

Youth Homelessness Demonstration Program

COLLECTIVE IMPACT EVALUATION, YEAR-TO-DATE REPORT



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Introduction

The 2021-2022 Year-To-Date (YTD) Evaluation Report summarizes the work of the Youth Homelessness Demonstration Project (YHDP) collective (including YHDP funded partners and other system partners not funded by YHDP) to reduce youth homelessness through the coordinated community plan. The report identifies what was done, how well it was done, and who was better off because of these efforts between July 1, 2021, and March 31, 2022. To support continuous improvement of the collective, summaries of opportunities to improve service delivery and data tracking are also provided.

Methods

The data in this YTD report are derived from the following data sources: partners' internal client tracking, Community Shelter Board's client-level data, and Franklin County Court eviction records and focus groups with transition age youth (TAY) and service providers. A detailed description of the data sources is found in Appendix A.

Appendix A also identifies the evaluation questions as outlined in the YHDP Evaluation Framework; the data source(s) to answer the question; data limitations uncovered during quarterly reporting and subsequent action plans for overcoming limitations in future reporting. Although some evaluation questions cannot be fully answered due to data limitations, action plans are in place for collecting and reporting this information in future reports. Answers to evaluation questions are summarized in the sections below.

Collective Partners

During FY 2021-2022, eight partners were engaged in the YHDP collective providing services to transition-age youth (TAY) who were homeless or at imminent risk of becoming homeless. The list of partners and types of services provided to youth are summarized in Appendix A.

Summary of Year-to-Date Report

YHDP funded partners provided Measurement Resources Company with program and client level data reflecting key quality and impact outcomes of the coordinated entry system achieved for the July 1, 2021, to March 31, 2022, time period. Data showed that from the time a TAY completes an intake with a YHDP funded partner agency (CHN Marsh Brook and HFF/YMCA Transitional Housing or Rapid Rehousing), it takes an average of 124 days for that young person to move into community housing (n = 91). However, the majority of TAY begin receiving community referrals immediately (median = 0 days, or same-day referrals) to address their mental health, health, education, employment, mentorship, and life skills needs (M = 0.4 days; n = 128). Once exited from the coordinated system, 2.57% of those who have exited have an eviction on record in Franklin County within a year.

When reflecting on their experiences and interactions in the coordinated entry system during focus groups, TAY appreciate the friendly attitudes of providers, mental health and life skills services and the opportunities to get involved socially. However, in the qualitative data youth expressed clear feelings of self-blame, pride and independence, unhealthy relationships, distrust, frustration, feeling like a burden, and feeling overwhelmed. TAY also expressed the desire for better communication and greater consistency among staff and programs in terms of reinforcing program standards and expectations. Similarly, providers communicated an opportunity to build a stronger sense of shared philosophy of how to approach this work and a shared vision to improve engagement and reduce the risk of burnout.

Finally, since the beginning of this program year, partners have reported improvement in the collective behaviors, most noticeable in the areas of continuous communication, mutually reinforcing activities and backbone support. Results from this YTD report reinforce the opportunities to continue strengthening the collective impact approach through robust data collection and address the safety and service needs of TAY.

The following report presents the experiences of TAY and providers regarding the services delivered, the quality of services and impact of those services.

Services Provided and Youth Served In Transition-Age Youth Households

In the time period July 1, 2021, to March 31, 2022, there were there were 601 unique youth served across YHDP funded partners, representing 356 unique households. (Table 1).¹ Services provided among partners include outreach, referrals, and linkages to community services (e.g., counseling, enrollment in benefits, food pantry), intakes for housing, and successful linkages to housing (Table 2).

Table 1. Total Number of Transition-Age Youth Households Served			
	Partner	Program	YTD
YHDP Funded	CHN	Marsh Brook Permanent Supportive Housing	43
	Huck House	CARR Team Coordinated Entry	147
	HFF & YMCA	Transition to Home (TH)	38
	HFF & YMCA	Transition to Home (RRH)	86
	HFF	Rapid Rehousing	165
Non-YHDP Funded	Huck House	Emergency Shelter	195
	Huck House	Transitional Housing (TLP)	34
	Huck House	Transitional Housing (TLP RHY)	11
	HFF	Homelessness Prevention	41
Non-YHDP, Non-CSB Funded**	KYC	Drop-in Services and Housing (Youth served)	78
	CHF	Supportive Services (Youth served)	51***
	Star House	Drop-In Services (Youth served)	780
*HFF numbers are duplicated among Rapid Rehousing (RRH) and Joint Transitional Housing (TH); thus, TH numbers are encompassed in the RRH numbers. ** Non-YHDP, Non-CSB funded programs reported number of youth served, not number of youth households served. *** CHF data reflects only the first two reporting periods and likely underestimates the YTD total			

¹ Sum of the total unique households served by partner organizations will not add up to 356 due to duplicated households served across partner organizations.

