services or offer programming in multiple settings, understanding the preferences and needs of a particular community can help programs prioritize services and settings to best meet youth's needs.

Consider Strategies to Successfully Implement Programs with Multiple Sessions

Given that many interventions for youth experiencing homelessness are connected to a crisis or emergency shelter program, there are additional considerations when implementing a program requiring participation in multiple sessions. One strategy employed by a few interventions developed specifically to meet the needs of youth experiencing homelessness was flexibility in where services were delivered. It can be difficult for families to consistently attend sessions in a clinic or other traditional location. Meeting with the youth in their family home, even when the youth is no longer living in the home, can make it easier to deliver multiple sessions. The authors of one study specifically noted that, when asked, many youth experiencing homelessness preferred that family sessions take place in their family home (Milburn et al. 2012). While most rigorously evaluated interventions are intended to be delivered over several months, a few interventions included frequent coaching or check-ins via telephone, which can make it easier to keep families engaged (Salomon et al. 2014; Chamberlain, Leve, and DeGarmo 2007).

Implementing an approach that meets both parents and youth where they are and works with them as partners requires substantial staff training, particularly for frontline staff. Key informant providers mentioned the importance of hiring staff skilled at engaging families and of providing substantial training, including role play, mentoring, and coaching.

It can be hard for staff who hear about the harm caused to young people by their families to then pivot to support and build on the strengths of those families. Cocoon House takes a unique approach to staffing their work: staff in separate departments work with either the youth in their shelter and Transitional Living Program or with parents through their prevention program. Staff in shelters and Transitional Living Programs sometimes refer parents to the prevention program, Project SAFE, which works with the parents and does not get involved with youth in the shelter or Transitional Living Programs.[12] One advocate mentioned that a way to resolve the tension between seeing parents as the

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[12] See appendix C for a description of Project SAFE.

cause of youth suffering and also as part of the solution might be training frontline staff to see youth as part of a family unit and respect their wishes about the relationship they want to have with their families.

Provide Support for Families after Reunification

For some programs, reunification is the primary goal and services taper off quickly thereafter. This can leave youth and their families without the support they need to implement the conflict resolution strategies they have learned. Several of the most rigorously evaluated interventions include frequent coaching and check-in calls with parents over weeks or months to help them employ the skills they have learned (Henngeler and Sheidow 2012; Liddle et al. 2001; Littell, Popa, and Forsythe 2005). Some also provide individual services to youth, including case management and clinical treatment, when needed (Rhoades et al. 2014; Liddle et al. 2009). One provider noted that family intervention is long-term work that must be sustained, particularly where families have been dysfunctional for a long time and trust between youth and parents has been broken. Providers we spoke with stressed the importance of some form of aftercare for reunified families, although duration and intensity vary.

A longer-term commitment to working with families can be expensive, and most of these interventions were implemented within the juvenile justice or child welfare sectors, where avoiding out-of-home placements can represent a significant cost savings. While it might be challenging for programs serving youth experiencing homelessness and their families to implement some of these intensive follow-up measures, it is important to consider effective and cost-efficient ways to support reunified families to prevent subsequent episodes of homelessness. Including diverse perspectives when developing a plan for a particular youth can often be done at a modest cost and may foster relationships with service providers that increase youth and family engagement, leading to improved outcomes.

Challenges of Implementing Family Intervention Models

Some key informants mentioned the limitations of family interventions in fully addressing youth homelessness. Two service providers emphasized the need for prevention and very early intervention to prevent temporary homelessness from becoming chronic and to prevent youth from falling into drug use, sex trafficking, or other dangerous situations in which youth can sometimes find themselves while homeless.

Family Interventions May Not Work Well in Some RHY Settings

Interactions with runaway and homeless youth occur in the Family and Youth Services Bureau's RHY programs, drop-in centers, adult shelters, transitional housing, rapid rehousing, as well as physical and behavioral health clinics, the juvenile justice system, and various community-based organizations. Service providers indicated that one large barrier to adopting proven family intervention models in RHY settings is the overwhelming nature of their core task: to house youth quickly. Providers, particularly Basic Center Programs, have limited time to find stable housing for youth (up to 21 days). In that short window, Basic Center Programs may start family intervention work, but unless they are part of a bigger, multiservice agency, often must collaborate with child welfare, mental health, or substance abuse providers to continue.

Lack of an Evidence Base Leaves Providers without a Basis for Choosing an Intervention

Informants noted there is a lack of family intervention models developed specifically for RHY settings. Without an evidence base, programs must assess their own needs and select a model accordingly. One service provider said that working to meet the needs of youth and communities she serves does not allow time to step back and consider potential family intervention models. For providers able to consider their family intervention needs, RHYTTAC offers assistance in determining what family intervention models organizations should use. RHYTTAC assesses known evidence-based interventions as well as interventions being used by similar RHY providers. The type of model that can work for service providers depends on their size, resources, and capacity, as well as the density of the service provider network in their community for referring families to services.

Evidence-Based and Evidence-Informed Interventions May Be Too Costly for Most Providers

Implementing proven family intervention strategies with fidelity may require substantial resources to hire qualified staff, offer staff training and program monitoring, and budget adequate staff hours to carry out services. Most of the identified evidence-based and evidence-informed interventions require advanced academic credentials. However, STRIVE, for example, requires those who administer the intervention to go through additional training and encourages, but does not require, that they have an advanced degree. This need for additional training or credentialing of staff can be particularly costly given that RHY programs often experience high staff turnover and must repeat trainings frequently. One advocate noted that only larger and well-funded organizations have the capacity to conduct certain interventions. Similarly, RHYTTAC reports that it is often the better-funded and larger organizations that seek assistance identifying an evidence-based model to implement. Providers and advocates all mentioned the need for more (and more flexible) funding to support family intervention

work. Reimbursement models cover direct services but do not provide funding for administration, training, or coaching, which makes it hard to implement family intervention models to fidelity. Informants said that small barriers to family participation, including transportation and child care, could be overcome with more flexible funding. One informant suggested that dedicated funding for family intervention programming would help incentivize the work.

Improving Family Functioning Often Is Not the Entire Solution

Informants noted that family intervention strategies do not always fully address family needs and prevent youth homelessness. At least two informants discussed the rise within RHY settings of youth with severe mental health challenges and told us that programs often lack the resources to effectively deal with those challenges. Two others said that if families are not able to meet basic material needs and are unstably housed, strategies to improve family functioning are not enough to ensure that a young person has a place to call home. Connections to housing and other social service providers, as well as expertise in available forms of housing assistance, can be key in helping such families. Several service providers highlighted transportation as a big challenge for families they serve. Families may not always be able to travel to service providers to attend counseling, parenting classes, or other programming, or may need child care assistance during these times.

Research Needs and Challenges

Runaway and Homeless Youth Providers Need Research on Cost-Effective Interventions

A number of key informants spoke about research needs in the field. Generally, they said that to develop an effective RHY-specific family intervention strategy for use in Basic Center Programs and/or Transitional Living Programs, strong evaluations would need to show that the model is effective. They also spoke to the need for research on cost-effective family interventions, including those that could be implemented by intake workers, case managers, or others without formal social work and mental health credentials. To better serve LGBTQ youth, one informant called for better research into what exactly pushes a family from rejecting LGBTQ youth to partial acceptance to full acceptance. Finally, one advocate pointed out that cost-benefit analyses could be very useful and might show savings from preventative services not only in the RHY system but other youth-serving systems as well.

Limited Funding Constricts the Amount of Research Conducted

Providers and advocates noted a number of barriers to evaluating family intervention models in RHY settings. Limited funding makes it very hard for providers to spend money on evaluations that could be spent on basic services. Some providers partnered with local universities to conduct research or secured assistance from foundations willing to support research as well as services, but others lacked access to any such resources.

The Nature of Services and the Population Affect the Ability to Conduct Rigorous Evaluations

Ethical concerns present another barrier to research, as providers may be reluctant to randomly assign services to some youth or families and not others to conduct an RCT. One provider specifically mentioned this as an unethical approach since they currently serve all families referred to their organization. Although quasi-experimental methods can be used to evaluate the effectiveness of interventions, it is difficult to identify and collect data from a good comparison group. This is one of the main reasons RCTs are considered the gold standard for program evaluation.

Finally, good evaluation requires data collection over time, but when the population includes homeless, runaway, and unstably housed youth, it is hard to ensure that researchers will be able to reach youth several months later. Studies attempting to trace homeless or unstably housed youth may

be particularly expensive as they may require extensive efforts to keep youth engaged and track them over time.

Many Programs Are Ready to Consider for Evaluation

Given the large number of promising, emerging, and of interest interventions, the field could benefit substantially from resources targeted toward evaluation of these strategies. The most promising models would have a well-developed theory of change, a means for targeting the intervention to the appropriate youth, outcome measurement, and some existing evidence of program effectiveness. Further evaluations should focus on interventions that most benefit organizations lacking the resources to implement most evidence-based or evidence-informed interventions. The only two evidence-based interventions we identified, Functional Family Therapy and Ecologically Based Family Therapy, require many lengthy sessions administered by individuals with substantial training, which most service providers cannot afford. The RHY system could benefit from proven interventions administered by frontline staff in a cost-effective manner, though in some cases, highly trained professionals may be needed to effectively undertake this work. Furthermore, screening tools could help the field to determine when to offer family intervention services and what strategies are most appropriate. Equipping service providers with screening tools and a set of evidence-based interventions could allow them to assemble the resources needed to effectively target youth and families and help reduce youth homelessness.

Conclusion

Youth homelessness is tied to how well families function and deal with internal conflict. Interventions targeting families as part of their work can play an important role in preventing and ending homelessness. This report documents the evidence base for family-focused interventions designed to prevent homelessness among youth, reunite youth with their families, or reconnect youth with families when reunification may not be safe or appropriate. We conducted a systematic literature review to identify all relevant programs and assigned them a category of evidence-based on the rigor and quality of the evaluations conducted. From this literature review, we identified gaps in knowledge and drew certain lessons regarding implementation. This was supplemented by discussions with key informants who provided views from the field.

Some Interventions Have Demonstrated Evidence of Effectiveness, but Limitations Remain

The literature review identified several evidence-based and evidence-informed family interventions that might be appropriate for youth experiencing or at risk of homelessness. However, only half have been tested with youth experiencing homelessness, and none measured impacts on homelessness, indicating additional research is needed to help fill these gaps. Out of 49 interventions identified in the literature, 6 have undergone evaluations with the necessary level of rigor and consistency to meet our bars for evidence-based or evidence-informed ratings. Two (Functional Family Therapy and Ecologically Based Family Therapy) are evidence-based, and both address reconnection and have been tested with youth experiencing homelessness. Of the four evidence-informed interventions, two address prevention (Multidimensional Family Therapy and Multisystemic Therapy) and two address reconnection (Treatment Foster Care Oregon and STRIVE). Of the evidence-informed interventions, only STRIVE has been evaluated in the RHY sector. These interventions focus on the risk factors associated with homelessness, but their evaluations have not measured homelessness or housing stability as an outcome. To identify interventions that can help end youth homelessness, programs must track housing as an outcome and evaluations must measure program impacts on homelessness. In addition, it may be important to identify interventions that are cost-effective, including those that could be implemented by staff without formal credentials in social work or mental health issues.

Service Providers Need Tools to Support Reunification

None of the six evidence-based and evidence-informed interventions focus on reunification. Most other interventions focus on prevention strategies and have not undergone rigorous evaluations; many have

no evaluation at all. Most prevention-focused interventions come from the juvenile justice and child welfare sectors, though there has been an increased emphasis on prevention in the RHY system. The National Runaway Safeline developed a prevention curriculum, Let's Talk: Runaway Prevention Curriculum, to be used in schools and other settings. But much of the work in the RHY system focuses on reunification. Basic Center Programs and Transitional Living Programs generally do not touch the lives of youth before they become homeless, though the organizations that run these programs frequently provide a broader set of services. In particular, Basic Center Programs, which provide short-term shelter and services to youth experiencing homelessness, make reunification their primary goal. Roughly 70 percent of youth who enter these shelters return to their families. While all shelters engage with families, they generally do so without clear evidence on what works for creating permanent reunification.

No Clear Evidence Exists on Interventions for LGBTQ Youth, Racial or Ethnic Minorities, or Interventions Based in Schools

Although overrepresented among youth experiencing homelessness, no clear evidence exists for what strategies work for LGBTQ youth or racial or ethnic minorities that may require specific language or culture considerations. Rigorous evaluation is needed to build the evidence base for what strategies are effective for these populations. Furthermore, an effort should be made to increase the diversity of study participants, and evaluators should be encouraged to conduct subgroup analyses to understand what works for different types of youth and families. Although schools may seem like a natural point for intervention, we did not find a single school-based intervention specifically focused on youth experiencing homelessness and their families, even though many youth experiencing homelessness attend school, albeit irregularly.

Child Welfare and Juvenile Justice Can Provide Cross-Sector Learning

Many interventions we identified come from sectors outside the RHY system, particularly the child welfare and juvenile justice systems, but we found little evidence of model sharing and cross-sector collaboration. There are contextual differences between the RHY, child welfare, and juvenile justice sectors. However, given that interventions from all three are likely to target similar risk and protective factors, and all three systems serve many of the same youth, there could be substantial benefits in collaboration or adaptation of methods from these other sectors.

Certain Core Components Should Be Considered for a Family Intervention

Examining the six evidence-based or evidence-informed interventions reveals common components that should be considered for any family-based intervention. These include providing services in the family's home, offering clinical services with parent training, using highly trained therapists, and planning for a long-term process. Provider experiences offer additional insights into how to adapt evidence-based or evidence-informed practices to work with youth and their families. Providers stressed the importance of including both youth and their families in decisionmaking, broadening the definition of family beyond parents, and recognizing that resolving family conflict may not fully address all causes of youth homelessness.

Evaluation Is Hindered by Limited Funding and Barriers to Rigorous Evaluation

The evidence base would be strengthened by the use of rigorous evaluation techniques, such as RCTs or well-designed quasi-experimental evaluations. Furthermore, given the large number of emerging and of interest interventions, process studies and formative evaluations could help identify which are most likely to prove effective. Individual service providers generally lack the resources to engage in rigorous evaluation and require external funding as well as collaboration with skilled researchers. Developing the evidence base not only requires additional funding, but the breaking down of resistance to rigorous evaluation, particularly use of RCTs.

What Comes Next?

Connections to families and other supportive networks are crucial for addressing and preventing youth homelessness. Service providers working with homeless youth regularly take on the tough but important challenge of reconnecting or reunifying youth with families (in some cases, more broadly defined to include the complete social network) when safe and appropriate. To continue and improve on this work, the field needs solid evidence on family intervention practices that have demonstrated improved youth outcomes. We find several key components to successful interventions, including providing services in the family's home, offering clinical services with parent training, using highly trained therapists, and planning for a long-term process. However, our comprehensive review of the evidence reveals that more research is needed to uncover evidence-based family intervention strategies that work within the RHY sector to improve youth housing outcomes.

Building on these findings, important next steps include (1) process studies and formative evaluations to identify RHY family intervention strategies ripe for evaluation, with a focus on programs that serve LGBTQ and racial and ethnic minority youth; (2) conducting high-quality, rigorous evaluations of these programs; (3) facilitation of cross-sector learning with RHY, juvenile justice, child welfare, and education providers; and (4) development of validated assessments to triage youth's needs and match them to the most appropriate services. These steps will give service providers the tools they need to work effectively with youth and their families to help end youth homelessness.

Appendix A. Literature Review Methodology

Our systematic literature review used five distinct steps to identify and characterize family intervention strategies applicable to youth at risk of or experiencing homelessness:

1. We conducted a preliminary search for sources and screened them for inclusion based on a review of abstracts or some other brief summary of the source (e.g., executive summary for a report).

2. We reviewed resources that met initial screening criteria to ensure that studies included in the final review were likely to address the objectives of this review.

3. We summarized the relevant information from each source. Summaries focused on assessing the relevance of the target population, setting, study rigor, implementation themes, and outcomes.

4. We characterized the level of evidence for each intervention based on the summary of evidence from all included studies.

5. We drafted a summary of the findings from the review to describe family-focused interventions that have been developed for youth experiencing or at risk of homelessness as well as interventions from related fields such as child welfare, juvenile justice, mental health, and education.

Step One: Screening

Search Strategy

We searched for potential sources via the following methods:

- Searching **databases**, including PsychInfo, PubMed, EconLit, Social Science Citation Index, and Scopus, using the following terms:

  » **Target population terms**: "homeless," "youth," "adolescent," "teen*," "street youth," "shelter youth," "unstably housed," "doubled up," "couch surf*," "runaway youth," "throwaway youth," "LGBT*," "foster care," "ag* out," "human trafficking," "young adult," "transition age youth," "sexual orientation," "transgender," "gender identity"

  » **Intervention terms**: "intervention," "program," "family focused," "parent"

- » **Outcome terms:** "substance *use," "mental health," "family reunification," "family functioning," "school dropout," "housing," "absenteeism," "truancy," "family acceptance," "family connection"
- » **Sector terms:** "education," "juvenile justice," "criminal justice," "child welfare"

The terms were applied in several combinations using Boolean search strings. An example string is shown in box A.1.

BOX A.1

Boolean Search Example

(((("2000/01/01"[PDAT] : "3000"[PDAT]) AND ((((((((((("homeless youth"[All Fields] OR "homeless adolescent*"[All Fields]) OR "street youth"[All Fields]) OR "shelter youth"[All Fields]) OR "unstably housed"[All Fields]) OR "doubled up"[All Fields]) OR "couch surf*"[All Fields]) OR "runaway youth"[All Fields]) OR "LGBT*"[All Fields]) OR "foster care"[All Fields]) OR "foster youth"[All Fields]) OR "aging out"[All Fields])) AND (("intervention"[All Fields] OR "program"[All Fields]) OR "evaluation"[All Fields])) AND (("family"[All Fields] OR "family-focused"[All Fields]) OR "parent*"[All Fields])

After very few of our search strategies returned sources focusing on LGBTQ youth, we conducted a series of searches targeting that population. A list of all queries was maintained so that the search could be duplicated.