Table 2. Total Services Provided to Transition-Age Youth Households, by Program Type

Program Type	Number of Youth Households Served
	YTD
Homelessness Prevention	221
Street Outreach	16
Emergency Shelter	541
Transitional Housing	82
Rapid Rehousing	287
Permanent Supportive Housing	119
TOTAL	1,062

TAY Perceptions of Services

The experiences of TAY provide insights into the services delivered during this reporting period. The discussion below reflects the perceptions of the TAY who participated in focus groups and their comprehensive experiences with the system.

Services or Resources Most Appreciated by TAY

In focus groups of TAY, participants were asked what services or resources are working well or are particularly helpful. The following themes emerged from those discussions:

Friendly Attitudes

“People genuinely care. They ask how you’re doing and sit down with you if you’re having a bad day. That’s all people need.”

“My mindset is very antisocial. Staff are helping me to open back up. It’s gotten easier to talk to people.”

“The staff is really supportive. They don’t make me feel ‘less than’ or crazy. They make me feel like they understand.”

“They make us feel important. Some people don’t have any family or people to depend on. I feel like I have some cousins out here.”

Mental Health Support

“The counselors have really helped me to understand how to do things better to manage my mental health. I had some ideas already, but they helped me learn little tricks and get better.”

Developing Life Skills

“I like the cooking classes. They teach me to cook without burning stuff.”

“I’m grown – time is not on my side. I have the supports to do that (grow up).”

“The independence that the program gives works really well for me. You’re independent but you have navigation through caseworkers, counselors, that sort of thing.”

“When I need resources, like food or hygiene stuff, they provide that.”

Opportunities to Get Involved

“I like the Residents’ Council Meeting where we talk about what’s going on around the building and different services or events you might want to see.”

“There’s a bulletin board out front to get connected to events.”

“I volunteered at the animal shelter to walk dogs, and it was nice to have something to do.”

“We have groups that are helpful, and youth night. I try to go to those.”

TAY Perceptions on Opportunities for Improving Services and Resources

When asked to identify two things to improve or change, TAY provided the following recommendations:

Mental Health

Youth mentioned frequent mental health issues among their peers and expressed interest in having “someone on call at all times to handle when someone needs major help (self-harm).” There is also a perception that some residents “do the bare minimum” to stay in housing, and perhaps addressing their mental health barriers first could improve engagement.

Improve Staff-Youth Relationships and Communication

Youth expressed that they wish their concerns were taken seriously; that staff were held accountable; and there was more efficiency in communication like scheduling meetings or making reports. Others also indicated that more initiative on the staff’s part in reaching out to clients for informal check-ins and relationship-building would also be welcome.

“I would have the staff reach out to me more. It’s hard to reach out first, especially if it’s something you regularly need help with. You start to feel like a burden.”

“Sometimes I don’t even want to know if the meeting’s still going to happen. She has to tell me, we’re still meeting at noon.”

Incentivized Social Opportunities

Youth stated that programming is lacking for youth aged 20 to 24, and it is difficult to make friends without a designated space to interact with other people. Others shared issues with communication but offered no alternatives, stating that posters, texts, and letters are all unsuccessful.

“I used to attend clubs all the time but not anymore. I don’t know anyone, or sometimes I feel like I shouldn’t go. A lot of times I don’t know what’s going on.”

“I’d like to see a variety in times. It tends to be the same times every couple of weeks.”

Participants suggested that incentives for participating in social events, like gas cards, could encourage more youth to attend. Food is not perceived to be a strong incentive.

Activities for Clients' Children

Among the youth who have children, there were requests for more programs and activities to socialize the kids in age-appropriate ways. Childcare was also mentioned as an opportunity to support youth.

Providing Levels of Care

Youth suggested that screening for housing programs should be increased, or more services offered to individuals with higher need.

“People in this building need a different kind of help. A lot of people move in and don’t like to be told anything and can’t follow simple rules.”

Planning for the Future

Youth expressed anxiety and concern over the future and their next steps after leaving housing. Investing more resources and attention into helping youth to develop plans for the future can not only address the short-time anxiety and its effects, but also reduce their chances of recidivism.

“More time would make sure things are going to be stable when I leave, for me and my baby.”

“There’s a lot of concern about what happens after this step. I’ve got two months and I’m not accepted for anything yet.”

“You don’t know what happens next.”

“I want more time, more information, and more flexibility.”

Career Development and Life Skills.

Youth also see the limitations of their current earning power or trajectory of their employment or careers.

“I wish we were taught more life skills. There are a lot of things my parents never helped me with, like how to find a job, or how to manage their finances, build credit, career options, things like that.”

“You’re always trying to figure out your next step.”

“I’m trying to figure out how to make more money. The trajectory of my current job isn’t where I need it to be. I could save a lot of money by not traveling so far for work.”

“I want to pursue music. I want to start out with a vocal coach before I start performing. I haven’t mentioned that to anyone.”

Help with Balancing Responsibilities

“What’s hard is balancing everything I have to do. I’m a student and I have a job and it’s really hard to take care of my mental and physical health with those responsibilities.”

“My biggest need is the financial piece. Working is hard because our schedule (me and my son) is so busy. He goes to seven different types of therapy and I go to the doctor twice a week and I’m pregnant.”

“I went from being 18 to a single mom, homeless, college gone, everything dropped. It’s hard to be a mom. I had my kid two weeks ago. I have to get everything together. It’s so hard to go from having nothing to being a parent and having nothing. It feels like you’re starting at the bottom to make it to the top.”

Barriers to Getting or Staying Connected to Services

TAY in focus groups were asked: “*What are the things that get in the way of getting help? For example, what are some things that might cause you to leave housing, or stop engaging with services?*” The following themes emerged from that discussion:

Lack of Documentation

“I ended up homeless without a birth certificate, ID, or SS card. In order to get help with services they required those documents and it’s hard to get them. I couldn’t get my birth certificate without my SS card and vice versa.”

“If you don’t have your documents or IDs or stuff, it slows down the process of getting a place, because you need it to apply for housing.”

Pride, Mental Health, and Trauma

Youth shared that pride, or not wanting to ask for help, is a major barrier to seeking help. Participants mentioned feeling embarrassed, scared, degraded, and used to being self-reliant. The impact of long-term trauma during the critical time of youth development can have major consequences that prevent youth from seeking or accepting help; developing a positive self-image; building healthy relationships; and setting long-term goals.

“Sometimes pride gets in the way. I would never ask. My kids don’t go hungry, but I go hungry in a heartbeat. I don’t ask for anything, even from the staff here. I feel like I can get it myself. If someone wanted to give me \$4,000 for my rent, I’d say give it to the next person because I can get it myself.”

“You’ve got no support but yourself, and it doesn’t end. So, you’re over it.”

“I was constantly in my head about things and overthinking. [Staff] helped me to take it on step by step.”

“Sometimes you feel like a burden, or you’re asking for too much. Everyone has problems. No one asks for anything or talks about anything.”

“I have staff ask me if I need something and I tell them ‘no’ even though I do. I don’t want to put it on anybody.”

Participants also mentioned experiences with undiagnosed mental illness and the tendency for youth in this population to normalize or accept mental illness rather than seek treatment.

“I didn’t think I had issues before I was diagnosed. It’s the lack of awareness – I thought what I was feeling was okay.”

Past experiences with the homelessness or social services system can also impact a youth’s willingness to seek help in the present. Several expressed distrust in the system and wariness of staffs’ intentions.

“I’ve been in the system since I was 12. I know who does their job because this is what they love to do and people who do it because this is what they went to school for. Things are better now.”

“So many people have said they’re going to help and they don’t.”

“I don’t have time for people to promise me something and then it falls through. Transportation is a big one for me, getting back and forth from places.”

Domestic Violence and Relationships

The occurrence and impact of domestic violence and/or toxic relationships can also factor into a youth’s decision to get and stay connected with services.

“People stalk you, even from jail.”

“Family can get in the way. They can try to tell you what’s best for you, but they’re the ones putting you out and shutting you out.”

“You have to worry every day if you’re going to get hit.”

“Relationships can distract you because you’re thinking about someone else, not your next step or a new job or whatever’s important to you.”

“When someone manipulates you, they tell you one thing and get in the way. I was feeling all types of ways and my head was everywhere. They say they love you or want to help you, but they’re really ruining your opportunity.”

Lack of Childcare

“Especially with COVID, it’s difficult to get things done because you can’t bring your child and you don’t have a babysitter.”

“I had to quit my job to take care of my son with disabilities. No one would watch him because he can’t communicate. That’s a big barrier.”

Frustration with Peers and the Housing Atmosphere

“Things like domestic violence or drinking – it reminds me I’m not different from my parents.”

“It gets toxic in housing with people arguing and yelling. It’s hard to get away from. I want to come home to peace.”

“When I was in shelter, I was used to the drama. But here, I want to feel safe. It affects me and my child.”

How Well Was It Done?

Partner’s internal tracking data and the experiences of TAY captured in focus groups provide additional insights into the quality of services delivered during this time period. Quality is assessed based on timeliness and responsiveness of services.

Timeliness of Services

From the date a partner organization first becomes aware of a youth in need, whether via referral or first contact with the youth, the average length of time a youth waits until intake is 20 days, though most TAY wait approximately 10 days (Table 3). The average length of time from intake to housing move-in is 124 days, with the majority of TAY waiting two or more months. Most TAY saw same-day community referrals upon intake (Median = 0 days; *M* = 0.4 days); however, referrals took an average of 10 days to materialize. Ranges in the length of time measure suggest there is likely an opportunity to improve data tracking systems at the partner level. The large variations in these time measures also suggest an opportunity for strengthening creative partnership throughout the coordinated entry system to ensure more consistent response to TAY housing and referral needs.