- Reviewing publications listed on the **websites of relevant organizations**, including the following:

  - » Abt Associates
  - » Annie E. Casey Foundation
  - » California Evidence-Based Clearinghouse for Child Welfare
  - » California Homeless Youth Project
  - » Center for the Advancement of Critical Time Intervention
  - » Child Trends
  - » Child Welfare Information Gateway
  - » Congressional Research Service

  - » Conrad N. Hilton Foundation
  - » Corporation for Supportive Housing
  - » Family and Youth Services Bureau
  - » Family Acceptance Project
  - » Homelessness Resource Center
  - » Mathematica Policy Research
  - » MDRC
  - » National Alliance to End Homelessness

- » National Association for the Education of Homeless Children and Youth
- » National Clearinghouse on Families and Youth
- » National Health Care for the Homeless Council
- » National Runaway Safeline Prevention Curriculum
- » Office of Juvenile Justice and Delinquency Prevention, Model Programs Guide
- » RAND Corporation
- » The Homeless Hub
- » The Mockingbird Society
- » National Center on Family Homelessness
- » National Network for Youth
- » Williams Institute
- » True Colors Fund
- » US Department of Housing and Urban Development
- » US Interagency Council on Homelessness
- » Urban Institute
- » Washington State Institute for Public Policy
- » Youth.gov

- ▪ **Issuing a call** to major research firms, funders, advocacy organizations, and service providers requesting any research relevant to family interventions for youth experiencing homelessness, including evaluations of interventions and review articles that reference evaluated interventions. The call was released and promoted by the research team at Urban Institute and Child Trends through listservs and direct e-mail solicitations to research or service organizations and federal agency partners identified by the HHS Office of the Assistant Secretary for Planning and Evaluation (e.g., the Administration on Children, Youth and Families; the Substance Abuse and Mental Health Services Administration; the US Interagency Council on Homelessness; the US Department of Housing and Urban Development; the Office of Juvenile Justice and Delinquency Prevention at the US Department of Justice; the US Department of Education; and the Child Welfare Information Gateway).

Screening Strategy and Inclusion Criteria

The research team compiled an initial list of potential sources and distributed it to a team of research assistants to further determine relevance to the project. Research assistants were trained in screening procedures, and each abstract was screened by two reviewers to ensure consistency across reviewers. Disagreements among research assistants about whether a particular source should be included were resolved by a third reviewer.

We used the following screening criteria:

- Study published after January 1, 2000

- Publication is in English

- Abstract indicates that the study describes an **intervention** that

  » Targets outcomes associated with housing stability and homelessness for youth such as family functioning (e.g., family conflict, connection/reconnection), substance abuse, mental health, juvenile justice, school dropout, and so on, and does not merely describe characteristics of youth experiencing homelessness;

  » targets youth between the ages of 12 and 24, inclusive; and

  » includes some mention of family involvement

When reviewers were in doubt about the above criteria based on the information in an abstract or summary, the source was permitted to continue on to step two.

Step Two: Selection

Study Selection Strategy

Research assistants reviewed resources to ensure that studies included in the final review were likely to address the objectives of this review based on the following criteria:

- Study design

  » Exclude if intervention does not directly involve family members (e.g., family members attend sessions with youth, family members receive training in how to support the youth, etc.)

- Study sample

  » Exclude if fewer than 75 percent of study participants are youth ages 12 to 24 or if the mean age reported was outside this age range

» Exclude if fewer than 75 percent of study participants are homeless or at risk of homelessness[13]

Step Three: Data Extraction

Reference Review Strategy

References for sources that were ultimately included in the literature review were checked for other potentially relevant sources. Because our three preliminary search strategies returned a large number of results, we consulted these references in order to fill in observable gaps in the evidence we had reviewed.

Study Quality Review Strategy

It is important to consider the quality of a study when assessing the strength of evidence and identifying gaps in the research base. There may be multiple studies demonstrating effectiveness for a particular intervention, but they may suffer from high attrition rates. In such a situation, we would qualify our findings by noting the need for more rigorous evaluation of the intervention. Study quality characteristics for this review consider how studies address random assignment, attrition, and confounding factors. Each study received a study quality rating based on the criteria listed below.

HIGH RATING
Experimental design

- Random assignment to at least two conditions (e.g., treatment and comparison), AND

- Overall attrition is less than 55 percent and differential attrition is less than 6 percent, AND

- Intent to Treat analysis (i.e., no reassignment), AND

- No confounding factors (i.e., when one part of the design lines up exactly with either the treatment or comparison group), AND

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[13] This literature review defines risk of homelessness as experiencing one or more of the following risk factors: previous history of homelessness; family conflict; current or past physical or sexual abuse; lesbian, gay, bisexual, transgender, questioning (LGBTQ) identity; child welfare involvement; or juvenile justice involvement (Toro, Dworsky, and Fowler 2007; Ray 2006; Pergamit 2010). Family intervention strategies used in non-RHY systems (e.g., child welfare, juvenile justice, education) must target at least one of those risk factors to be considered relevant to youth experiencing or at risk of homelessness.

- Analysis includes statistical adjustments for selected measures if groups not equivalent at baseline

Quasi-experimental design

- Not applicable; cannot receive a high rating due to lack of random assignment[14]

Pre-post design

- Not applicable; cannot receive a high rating because there is no comparison group

MODERATE RATING

Experimental design I

- Intent to Treat analysis (i.e., no reassignment), AND

- Overall attrition is less than 65 percent and differential attrition is less than 10 percent, AND

- No confounding factors, AND

- Groups were not equivalent at baseline on selected measures and analysis does not include statistical adjustments

Experimental design II

- Has high rates of overall or differential attrition OR sample members reassigned after random assignment was conducted. Experimental designs with high attrition AND reassignment do not meet criteria for moderate rating, AND

- No confounding factors, AND

- Baseline equivalence of treatment and comparison groups established on select measures, AND

- Analysis includes statistical adjustments for selected measures

Quasi-experimental design

- No confounding factors, AND

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[14] Well-designed regression discontinuity and single-case design studies could receive a high quality rating, but such designs are not typical and we did not find these designs in our review.

- Baseline equivalence of treatment and comparison groups established on selected measures, AND

- Analysis includes statistical adjustments for selected measures

Pre-post design
- Not applicable; cannot receive moderate rating because there is no comparison group

LOW RATING
- Includes participant outcomes but does not meet the criteria for high or moderate rating

UNRATED
- Does not include participant outcomes

Inclusion in Existing Evidence-Based Program Review Databases

The HHS Office of the Assistant Secretary for Planning and Evaluation is interested in understanding how lessons from existing family intervention and reunification/reconnection models can improve the services offered by organizations serving youth at risk of or experiencing homelessness. Because of this, the research team also searched for each included intervention in existing evidence-based program review databases that include information on implementation readiness, such as the Substance Abuse and Mental Health Administration's National Registry of Evidence-based Programs and Practices and the Office of Juvenile Justice and Delinquency Prevention's Model Programs Guide. Noting whether an intervention is listed in an evidence-based review database can make it easier for grantees to access information related to implementation readiness.

Step Four: Intervention Classification

Although data was extracted from individual studies, the goal of this review is to identify interventions applicable to youth at risk of or experiencing homelessness. As such, senior members of the research team classified interventions into categories described in the table below based on the summary of the evidence from all included studies.

Intervention Classification Criteria

	Criteria
Evidence-based	Multiple high-quality randomized controlled trials (RCTs) with consistent findings. At least one study conducted with youth experiencing homelessness.
Evidence-informed	Multiple high-quality RCTs with consistent findings; study population did not include youth experiencing homelessness.
	Multiple RCTs with consistent findings; no study received high study-quality score. Study population included youth experiencing homelessness.
	Single high-quality RCT; study population included youth experiencing homelessness.
	Multiple high-quality quasi-experimental studies with consistent findings. Study population included youth experiencing homelessness.
Promising	Single RCT with moderate study quality. Study population included youth experiencing homelessness.
	Single high-quality RCT or multiple high-quality quasi-experimental studies with consistent findings. Intervention is of theoretical relevance, but study populations did not primarily consist of youth experiencing or at risk of homelessness.
Emerging	Multiple RCTs with inconsistent findings.
	Multiple quasi-experimental studies with inconsistent findings.
	Single RCT with low study quality.
	Single quasi-experimental study with moderate study quality.
	Single case design (pre-post comparison) pilot study. Pre-intervention data must have been collected in advance (i.e., no retrospective pre-post comparisons).
Of interest	Interventions that did not meet criteria for any of the categories previously listed but are of theoretical relevance. May include interventions with no outcomes evaluations.

Appendix B. Key Informants

In January 2016, Urban Institute and Child Trends staff held semi-structured conversations with advocates, service providers, technical assistance providers, and researchers focused on youth experiencing homelessness (table B.1). The service providers are all Family and Youth Service Bureau grantees that run Basic Center Programs or Transitional Living Programs or participate in street outreach; some offer other services as well.