Table 3. Length of Time from Intake to Housing and Community Linkages				
	Time to Intake	Time from Intake to Referrals	Time for Referrals to Materialize	Time from Intake to Housing*
Year To Date	n = 324 Mean = 20 Days Median = 10 Days Range = (0, 396)	n = 128 Mean = 0 Days Median = 0 Days Range = (0, 52)	n = 118 Mean = 10 Days Median = 7 Days Range = (0, 39)	n = 91 Mean = 124 Days Median = 77 Days Range = (6, 682)
Frequency Snapshot	Same-Day = 3 1-2 Days = 54 3-7 Days = 72 8-30 Days = 142 31+ Days = 53	Same-Day = 127 1-2 Days = 0 3-7 Days = 0 8-30 Days = 0 31+ Days = 1	Same-Day = 2 1-2 Days = 15 3-7 Days = 45 8-30 Days = 52 31+ Days = 4	Same-Day = N/A 1-2 Days = 0 3-7 Days = 1 8-30 Days = 15 31+ Days = 75
*Same-day move-ins are excluded from calculations.				

TAY Journey Towards Housing

Prior to being housed, youth mentioned experiences with shelters and temporary stays with friends, boyfriends, and family members. Several mentioned abusive family members.

“I was in and out of shelter, living with my ex-boyfriend and mom. My mom’s case manager told me about housing.”

“I was in shelter for about two months. It wasn’t a very good experience. I didn’t feel comfortable leaving my stuff there. After that, it was easy getting placed.”

“We spent a holiday in the shelter which was really hard for me. My son is autistic. It was hard to try to get back on our feet.”

“I was living with my family but it was an abusive environment that was unsafe for me. I would sleep in my car to just get away. I had been homeless twice before that with my family when I was younger.”

The YOP Shop was frequently mentioned as an entry point for youth, in addition to shelters and referrals from friends.

“I thought it was going to take longer to get housed but because of the YOP Shop and staff there, it was easier than I thought. They all stuck to their word.”

“I was in school. Because of my situation I stopped going to school, going house to house and couch to couch. I met Jerome through the YOP Shop and got help getting housing.”

The mental impact of homelessness was a key theme. Participants mentioned isolation; constantly being in “survival mode;” and varying feelings related to independence.

“Every day, I was struggling and wondering where I was going.”

“I was alone, but it was fun being alone. We’re used to being independent. I got to explore. It was a month or two, maybe three, before I got housed.”

TAY Perceptions of Cultural Responsiveness and Developmental Appropriateness of Services

The YHDP coordinated, community-wide plan highlighted the need to strengthen the cultural responsiveness and developmental appropriateness of services, particularly for unique populations (i.e., LGBTQIA+, pregnant and parenting, racial and ethnic minority, and justice-involved youth) to support successful youth experiences and outcomes. In focus groups TAY discussed their mixed feelings about service design being developmentally appropriate but has more positive perceptions of staffs’ cultural responsiveness to improvements that are needed in the area on misgendering and being trauma informed. The following outlines these discussions.

Mixed Feelings About Developmental Appropriateness

On one hand, participants expressed a desire for support, guidance, and positive relationships. On the other hand, participants also reiterated a desire for staff to respect their experiences and independence and not overstep the role as an authority figure. Youth expressed desires to make their own decisions and have their own ideas, rather than follow a prescriptive path.

Similarly, youth reported that staff often treat the youth “like children” in terms of compliance, arbitrary consequences, and what’s right or wrong – but then will respond to youths’ requests for help with statements like, “You’re an adult who should know better; figure it out on your own.” For many, this can come across as a triggering attitude, especially for those whose parents were authoritarian and emotionally unsupportive. Based on their interactions, youth believe staff see them as ungrateful, burdensome, lazy, entitled, ignorant or inexperienced, and deviant.

“I don’t like being talked to like a child. I get that there are rules.”

“When we do go and ask for help, they say they’re not your mom or dad, and you’re 20, and quit making excuses, and we get pushed out the door.”

“Staff act like you’re interrupting them.”

“Not knowing how and needing someone to show them – that’s not them being a child. That’s them not knowing what to do.”

“They take it to heart, having control over you. I forgot I had already had my number of visitors for the month. The lady talked to me like I’m her child and this was her house. It was disrespectful.”

Opportunities to Address Misgendering, Disabilities and Trauma

Youth were much more positive about staffs’ capacity for cultural appropriateness, stating that staff are courteous and understanding in this regard. There are opportunities for all staff to educate themselves on misgendering, disabilities, and the impacts of trauma.

“It’s not intentional, but it does kind of bother me.”

Provider Training Related to Cultural Competency/Trauma Informed Best Practices

As shown in Table 4, providers are engaging in cultural competency and trauma-informed best practices training. These results are from the annual collective impact survey when providers were asked to identify the types of training they have completed.

Type of Training	Count (n = 20)
Trauma-Informed Care (includes secondary/vicarious trauma)	10
Cultural Competency (includes DEI training)	8
Racial Justice (includes anti-racism, racial equity, and anti-oppression)	5
LGBTQIA+	2
Crisis Intervention (includes QPR for Suicide)	1
EDMR	1
Management	1
Human Trafficking Awareness	1
Other (mentioned, but not described in detail)	4

How Are Individual Youths and the Collective Better Off?

Partners’ tracking, data from TAY and provider focus groups, and data from the collective impact survey provide insight into the impacts of services delivered during this time period.

TAY Linked to Prevention, Housing Placement, and Community Services

Partners provided internal client-level tracking data to capture the number of TAY who received referrals and successful linkages to services.² Among YHDP partners with data on referrals and linkages, 81% of all TAY served were reported as having been referred to housing services, and 43% of clients with referrals were reported as having been successfully linked to housing (Table 5).

	Partner	Program	Number of Youth Reported in Data	Number of Housing Referrals	Number Linked to Housing	Percent Referred	Percent Successfully Linked Once Referred
YHDP	CHN	Marsh Brook	64	40	40	63%	100%
	Huck House	CARR Team	149	149	-	100%	-
	HFF	Rapid Rehousing	98	56	48	57%	86%

² Note this data reflects reported number of youths served and linked, not number of youth households or total youth/households served.

	HFF	Joint Transitional Housing	24	14	14	58%	100%
TOTAL YHDP (Unique Clients)			296	240	102	81%	43%
Non-YHDP	KYC	Non-YHDP	78	21	-	27%	-
TOTAL Non-YHDP (Unique Clients)			78	21	-	27%	-
* Numbers are based on number of individual youths, not youth households; percentages are likely underestimates as they are determined based on available data.							

Of all TAY reported by YHDP partners, 81% were given referrals to community services, regardless of the outcome of the referral (Table 6). Year-to-date successful linkages to community services range from 0% to 100%, with an average of 49% across all YHDP partners. This number is skewed due to data limitations in that not all partners track if referrals come to fruition for the client. Additionally, as linkages typically take some time to come to fruition, less than a 100% linkage rate does not necessarily mean unsuccessful linkages, rather that the linkages may have not yet come to fruition in the designated time periods.

	Partner	Program	Number of Youth Reported in Data	Number of Community Referrals	Number Linked to Community Services	Percent Referred	Percent Successfully Linked
YHDP	CHN	Marsh Brook	64	-	-	-	-
	Huck House	CARR Team	149	149	-	100%	-
	HFF	Rapid Rehousing	98	96	93	98%	97%
	HFF	Joint Transitional Housing	24	24	24	100%	100%
TOTAL YHDP (Unique Clients)			296	240	117	81%	49%
Non-YHDP	KYC	Non-YHDP	78	16	1	21%	6%
TOTAL Non-YHDP (Unique Clients)			78	16	1	21%	6%
* Numbers are based on number of individual youths, not youth households; percentages are likely underestimates as they are determined based on available data.							

Eviction Rate

Among all youth who have exited YHDP from September 2019 through March 2021 (504 unique youth), in Franklin County, 35 were summoned to court for eviction related cases (7% of total clients exited) within a year of exiting the program. Of the 35³ clients with eviction related cases within a year of exiting the program, 13 were evicted from their property (2.57% of total clients exited). The remaining 22 individuals unaccounted for either had the case dismissed (13 individuals), or had their case extended or terminated for another reason (9 individuals).

Landlord Engagement and Housing Quality Standards

Partners reported there are 46 landlords engaged in their programs, 25 of which work with the YHDP population. Partners manage a total of 71 YHDP-funded housing units and five housing units required multiple inspections to pass quality standards. Since these five units did not meet standards during the first inspection, it suggests the initial quality of those units was unacceptable.

TAY Experience with Housing Quality

TAY shared the need for increased cleanliness of units at move-in and more equality in units, noting that some are “better” than others within the same housing complex. Aside from individual complaints, youth expressed frustration over:

- room layouts and soundproofing;
- unclear expectations for what their responsibility is related to property management;
- issues with ensuring maintenance requests are received and addressed;
- ways in which other building residents disrupt their sleep and living schedules;
- logistical challenges of living alone, such as cooking and killing bugs;
- organizations being supportive in providing financial assistance, but the landlords involved are “angry and irritable.”

“You have to ask for a tenant complaint form, write it down in detail including everyone that was involved, and give it to the front desk staff, and then they give it to the property manager, but it just disappears. Then you call her manager. You have to go over peoples’ heads. It’s like nobody cares.”

“Someone throws a basketball at my door every night at midnight.”

“I lost one of my jobs and I don’t know if the landlords really grasped the situation. They didn’t want to wait for the rental assistance and said that the rental assistance didn’t look good, and I wouldn’t be eligible to renew the lease.”

³ The following data limitation should be noted: 15 of the 35 TAY served were matched to Franklin County records on both name and date of birth. Therefore, the evaluation has greater confidence for those 15 cases. The remaining cases were matched on less than two criteria. Therefore, there is less confidence. This speaks to the limitations in linking TAY between multiple systems without a unique system-level client ID.