Two staff members from our research team participated in each discussion: one senior staff member led the discussion and one junior staff member took verbatim notes. With the respondent's permission, we recorded each conversation to ensure accuracy in note-taking. After each discussion, notes were cleaned (using the recording to clarify when necessary) and the senior researcher reviewed each set of notes to generate a list of key themes and takeaways. From these, she developed an outline of common topics and themes. If a conversation did not appear to touch on a particular theme, we re-read the transcript to ensure that we had not missed any pertinent information. Each informant contributed to multiple themes, although no informant contributed to all of the themes, owing to the diversity of backgrounds and the different topics that emerged within each discussion. The senior staff member then used the outline to draft a memo of key informant discussion findings, which we drew from while writing the final report.

TABLE B.1

Key Informants

	Position	Organization
Peter Correia	Program Area Advisor, Youth Development	Children's Bureau Capacity Building Center for States
Shira Hasson-Schiff	Director of Prevention	Cocoon House in Snohomish County, Washington
Melanie Heitkamp	Executive Director	Youthworks in Bismarck and Fargo, North Dakota
Tammy Hopper	Executive Director	Runaway and Homeless Youth Training and Technical Assistance Center (RHYTTAC)
Stacy Meadows	Evidence-based Practice/Outcome Specialist	RHYTTAC
Mindy Mitchell	Program and Policy Analyst	National Alliance to End Homelessness
Tasha Moore	Program Director for Case Management Services	Lewisville Independent School District
Bill Motsavage	Executive Vice President	Valley Youth House in Pennsylvania
Lori Runge	Program Director	Walker's Point in Milwaukee, Wisconsin
Ashli Sheidow	Senior Research Assistant	Oregon Social Leaning Center
Jama Shelton	Deputy Executive Director	True Colors Fund
Dana Smith	Chief Executive Officer	Communities in Schools, North Texas Office
Megan Walker Grimaldi	Director of Research	Lewisville Independent School District
Mark Wolf	Training Director	RHYTTAC

Appendix C. Program Descriptions

Evidence-Based Interventions

Ecologically Based Family Therapy

Reconnection

Ecologically Based Family Therapy (EBFT) is a family systems therapy designed to build positive family connections as well as communication and problem-solving skills. This multisystemic treatment uses both individual sessions for youth and family sessions. The goal of this treatment is to change family patterns that contribute to behavior problems, such as running away and substance abuse, and enhance communication among family members. EBFT is delivered in 12 to 16 sessions lasting 50 to 60 minutes each across three to six months. EBFT is primarily a home-based treatment and is generally delivered by master's-level counselors or social workers or graduate or postdoctoral students in couple and family therapy, all of whom are trained in and supervised on delivering EBFT. A range of intervention strategies are used based on the family's needs, including therapeutic case management, cognitive behavioral techniques, and parenting skills training. EBFT has been evaluated several times in Albuquerque, New Mexico, and Columbus, Ohio, with samples of runaway adolescents and their families (typically youth ages 12 to 17 recruited from runaway shelters), with positive outcomes for family functioning, mental health, and substance use (Guo and Slesnick 2013; Slesnick and Prestopnik 2005; Slesnick, Guo, and Feng 2013).

Functional Family Therapy

Reconnection

Functional Family Therapy (FFT) is designed to change maladaptive patterns within and around the family by enhancing family interactions and communication. It is currently used in 45 states and 10 countries. FFT is typically delivered in three phases:

1. engaging and motivating family members by fostering positive contexts in which positive changes are more likely to occur;
2. administering techniques such as parent training, problem-solving skills training, and communication training to promote behavioral changes; and
3. generalizing positive changes to foster supportive relationships with community systems.

FFT is delivered in 12 sessions over three to six months, primarily in clinics and home settings (although sometimes in other community settings) by teams of three to eight trained, certified, and supervised therapists. FFT has been evaluated in studies with samples comprising of runaway adolescents (Slesnick, Bartle-Haring, and Gangamma 2006; Slesnick and Prestopnik 2009) and youth involved in the juvenile justice system (Sexton and Turner 2010; Waldron et al. 2001). Studies examining FFT indicate that it reduces recidivism, improves family functioning, and reduces the frequency of substance use, although research has not pointed to its effectiveness in reducing internalizing or externalizing problems (Henggeler and Sheidow 2003; Slesnick and Prestopnik 2009; Waldron et al. 2001). Results from studies of FFT using samples of runaway youth indicate that it is

effective in reducing the frequency of substance use (Slesnick, Bartle-Haring, and Gangamma 2006; Slesnick and Prestopnik 2009).

Evidence-Informed Interventions

Multidimensional Family Therapy

Prevention

Multidimensional Family Therapy (MDFT) is a family-based therapy approach that aims to reduce adolescent substance abuse. MDFT takes an individualized approach to each case and incorporates family and individual sessions for both the adolescent and parents. The therapy works across multiple domains of treatment at the same time: adolescent functioning and skill building; parent engagement, functioning, and parenting skills; family functioning; and family competency in extrafamilial systems, such as school. The focus is on mediators of adolescent substance use and other individual and family factors that may lead to drug use and problem behavior.

Implementation of MDFT is flexible. Sessions can take place one to three times a week for four to six months in various settings, such as the adolescent's home or an office, with treatment delivered by

master's- or doctoral-level therapists. MDFT has been evaluated with youth and families referred from the juvenile justice and child welfare systems and other sources such as schools and mental health agencies. Evaluations of MDFT indicate that it reduces delinquency, externalizing behaviors, internalized distress, and substance use while improving academic performance and family functioning (Liddle et al. 2001; Liddle et al. 2008; Liddle et al. 2009).

Multisystemic Therapy

Prevention

Multisystemic Therapy (MST) is an individualized treatment approach for youth demonstrating antisocial behavior. It incorporates interventions targeting several areas that may influence problem behaviors, such as family functioning, parenting, positive and negative peer associations, and school or neighborhood interactions. Although guidelines for MST are documented in a manual, treatment mostly follows an overarching theoretical framework based on incorporating relevant problem-focused treatments. MST is delivered by a team of master's-level therapists and a master's- or doctoral-level supervisor that provides around-the-clock availability to the youth and family. Direct program delivery usually consists of about 60 hours of therapy spread over three to six months.

MST has been evaluated with a number of youth populations, including youth with parents who were implicated in a Child Protective Services report of physical abuse and youth involved in the juvenile justice system. Overall, evaluations of MST indicate that it improves functioning in a school or work environment, improves family functioning, and reduces parental neglect (Timmons et al. 2006; Henggeler and Sheidow 2003). One study also indicated that MST reduced the likelihood of an out-of-home placement and decreased the number of placement changes youth experienced (Swenson et al.

2010). Studies show mixed results for improving delinquency, youth mental health, and youth substance use (Littell, Popa, and Forsythe 2005; Timmons et al. 2006; Henggeler and Sheidow 2012; Swenson et al. 2010).

Treatment Foster Care Oregon

Reconnection

Treatment Foster Care Oregon (TFCO), formerly known as Multidimensional Treatment Foster Care, is an intensive system of treatment for children and adolescents in foster care delivered by trained therapists, foster parents, biological family members, and case managers. Therapists deliver individual and family therapy components and foster parents work to provide a supportive, supervising environment for youth. Foster parents complete daily reports on negative and positive youth behavior. School staff members also provide reports on behavior at school.

Typically, youth are placed in a TFCO foster home for six to nine months. Although reunification can be a goal of TFCO, it is primarily a therapy system for youth who are in out-of-home placement but do not require secure settings, such as youth mandated to out-of-home care because of chronic delinquency. Evaluations of TFCO indicate that it reduces youth pregnancy, delinquency, and substance use and improves parents' family management skills (Chamberlain, Leve, and DeGarmo 2007; Kerr, Leve, and Chamberlain 2009; Rhoades et al. 2014; Eddy and Chamberlain 2000). No effects on mental health, school attendance, or school exclusions (long-term suspensions) have been found (Green et al. 2014).

Support to Reunite, Involve, and Value Each Other

Reconnection

Support to Reunite, Involve, and Value Each Other (STRIVE) is a family therapy intervention for newly homeless youth and their families delivered through five weekly sessions. Families select the setting for the intervention—usually the home—which is delivered by trained facilitators. Each session introduces new skills and builds on content introduced earlier in the program, and session content is based on cognitive-behavioral theories. Ultimately, STRIVE aims to improve family functioning and build family conflict-resolution skills; it frames runaway episodes as ineffective attempts at resolving conflicts in the family. Results from an RCT of STRIVE delivered to newly homeless youth and their families in Los Angeles and San Bernardino counties, California, indicate that the program reduced delinquent behavior, the number of recent sexual partners participants had, and frequency of alcohol and hard drug use (Milburn et al. 2012). STRIVE participants increased their marijuana use following the program, although that may have been a substitute for harder substances.