TAY Perceptions of Safety

A primary concern that arose in the focus groups in Quarter One was a concern for safety. The collective partners understand safety is a top priority and immediately began brainstorming how to address safety concerns. One strategy was to further explore the feelings of safety in this round of focus groups.

Concerns Primarily Related to Violence

Overall, youth in this round of data collection reported feeling generally safe. However, when probed for more information, there were some significant safety concerns that youth seem to have set aside, including property damage, bullying, and domestic violence, especially “after hours.”

“He can put his hands on me and nobody knows because nobody’s around.”

“I’ve been threatened, stalked, had CPS called on me, and had my information spread online, all by another resident here.”

“The police don’t care to be here. If you call them, it takes four hours for them to show up.”

“Someone’s tires got slashed. I shouldn’t feel like my personal property is in danger.”

Inconsistency of Staff

The main concern addressed was around relations with staff at housing units. Staff are perceived as “gatekeepers,” who youth believe are largely uninformed about policies and disengaged from the people living on-site. Stability, familiarity, and human decency are tied to youth satisfaction.

“We get a lot of new staff in the front area and they look at me like, ‘who are you?’ And it’s like, I don’t know you either.”

“The staff are inconsistent with holding up rules. They pick and choose what’s zero tolerance today and what they let slide. They aren’t on the same page, and I feel like I can’t trust them.”

Participants expressed a desire in more initiatives for conflict resolution and safety, like peer mediation, clear consequences, and information on how to file a police report.

Partner Perceptions of the Efficacy of the Collective

A collective impact approach involves five major components: a centralized infrastructure, a common agenda, shared measurement systems, continuous communication, and mutually reinforcing activities.⁴ To assess the collective impact approach of YHDP, a baseline collective impact survey was administered to YHDP funded partners and system partners who are not YHDP funded during Quarter One to assess partners’ perceptions of the effectiveness of the collective in the five components. At the end of Quarter Three, the same survey was administered to track current perceptions and calculate change in perceptions.

⁴ Kania, J.; Kramer, M. Collective Impact. Stanford Social Innovation Review (2011).

As displayed in Figure 1, approximately 8 out of 10 partners have favorable⁵ perceptions of all aspects of the collective impact initiative at the time of the second survey (individual survey item means are displayed in Appendix C). Improvement was reported on every element of collective impact behavior. The largest improvements were in the area of continuous communication, mutually reinforcing activities and backbone support.

Coordination and Sharing Make the Collective More Effective

Providers shared positive remarks around the Collective as a space for coordination and sharing of resources that ultimately makes the entire system more effective.

“It makes the job easier to have a team – to build around the client, share information, get resources, split up tasks that need to be done. That’s a big deal.” - Provider

“It’s nice to have other professionals involved. We have so many resources and they’re all changing, but different people bring different connections to the table.” - Provider

“It is great to collaborate with other teams who may have better rapport with a client, or might be able to talk through solutions when we are stuck.” - Provider

“We realized that it takes a lot to get a young person through the system; working together helps us all to resolve things for a young person.” - Provider

Provides Peer Support

Providers also mentioned the Collective as a supportive space that mitigates some of the emotional challenges of working in these roles.

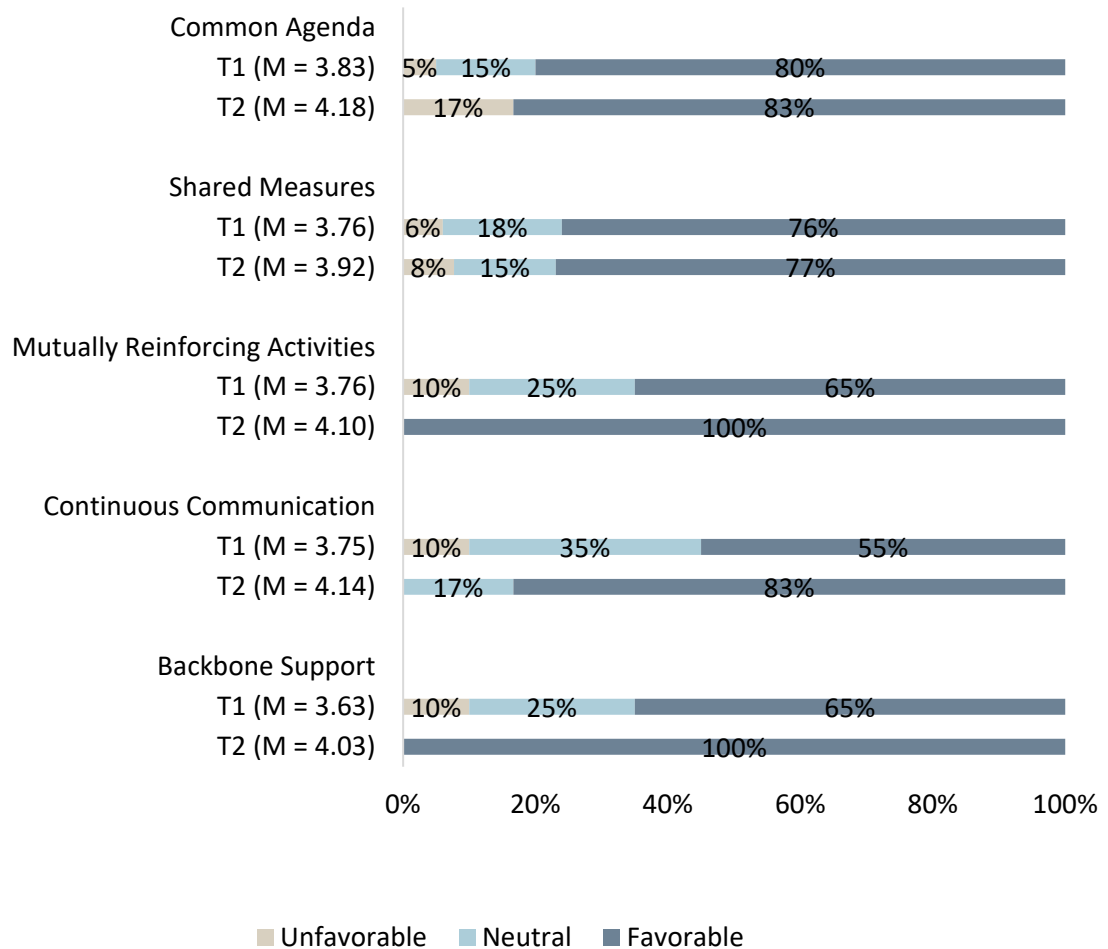
“Sometimes I’m the punching bag for a client and then another professional can validate you and say it wasn’t your fault.” - Provider