Promising Interventions

Adolescent Community Reinforcement Approach

Prevention

The Adolescent Community Reinforcement Approach (A-CRA) is a 14-session clinic-based therapeutic intervention for adolescents with substance-related disorders and their caregivers. Treatment in A-CRA is highly individualized and based on a baseline functional analysis of the adolescent's behavior and his or her personal environment and support system. A-CRA aims for positive behavior change in both the adolescent (ceasing substance use, engaging in more positive social activity and positive peer relationships, and improving relationships with family) and caregivers (participating in the A-CRA process, promoting their child's abstinence from using substances, and using more positive parenting practices). The 14 therapy sessions, usually delivered weekly, include 10 with the adolescent alone, 2 with caregivers, and 2 with both parties. Therapists also act in a limited case management role, contacting community resources if needed and advocating for the adolescent in settings such as school or the probation department (Godley et al. 2001). Program developers recommend that A-CRA

therapists have five years of experience in counseling or a master's degree in a counseling-related field as well as experience working with adolescents or treating substance abuse.

Results from an RCT evaluating A-CRA indicate that the intervention reduced adolescents' substance use problems a year after the beginning of the study (Dennis et al. 2014). Another study examined differences in substance use outcomes among adolescents and emerging adults (ages 18 to 25) in outpatient treatment, with results indicating that A-CRA may be more effective for adolescents. More adolescents achieved abstinence and early remission from substance use, and emerging adults tended to increase their alcohol consumption from baseline to follow-up whereas that outcome was static for youth (Smith et al. 2011).

Brief Strategic Family Therapy

Prevention

Brief Strategic Family Therapy (BSFT) addresses adolescent substance use and behavior problems by focusing on problematic family interactions. This intervention uses three primary strategies:

- "Joining," during which the therapist fosters relationships with the family members;

- "Family Pattern Diagnosis," which involves identifying the interactive patterns that are leading to negative results, such as behavior problems and engagement issues; and

- "Restructuring," which uses various strategies to modify negative family interactions.

The duration of the intervention varies based on the family's needs and is delivered in 8 to 24 weekly one-hour sessions over four months.

BSFT is typically delivered in clinical or home settings by trained therapists supervised by an expert clinician. This intervention has been evaluated with a sample composed primarily of adolescents referred to the program from the juvenile justice system. BSFT has been found to reduce peer-based delinquency, conduct problems, and substance use and to improve family functioning (Robbins et al. 2011; Santisteban et al. 2003), although it has not been found to reduce anxiety withdrawal (Coatsworth 2001).

Contingency Management—Family Engagement

Prevention

Contingency Management—Family Engagement (CM-FAM), for juvenile drug offenders, involves parents and caregivers in a system of rewards and disincentives tied to drug test results, called a contingency management plan. Based on an assessment of the youth's substance use, the therapist and caregivers work to build his or her self-management and drug refusal skills. Later, the youth and caregivers develop a contingency contract where points earned during weeks of abstinence can be redeemed for rewards such as privileges and financial incentives (in the form of gift cards). Youth lose points for failed drug tests, disincentivizing drug use.

In a study examining CM-FAM with a sample of youth adjudicated in a juvenile drug court, the intervention lasted for four months on average (Henggeler et al. 2012). The study found that youth assigned to CM-FAM decreased their delinquency while youth in the usual service condition increased their delinquency. There were mixed findings for marijuana use: while youth in the CM-FAM group were less likely to test positive on a urine drug screen, youth self-report of marijuana use did not reveal any differences between groups.

HIV Outreach for Parents and Early Adolescents Family Program

Prevention

The HIV Outreach for Parents and Early Adolescents (HOPE) Family Program is a preventive, shelter-based intervention designed to decrease youth risk-taking behaviors related to HIV infection and mental health. HOPE Family is a more intensive version of the HOPE Health Educational Program, which provides informational sessions pertaining to prevention of HIV/AIDS and sexually transmitted infections, the effects of illicit substance use, and normative adolescent changes during three segregated group sessions for caregivers and youth of two hours each.

HOPE Family consists of eight weekly segregated and joint sessions of one hour each. The intervention focuses on family strengthening and seeks to improve communication and parenting skills. Separate sessions provide participants with opportunities to discuss issues with their peers before discussing them jointly. HOPE Family was evaluated in New York City with families in urban family homeless shelters and a comparison group of families receiving an HIV/AIDS-focused health education program. The study indicated that HOPE Family was more effective than the health education program in decreasing suicidal ideation among youth who had suicidal ideation at baseline (Lynn et al. 2014).

LifeSkills Training + Strengthening Families Program 10-14

Prevention

LifeSkills Training + Strengthening Families Program (LST + SFP10-14) is a combination of two interventions: LifeSkills Training (LST) and Strengthening Families Program: For Parents and Youth Age 10–14 (SFP10-14). SFP10-14 consists of seven weekly sessions and aims to reduce substance use and problem behaviors in youth and build parenting skills. Each two-hour SFP10-14 session begins with separate and simultaneous hour-long skill-building sessions for parents and youth and ends with an hour for families to practice their new skills together. LST is a 15-class skill-training program that can be implemented in a classroom setting by teachers and also encourages substance avoidance. As evaluated by Spoth et al. (2002), both components of LST + SFP10-14 incorporated booster sessions in the year following the end of the program. Compared with youth in the LST-only group, youth in the LST + SFP10-14 group were found to begin consuming alcohol at a lower rate. However, differences in initiation of other substances were not significant.

Multifamily Educational Intervention

Prevention

Multifamily Educational Intervention (MEI) is a group-based family treatment intervention aiming to reduce adolescent substance use and improve individual and family functioning. MEI incorporates group discussions, presentations, skill-building exercises, homework, handouts, and family problem-solving. Each of MEI's nine 90-minute sessions, facilitated by an experienced master's- or doctoral-level therapist, covers a different topic related to family functioning and adolescent development. During some activities (e.g., group discussions and skill-building exercises) a subset of participants (just parents or just adolescents) contributes while the others listen. In an emergency, families or therapists can request an individual crisis session.

MEI has been evaluated with a sample of youth and families referred from the juvenile justice system, schools, or other agencies. An evaluation comparing MEI to MDFT and an adolescent group therapy condition found that youth in the MEI condition did not reduce their drug use and acting out behaviors any faster than youth assigned to the other two conditions (and, for drug use, slower than youth in the MDFT condition)(Liddle et al. 2001). The evaluation also indicated MEI was less effective than MDFT at improving grades in school and had no effect on family functioning.

Parenting Adolescents Wisely

Prevention

Parenting Adolescents Wisely (PAW) was designed to improve the parenting behaviors of adults with young adolescent children. Segal et al. (2003) assessed two different versions of the program: a noninteractive, video version and an interactive, multimedia-based version. Each uses 26 brief scenes depicting negative interactions between parents and children and their potential solutions followed by on-screen critiques of the interaction. The multimedia version of PAW also includes an on-screen quiz. Situations portrayed in PAW include child noncompliance with parent requests, fighting with siblings, or negative peer associations. PAW can be delivered in a community setting and, on average, takes two and a half hours to complete. An evaluation of PAW found that parents recruited from outpatient mental health clinics with a child between the ages of 11 and 18 with demonstrated negative behaviors increased their parenting skills from pre-test to post-test (in some domains of parenting). Improvements in child behavior were also noted.

On the Way Home

Reconnection

On the Way Home (OTWH) is a transition program for boys recently discharged from a continuum of out-of-home placement settings composed of three integrated interventions: Check & Connect, Common Sense Parenting (for family engagement), and homework support (for academic engagement).

Check & Connect is a school-based mentoring program that aims to build engagement in school and prevent dropout. Common Sense Parenting is a small-group parent training program with the objective of building skills to improve family functioning. In the homework intervention, staff, youth, and families develop strategies for completing and monitoring homework. A family consultant provides individualized direct-care services to participating youth and their families and liaises between the home, school, and other agencies to identify and address problem behaviors as they arise. Initial contact for OTWH participation begins about ten weeks before youth leave their out-of-home placement, and services last for about a year, including discharge planning, with about two hours of direct contact between the consultant and the family in each week of the program. An RCT evaluating OTWH found that youth in the OTWH condition were more likely to have graduated from high school or still be attending school than youth in the control condition. OTWH youth also were more likely to remain in a home or community setting rather than return to out-of-home care or to jail (Trout et al. 2012).

Together Facing the Challenge

Reconnection

Together Facing the Challenge (TFC) is an intense treatment foster care intervention with a focus on supervision and support of foster parents and addressing problem behaviors with a proactive, teaching-oriented approach. To accomplish this, TFC includes a two-day training session for supervisors and 12 to 15 hours of specialized training for foster parents spread across six weeks. Both parents and supervisors participate in follow-up consultations and booster sessions. Topics for parent trainings include building relationships with youth, teaching cooperation, setting expectations, parenting tools that can be used to enhance cooperation, implementing effective consequences, helping prepare youth for their future, and self-care. Other program components are similar to standard treatment foster care, including care coordination and case management, using foster parents as drivers of change in youth, working with biological families, and taking a team-oriented approach to treatment. TFC staff generally hold bachelor's degrees and are supervised by master's-level administrators. An evaluation of TFC found that youth made improvements in problem behaviors at 6 months post-intervention, though differences between the intervention and comparison groups remained significant at 12 months for only one measure of problem behaviors (Farmer et al. 2010).

YVLifeSet

Reconnection

YVLifeSet, formerly the Youth Villages Transitional Living Program, is a comprehensive case management, counseling, and support intervention that aims to prepare older youth for adult life. It does not, however, provide housing supports. Participants have left juvenile justice custody or are on the verge of aging out of the child welfare system and receive individualized services for about nine months. Services include formal weekly meetings with specialized case managers (called TL Specialists). Participants also have access to TL Specialists via phone, text message, or e-mail throughout the week.

YVLifeSet incorporates a number of different interventions depending on youth needs. For example, youth with a history of trauma may undergo trauma-focused cognitive behavioral therapy. In an effort to build connections with family members, YVLifeSet also provides family-locating services and facilitates meetings between the youth and his or her family. Youth learn necessary life skills, and TL Specialists accompany them on productive and action-oriented activities, such as trips to set up a bank account. TL Specialists hold bachelor's or master's degrees and are supervised by clinical consultants who approve the approaches taken with each youth. An evaluation of YVLifeSet effects found increased likelihood of youth having graduated, being in the workforce, or still being in school; reduced likelihood of experiencing homelessness or couchsurfing; boosted earnings; and improved mental health (Valentine, Skemer, and Courtney 2015). However, no effects were found related to criminal involvement, substance use, condom use, or likelihood of being robbed or assaulted.

Emerging Interventions

Emerging interventions have some evidence of effectiveness but lack rigorous evaluations (e.g., they were evaluated in a single quasi-experimental study or pre-post study without a comparison group) or have inconsistent results across more rigorous evaluations. This review identified 16 emerging interventions, all of which focused on either prevention or reunification strategies:

Connections

Prevention

Connections is a community-based wraparound program for youth involved in the juvenile justice system focusing on connecting youth and their families to the supports and resources they need. To receive Connections services, youth must have six or more months of probation remaining, have a diagnosed or diagnosable behavioral health disorder, receive services from at least one other system besides juvenile justice, and be at a moderate or high risk of reoffending. A team of several professionals—a care coordinator, family assistance specialist, probation counselor, and juvenile services associate—provide various services to youth and families participating in the program. Components of the program include team meetings, emotional and practical support, assistance preparing for court proceedings, supervising court orders, mentoring, and counseling. The care coordinator can also make referrals to additional services as needed. Several staff members are available around the clock, and all staff members receive a three-day training before implementing the program.

Family Group Decision Making

Prevention

Family Group Decision Making (FGDM) consists of a series of meetings involving children and youth in out-of-home placements, their families, other supportive adults, and child welfare professionals. During the first meeting, child welfare workers brief the child, family, and other adults on their welfare concerns. Child welfare staff then leave to let the group develop a plan for placement. If all parties are

able to agree on a plan, a FGDM staff member (the Family Advocate) works to connect families to community resources to support the placement. If they are not able to come to an agreement, the child is placed in foster care and the Family Advocate schedules quarterly family meetings with the continued goal of family placement.

Family Solutions Program

Prevention

The Family Solutions Program (FSP) is a manualized multiple-family group intervention consisting of 10 two-hour sessions. The intervention addresses developmental and family challenges, including parenting skills, conflict resolution, and partnerships between the school and the home. Prosocial activities such as volunteerism are also discussed. Group leaders, staff with college degrees in a human services or social science discipline, run the sessions while group facilitators assist them. The program ends with a potluck celebration, and youth participants receive positive cards and small gifts. FSP was studied with a sample of first-time juvenile offenders and their families.

Intensive In-Home Family Treatment

Prevention

A family preservation program known as Intensive In-Home Family Treatment (IFT) seeks to reduce the frequency of out-of-home placements for at-risk youth that may be experiencing abuse or neglect. After an IFT Specialist receives a hotline call about a potential family, and before the family participates voluntarily, each family is screened face to face to determine if it would be a good fit for the program and that the intervention would be a safe alternative to placing the child out of the home. This intervention consists of four to six weeks of intensive, face-to-face therapy sessions in the home. These sessions target specific incidents of abuse or neglect. While working in the home, therapists are

instructed to carefully observe the interactions of the family. Families are referred to additional support services and resources as needed at the conclusion of the intervention.

Lead with Love

Prevention

Lead with Love is a brief film-based intervention for parents of lesbian, gay, and bisexual adolescents, particularly targeted to parents who are not yet completely accepting of their child's sexual orientation. The film aims to reduce the number of rejecting behaviors parents engage in and increase positive family interaction. Lead with Love is a documentary film available to view for free online, and researchers used a media and social networking campaign to raise awareness about the film. Lead with Love incorporates testimonials from parents and grandparents of lesbian, gay, and bisexual children, discussing their initial reaction to their children's coming out and how rejection can affect a child. It also provides brief behavioral recommendations for parents and portrays the film's subjects as behavioral models.

Let's Talk: Runaway Prevention Curriculum

Prevention

Let's Talk: Runaway Prevention Curriculum is a 14-module curriculum for youth promoting the US Department of Health and Human Services Substance Abuse and Mental Health Services Administration's six key principles of trauma-informed care:

1. safety
2. trustworthiness and transparency
3. peer support
4. collaboration and mutuality
5. empowerment, voice, and choice
6. cultural, historical, and gender issues

Modules focus on various life and relationship skills such as communication, anger management, stress reduction, community responsibility, using community resources, goal-setting, and considering consequences of running away and substance use. This curriculum has been piloted and implemented in various school-based, community-based, and faith-based settings in parts of Illinois and Northwest Indiana and is available to communities throughout the country. There is also a Spanish-language version developed and adapted by a team representing several Latino cultures.

Minority Youth and Families Initiative

Prevention

The Minority Youth and Families Initiative (MYFI) aims to increase child welfare workers' cultural competence in providing services to minority youth and families and to prevent at-risk minority families from becoming involved in the child welfare system. It has been implemented in two counties in Iowa, with one county focusing on providing services to Native American children and families and the other on African American families. Both initiatives focus on providing culturally competent services as well as family intervention for on risk factors affecting involvement in the child welfare system, including family management, substance abuse, and social supports. The initiative focusing on Native American children and families also involves tribal liaisons with at-risk families and an emphasis on increasing the availability of Native American foster homes, the likelihood of placement with relatives, and informal supports in the community. Both initiatives include a race-matching component, where the staff member working with a family belongs to the same race and ethnic group.

Multisystemic Therapy—Emerging Adults

Prevention

Multisystemic Therapy—Emerging Adults (MST-EA) is an adaptation of Multisystemic Therapy specifically targeted toward older, justice-involved youth ages 17 to 21 classified as emerging adults (or EAs) who are at a high risk of recidivism. The intervention is particularly designed for youth who have been diagnosed with a serious mental illness. The goal of MST-EA is to improve mental health and increase community involvement. Participating youth work with therapists and coaches. Therapists maintain frequent contact and deliver intensive counseling interventions to youth while coaches serve as mentors and engage them in prosocial and skill-building activities such as money management or vocational preparation. Coaches also deliver a weekly curriculum focused on various life skills. Therapists help youth identify and make use of a network of supportive and positive peers and adults. While this network is not required to involve a family member or caregiver, involvement of family or caregivers is strongly recommended when appropriate. On average, MST-EA services last about seven months, with at least four hours of direct contact per week.

Parents' Turn

Prevention

Parents' Turn focuses on skill-building by helping parents learn to decrease their anger and instead focus on promoting healthy teen development.[15] Parents' Turn was developed by Huckleberry Youth in San Francisco and consists of six weeks of parenting skills training, which includes sessions on discipline and parental communication. Therapists providing these services offer both individual and family therapy during three- to six-day short-term shelter stays. Huckleberry Youth facilitates the Parents' Turn intervention and family therapy through the Crisis Shelter Program and serves youth from age 11 to 17.

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[15] "Huckleberry House – San Francisco," Huckleberry Youth Programs, accessed May 26, 2014,

Project SAFE

Prevention

Project SAFE is a preventive intervention offered by the nonprofit organization Cocoon House designed to improve family functioning and prevent homelessness among youth. One of the services offered is phone consultation: parents and caregivers call Cocoon House and are scheduled for a 90-minute phone consultation with a master's-level therapist. Both English- and Spanish-language services are offered. Parents and caregivers discuss their relationship with the youth and develop an action plan to enhance family management, parenting skills, and family communication. During a follow-up call two weeks later, the therapist reviews the action plan with the parent or caregiver and provides support as needed.

Parents and caregivers can also attend standalone or three-week parenting classes and weekly support groups. These support groups are facilitated by a counselor and focus on parenting efficacy and connecting with the youth in their care. Outreach activities for this program occur in various community settings, including schools, juvenile detention centers, and human services agencies. Cocoon House also offers services specific to the needs of Hispanic/Latino families and seminars for youth and caregivers that focus on communication and decisionmaking skills.