“Being here is good for self-care.” - Provider

For the purposes of understanding the context of provider engagement, the feedback and engagement from a focus group of case managers suggests there is an opportunity to create awareness and buy-in at the front line staff level for engaging in a collective. Staff stated they were involved “because they had to be” and were largely disengaged in the focus group. However, collective impact survey results from points of contact at partner agencies report positive perceptions of the collective, as described in the figure below.

⁵ Scale scores were computed for each of the five components on scales ranging from 1- Strongly Disagree to 5- Strongly Agree. Scales scores were classified as favorable, neutral, unfavorable based on the following: ≥ 3.5 is Favorable; < 3.5 and > 2.4 is Neutral; ≤ 2.4 is Unfavorable.

Figure 1. Partner Overall Perceptions of the Collective



Partner Perceptions on the Opportunities to Improve the Collective

The data in Appendix C also highlight the specific areas of opportunity to improve collective impact. Based on behaviors with average scale scores below 4.0, the strategies to improve the collective impact model include:

- Community Shelter Board (CSB) providing partners information on how to influence policy changes to support the work
- CSB informing partners of the public policies that effect the collective work
- CSB encouraging the public/community members to take action on the social issue(s) the collective is addressing
- CSB making sure the collective has the funding needed to support the collective’s activities
- Partners making an effort to ensure that their individual work is coordinated with the work of others in the collective
- Partners within the collective agreeing on how to measure the success of the work

- Partners within the collective implementing a common set of measures to track the success of the work
- Partners within the collective having a shared understanding of the approach we need to take to address the social problems.

Reporting Burden and Lack of Clarity

Regarding shared measurement, overall, partners seemed to agree that while they perceive the quarterly reports to be “helpful,” they are largely perceived as a time burden.

“We’re crazy busy. When I see the data request, it’s another task to do.”

“The data being requested isn’t something we can pull. You have to go through each individual. It’s really laborious.”

“The things are helpful, but they’re not easy. It takes time.”

It is unclear if the quarterly reports are providing additional data beyond what organizations collect and analyze internally. For example, one provider mentioned concerns over the data being fully representative of the work being done, in comparison to the data they collect. However, providers also shared that the reports offer another perspective for discussions.

“There isn’t a place for us to say, ‘this is why there’s a delay.’ We have a really extensive spreadsheet every time we ‘touch’ that kid – attempted contact, contact, scheduling. We can tell that. But in the report, if you’re only looking at certain dates, it could be perceived as something different. It took two weeks for them to call us back, not for us to reach out.”

“We discuss the reports in teams and look at what we provide and our process – how long people are waiting, what things are happening when we go to call a kid back.”

Increase Shared Learning and Resource Connections

Providers were interested in seeing more opportunities for shared learning and resource connections.

“Prior to COVID, we did Lunch and Learns. Those were a great opportunity outside of case conference to talk about system-wide issues, bring in expertise, and hear everyone’s perspective together. I hope those come back.”

Align Philosophies, Policies and Practices

There is a strong perception among collective members that the more aligned each organization can be in its philosophy, policies, and practices, the more successful and effective the Collective will be.

“At the beginning, it was really hard to align what we all wanted and make sure we all felt heard. Working with different agencies was hard. But we’ve come a long way.”