Queer Sex Ed

Prevention

Queer Sex Ed (QSE) is an online sexual health curriculum for LGBTQ youth with the aim of improving sexual health behaviors by increasing youth's sexual health knowledge and building their motivation to act in a healthy way. The multimedia curriculum, guided by anthropomorphic avatars, consists of an introductory module and five educational modules exploring sexual orientation and gender identity, sexuality education, healthy relationships, safer sex, and sexual health improvement goals. Each module ends with a quiz to help reinforce the lessons learned. While this intervention does not include a family engagement component, some modules address the process of disclosing one's sexual orientation, including disclosure to parents and other family members.

Runaway Intervention Program

Reunification

The Runaway Intervention Program (RIP) is a strengths-based intervention in St. Paul, Minnesota, designed to reduce runaway events among young adolescent girls who have experienced sexual abuse. The intervention also seeks to enhance school engagement; increase participation in positive activities; reduce risk behaviors; and improve family relationships, coping behaviors, and health decision making. Advanced Practice Nurses provide services on an individual basis for 12 months, beginning with four home visits in the first month and tapering off gradually. An initial healthcare evaluation gathers information about the runaway event and other relevant information, such as family health, social history, and abuse in and outside the family. Subsequent services provide healthcare, health education, case management, and life-skills training. Teens also have the option to attend weekly empowerment groups facilitated by licensed psychotherapists.

System-of-Care Principles

Prevention

The System-of-Care (SOC) approach offers various coordinated services to emotionally disturbed youth. SOC emphasizes collaboration between various agencies in youth-serving sectors, such as mental health, education, juvenile justice, and child welfare, to provide the services needed. Guiding principles of the SOC approach include interagency collaboration, individualized strengths-based care, cultural competence, family and youth involvement, community-based services, and accountability. Services provided through the SOC approach are delivered in the least restrictive setting possible.

Team Decision Making

Prevention

Team Decision Making (TDM) aims to make immediate placement decisions for children involved in the child welfare system through meetings with child welfare staff, members of the community, and the

child's family. All three groups—staff, family, and community members—review proposed removals or placement changes and aim to make the best decision for the child. Ideally, the TDM process begins when children enter foster care and takes place for every placement-related decision the child encounters. TDM has been widely implemented in several state child welfare systems.

Tools for Positive Behavior Change

Reunification

Tools for Positive Behavior Change is a parent-training intervention for biological or foster parents. Foster parents may choose to participate in the program beyond their standard training; biological parents are referred by a child welfare caseworker for family preservation, by court order, as part of the family reunification process, or because of an open case. The curriculum, which consists of five three-hour classes and several in-home observations, focuses on seven different tools, such as using contracts, using reinforcement, and avoiding coercion. Classes employ several teaching methods, including PowerPoint presentations, workbooks, and role-playing. During role-play, trainers deliver feedback until the parent demonstrates mastery of the skill. Home observations are used to assess parents' skills in a real-world context with their own children. This intervention is delivered by a single master's-level behavior analyst with the option of a small team of master's students providing support.

Transitioning Youth to Families

Reunification

Transitioning Youth to Families (TYTF) is a multicomponent intervention for youth in group care that aims to support and smooth the youth's transition into family placement, whether biological or foster family. TYTF brings together professionals from multiple systems (e.g., child welfare, education, and juvenile justice), beginning with a planning meeting by an administrative review team. In this meeting, the team discusses the barriers preventing the youth from entering a family placement and develops a plan to overcome identified barriers. The meeting, held at the local child welfare agency, typically lasts about 20 minutes. Professionals working with the youth, such as case managers, therapists, or court-

appointed special advocates, then meet with family members and supportive adults to implement the plan. The key principles of TYTF include prioritizing placement with nuclear or extended family, focusing on family strengths, and documenting family resources.

Interventions of Interest

Interventions of interest meet the inclusion criteria for this review but have not been evaluated with pre-post comparison studies or rigorous evaluation methods. Thirteen interventions of interest were identified across all three intervention types:

A-OKAY

Prevention

Adopting Older Kids and Youth (A-OKAY) is a parent-training program focusing on preparing foster families for the placement of a teen in their home. A-OKAY consists of ten three-hour classes delivered on a rotating basis; parents can attend the classes in any order to provide flexibility for prospective families. Ultimately, A-OKAY aims to get families licensed as well as a teen placed in the home. The classes include panels by experienced parents and youth in care or formerly in care, workshops on adolescent development, and lessons on understanding negative teen behaviors. A-OKAY was implemented by a foster care agency and is delivered in a community setting in New York City.

Comprehensive Relative Enhancement Support and Training Project

Prevention

The Comprehensive Relative Enhancement Support and Training Project (CREST) is a training, case management, and financial assistance program for kinship caregivers of youth in the child welfare system. Through these services, CREST aims to support child safety, well-being, and placement permanency. Eight hours of training are offered on a quarterly basis and cover such topics as stress management, self-esteem, drug addiction, sexual abuse, community resources, discipline, and Child Protective Services processes. Case management services can include referral, securing other social

services, crisis management, and emotional support. Financial assistance is limited to small stipends for needed services, such as transportation or medical care, and in-kind assistance from local agencies.

Eva's Initiative Family Reconnection Program

Reconnection

Eva's Initiative Family Reconnect Program (Family Reconnect) in Toronto, Canada, is a case management and counseling program for youth residing in a homeless shelter or youth at risk of leaving home. The program aims to reengage youth with their families and community. Counselors conduct individual and family sessions and provide mental health supports and referrals to youth. Program staff are supported by clinical consultants who perform some assessments and supervise counselors. Family counseling sessions focus on improving communication and goal-setting. Youth residing at the shelter also participate in weekly group sessions with other residents.

Family Acceptance Project

Prevention

The Family Acceptance Project (FAP) is a research-based intervention initiative that aims to promote well-being and prevent negative health and mental health outcomes such as suicide, substance abuse, HIV infection, removal from the home, and homelessness among LGBT children and adolescents.[16] This family-level intervention takes a system-of-care approach employing direct interventions with families, LGBT children, adolescents, and transition-age youth, as well as cross-system training for families, providers, and religious leaders on FAP's family support approach. FAP's intervention strategies, which are currently being evaluated, include risk screening, family self-assessment, psychoeducation, skill building, counseling, and peer support provided in a culturally appropriate context. FAP uses

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[16] "Overview," Family Acceptance Project, accessed April 25, 2016,

multicultural, research-based educational materials such as guidebooks and videos, many of which are available on their website.

FAP's intervention approach was designed to be implemented on a continuum that ranges from prevention and early intervention to helping reconnect youth and families and foster permanency after a disruption. FAP practices are grounded in participatory research conducted with LGBT adolescents, transition-age youth, their families, and service providers. Components of FAP's model have been implemented in a range of settings, including with youth experiencing and at risk of homelessness.

Family Reunification of Youth in Foster Care with Complex Mental Health Needs
Reunification

Family Reunification of Youth in Foster Care with Complex Mental Health Needs is a wraparound case management program that aims to help youth in the child welfare system successfully transition from a therapeutic group care or residential treatment setting to a placement in the home and community. Screen and planning services begin three or four months before reunification. Case managers work with families to develop individualized plans for transition that include increased contact with the family and family therapy. Case managers arrange for additional supports and services—mentoring, parent coaching, or home-based therapy—based on the youth's needs and can draw on a flexible funding pool to address basic needs such as rent or clothing. Services continue for up to 15 months following reunification.

Family Team Meetings (DC Child and Family Services Agency)
Prevention

Family Team Meetings (FTM) are meetings between immediate and extended family members, family supports, professional partners, and trained facilitators in which participants develop plans for safe child permanency for children removed from the home. FTMs take place after a child is removed from

the home but before a court hearing. A written agreement developed during an FTM is presented during the hearing and used to coordinate referral to other services if the court agrees to the plan. TMs are guided by eight principles: a family inclusive philosophy, strength- and need-based planning, ongoing assessment and planning, multisystemic intervention, cultural and community responsiveness, brief strategic solution-focused intervention, and organizational competence.

Gender and Sexuality Development Program

Prevention

The Gender and Sexuality Development Program is a therapeutic group intervention for parents of transgender adolescents. Before participating in group sessions, which are discussion based and minimally structured, the parent and their child attend an initial assessment session in which they discuss potential transition processes with a program staff member. Additionally, clinical assessments are conducted to determine if the youth would benefit from other services.

Home Free

Reunification

Home Free is an over-the-phone reunification intervention for runaway youth and their parents. Service begins when youth call the program's phone lines and express their desire to return home. Trained volunteers and paid supervising staff take a trauma-informed and solution-focused approach to build rapport with youth, explore options, and figure out next steps. Home Free workers then mediate a conference call between parents and youth, first establishing ground rules and encouraging participants to have a productive discussion, to talk about the issues that led to the runaway episode and how things should change in the future. If successful, Home Free workers purchase a bus ticket for youth and provide ongoing assistance, such as helping youth navigate their travel itineraries. Following reunification, workers refer families to local resources including therapy, drug treatment, or alternative schooling and get feedback on the services provided. Home Free, which was first developed in 1995, is managed by the National Runaway Safeline.

Jumpstart

Reconnection

Jumpstart is a family therapy and case management intervention for children and families involved in the child welfare system. "Systems facilitators" carry out the case management component of the intervention, bringing together stakeholders to agree on goals, address barriers, and identify resources to help fast-track children out of foster care. Meanwhile, doctorate-level therapists conduct weekly family therapy sessions following brief therapy principles with a solutions-focused approach.

Recognize Intervene Support Empower

Prevention

The Recognize Intervene Support Empower (RISE) initiative is a set of wraparound and family engagement services for LGBTQ youth in long-term foster care intended to improve permanency outcomes for participants. For a youth participant, RISE concludes when a permanency resource is identified, a transition plan developed, the family makes a commitment to supporting their LGBTQ child, and the youth graduates from the program.

RISE consists of two components: the Outreach and Relationship Building (ORB) program and the Care Coordination Team (CCT). ORB is a training program for foster care professionals (e.g., caseworkers and therapists) focused on building competency in serving LGBTQ youth. The CCT is made up of several individuals: the Facilitator, who develops a plan of care to help youth and their families understand their LGBTQ identify; the Youth Specialist, who builds relationships with youth following a positive youth development model; the Family Finder, who identifies, locates, and engages adults to form part of a youth's natural support systems; and the Parent Partner, who motivates and educates adults to increase supportive behaviors and reduce rejecting behaviors. The CCT also interacts with formal supports (existing agencies and organizations that can provide additional support services) to complete the wraparound model.

Short Term Shelter Program

Reunification

The Short Term Shelter Program (STSP) is an adaptation of Treatment Foster Care Oregon (TFCO) for youth in short-term placements following involvement with the juvenile justice system. STSP seeks to expedite the return home and avoid placement in detention. Similar to TFCO, program staff, foster parents, and other adults in the youth's life develop, implement, and constantly reevaluate a behavior modification plan intended to encourage positive behaviors in the youth. At a certain point, the youth is allowed to make home visits and therapy with the biological family begins. A bachelor's-level skills trainer serves as a slightly older peer mentor and role model to help reintegrate the youth into the community and works with the youth for at least two hours per week. Service plans take cultural backgrounds into account to make sure services are respectful and relevant.

Siblings in Foster Care

Prevention

Siblings in Foster Care (SIBS-FC) is a 12-session curriculum for youth siblings living in foster care delivered by master's-level coaches. SIBS-FC can be implemented anywhere from a foster home to an office setting. Eight of the curriculum sessions deal with building necessary skills such as emotional regulation or obtaining support from an adult. The other four are community-based activities such as outings to a mall or amusement park intended to further develop social and self-regulatory skills. Youth also get the opportunity to practice skills with home-based activities that siblings complete together, and caregivers monitor the number of relevant prosocial skills the youth make use of during the activity. If youth are placed in different homes, home activities can be completed over the phone or during a home visit. Coaches maintain weekly contact with caregivers to answer questions and ensure that youth complete their home activities.

STEP-TEEN

Prevention

Systematic Training for Effective Parenting of Teens (STEP-TEEN) is a group-based parent-training intervention of seven or more sessions that incorporates activities such as role-playing, group discussion, videotapes, and didactic instruction. The major topics STEP-TEEN covers are helping parents understand teens, parent-child communication and cooperation, problem-solving, and building responsibility. STEP-TEEN is delivered by experienced master's-level therapists in a community setting and has been evaluated with populations including parents with substantiated child abuse cases.

Strengths First

Prevention

Strengths First is a one-on-one intervention, delivered by a case manager, for LGBTQ youth, that aims to help youth solve problems and improve their overall functioning. In the "Assess" component (session one), the case manager administers a psychosocial assessment to the youth to gain background information and assess risks and strengths across multiple facets of the youth's life, including the youth himself, his family, his school, and his community. In the "Plan" component (session two), the case manager and youth identify two or three goals and related activities for achieving those goals. In the "Link" component, the case manager helps link the youth to relevant services. The "Monitor" component is carried out in subsequent meetings where the case manager checks in on the youth's progress on their plans and makes adjustments if needed. For the "Advocate" component, the case manager engages the youth and others, such as school staff and family members, in supporting the completion of the youth's plan.

Tennessee Voices for Children's Family Connection Program

Prevention

Tennessee Voices for Children's Family Connection Program is a wraparound, team-based intervention to prevent children and youth from being removed from their homes and placed in a more restrictive setting. A child and family team—made up of the child and their family, a behavioral specialist, a family

support provider, and individuals from other systems—develop an individualized service plan including behavioral interventions, advocacy, education, parenting skills training, and/or mentoring. The behavioral specialist, a master's-level professional, provides in-home support to the child and family which may include family conflict mediation. The family support specialist, recruited from the community, provides natural support and advocacy for the child and family and works to build their connections to the community. As a means of empowerment, families participating in the program select the members of their child and family team.

Waltham House LGBTQ Training

Prevention

The Waltham House LGBTQ Training initiative seeks to enhance the ability of individuals working in the child welfare system to provide services to LGBTQ youth. Statewide managers receive four hours of training, and staff members from child welfare offices receive two and a half hours. Three hours of additional training are provided for staff who volunteer to be LGBTQ liaisons, resources within child welfare agencies providing guidance related to serving LGBTQ youth and their families. The child welfare staff training aims to ensure practitioners recognize, value, and engage LGBTQ youth; build staff skills and understanding related to the emotional challenges facing LGBTQ youth; train staff to promote resiliency in LGBTQ youth; and equip staff with the knowledge and skill needed to make the best placement decisions and clinical assessments. The hands-on training includes lectures, group discussions, activities, and videos. The statewide manager trainings also include two testimonies from LGBTQ youth speakers regarding growing up in state custody.

Waterbury Educational Stability Initiative

Prevention

The Waterbury Educational Stability Initiative aims to build greater connections between the child welfare and education systems to improve the educational stability of youth involved with child welfare. The initiative provides training on trauma-informed practices to stakeholders (school counselors, school resource officers, foster parents, and child welfare professionals) in both systems. The training

follows the Child Welfare Trauma Training Toolkit (available from The National Child Traumatic Stress Network) and is conducted via small-group, in-person sessions.

Interventions with Mixed Findings

Interventions with mixed findings meet the inclusion criteria for this review but had conflicting findings within or across studies (e.g., an RCT evaluation indicated null effects but a less rigorous evaluation indicated positive effects, or the intervention was effective on some outcomes but showed little effectiveness for outcomes of interest). The review identified five interventions with mixed findings. Although not included in our classifications, these studies were used to develop the implementation lessons.

Appendix D. Outcomes by Level of Evidence and Intervention Type

TABLE D.1

Outcomes by Level of Evidence

	Evidence-based (n=2)	Evidence-informed (n=4)	Promising (n=10)	Emerging (n=16)	Total
Youth outcomes					
Delinquency	1	4	3	4	**12**
Substance abuse	2	3	5	2	**12**
Family functioning	2	3	2	4	**11**
Mental health	1	2	6	2	**11**
Placement stability	0	1	1	5	**7**
Educational	0	2	2	2	**6**
Health	0	2	1	2	**5**
Housing status	0	0	1	3	**4**
Employment	0	1	1	1	**3**
School dropout	0	2	0	1	**3**
Life skills	0	0	0	2	**2**
Parent outcomes					
Parenting skills	0	2	1	2	**5**
Parent mental health	0	1	0	0	**1**
Parent substance abuse	0	0	0	0	**0**

Note: Does not include interventions from the "of interest" category as only five studies provided information on outcomes.

Outcomes by Intervention Type

	Prevention	Reconnection	Reunification	Total
Youth outcomes				
Delinquency	8	4	0	**12**
Family functioning	7	4	1	**12**
Mental health	7	4	1	**12**
Substance abuse	8	3	1	**12**
Placement stability	5	1	2	**8**
Educational	3	2	1	**6**
Health	1	3	1	**5**
Housing status	2	2	1	**5**
Employment	2	1	0	**3**
School dropout	1	1	1	**3**
Life skills	2	0	0	**2**
Parent outcomes				
Parenting skills	4	1	0	**5**
Parent mental health	1	0	0	**1**
Parent substance abuse	0	0	0	**0**

Note: Includes all evidence-based, evidence-informed, promising, emerging, and of interest interventions classified. Not all interventions had reported outcomes.

TABLE D.3

Outcomes by Intervention Sector

	Runaway and homeless youth	Child welfare	Juvenile justice
Youth outcomes			
Delinquency	3	4	13
Family functioning	5	5	7
Mental health	5	8	8
Substance abuse	4	4	11
Placement stability	0	10	2
Educational	2	5	6
Health	2	2	2
Housing status	2	3	2
Employment	0	3	3
School dropout	1	2	2
Life skills	1	0	1
Parent outcomes			
Parenting skills	1	3	2
Parent mental health	0	1	1
Parent substance abuse	0	0	1

Note: The three sectors presented in this table—runaway and homeless youth, child welfare, and juvenile justice—were the most common sectors in which studies we reviewed had been tested. Some interventions were implemented and evaluated in multiple sectors and are counted in every relevant column. Others were not formally attached to a sector and are not represented in this table.

"This course was developed from the public domain document: Family Interventions for Youth Experiencing or at Risk of Homelessness - Urban Institute, Center on Labor, Human Services, and Population, Child Trends."