“People have different styles and viewpoints and agencies have different philosophies on things. It’s hard to merge that.”

“Young people have unrealistic expectations – they were told this or that. The more the collective talks, that helps us to set expectations for that person going forward.”⁶

Conclusion and Recommendations

The 2021-2022 Year-To-Date (YTD) Evaluation Report demonstrates the YHDP Collective continuing to support the needs of TAY and points to opportunities to take a collective impact approach in addressing the weakness of the system. Based on themes most salient in this reporting period, the following recommendations were derived:

- **Align Approach.** Find alignment in the approach of doing this work including creating standardized expectations, policies, and social contracts across providers. Staff expressed a desire to have a common philosophy in delivering services to TAY and TAY want to see greater consistency among providers in how policies and rules are enforced. The collective could assess philosophies and come to agreement around core elements that can be applied across all providers. Then, each partner organization can assess their policies and practices against those core elements to ensure the collective has an aligned approach.
- **Target Training.** Target ongoing training for providers to build their skills in trauma-informed interactions, eliminating misgendering, and being inclusive of individuals with disabilities. TAY generally have positive things to say about providers’ cultural competency but specifically identified misgendering and assumptions about individuals with disabilities as an opportunity for improvement. Furthermore, the prevalence of trauma in the TAY’s life makes it difficult for TAY to get connected to services, engage/stay in services, and be successful. TAY also expressed situations that perpetuate trauma like being harassed by other tenants or having a provider say something triggering/ behave in a triggering way. The collective could leverage resources to provide ongoing training and assessment on each provider’s level of being trauma-informed.
- **Address Safety by Addressing Violence and Mental Health.** The primary concerns regarding safety were around acts of violence. Additionally, TAY expressed being unclear about how to file reports, ask for help and what the behavior standards are in a given program. An underlying theme to violence is the mental health and social dynamics of individuals living in a community. Therefore, strategies to address violence that include behavior expectations, no tolerance policies, security etc. should also include therapies and strategies that address root causes of violent behavior. The collective has extensive partnerships and a common commitment to successfully exiting youth to a stable living and could leverage these strengths for finding solutions to issues of safety.

⁶ This was also perceived to be related to trauma, as opposed to the degree of communication among partners. In one analogy, a partner explained youth confusion by saying: “If you’re hungry and you walk into a buffet, you don’t hear the instructions, because you’re excited to just see the food.”

Appendix A. Data Sources, Limitations, and Compilation

CSB Client-Level Data and Franklin County Court Eviction Data

To find the eviction rate for youth served by the YHDP, historic eviction records data for Franklin County were downloaded from their online database and search tool.⁷ These data were joined with client-level data provided by CSB of all TAY who have exited YHDP from September 2019 through March 2021, matching court hearing data to clients when possible and applicable. The data from Community Shelter Board contained 504 unique individuals, 117 of whom had more than one program exit date. In order to count the number of people, and not the number of court appearances, each person's most recent program exit date was used.

The first limitation to this analysis is that eviction records are limited to Franklin County; therefore, if someone exited the program and was later evicted in another county, there will not be a record of that. Additionally, not everyone in the CSB data could be matched to Franklin County records by date of birth, due to incompleteness of data in county records. In these instances, individuals were matched solely by first and last name. Even then, there are likely times an individual's first and last name in CSB records are different from what appears on their court records.

Partner Internal Client Tracking

Partners were asked at the beginning of April 2022 to provide year-to-date data for the timeframe of July 1, 2021 to March 31, 2022. Each partner was sent an Excel template indicating all applicable measures for the individual organization including uniform definitions for each measure, to ensure organizations conceptualize the measures correctly and return accurate data for analysis. Data was fully collected by the end of May 2022 with any clarifications needed having been addressed.

Collective Impact Survey

The online Collective Impact Survey was distributed to 24 individuals in March 2022. The survey was open from March 1 to March 16, 2022. A total of 23 individuals responded to the survey. These results reflect the perceptions of staff from YHDP funded partners.

Focus Groups

During this round of data collection, there were two focus groups and two individual interviews with a total of 26 youth participants. Nine participants identified as male; seventeen as female; fifteen as Black; nine as White; and two as Hispanic (unspecified race). Additionally, six providers were also involved in a focus group.

⁷ Franklin County Municipal Court Records Search, <http://www.fcmcclerk.com/case/search>

Table A1 identifies the evaluation questions as outlined in the YHDP Evaluation Framework (numbers in parentheses align with the Coordinated Community Plan Measurement Framework number); the data source(s) to answer the question; data limitations uncovered during this semi-annual reporting and subsequent action plans for overcoming limitations in future reporting. As described in the table, some evaluation questions cannot be fully answered during this timeframe due to data limitations; though action plans are in place for collecting and reporting this information in future reports.

Table A1. Evaluation Questions

Evaluation Question	Data Source	Data Limitations	Action Plan for Limitations
<p>1. What is the average length of time from being identified as “literally homeless,” to “exited to permanent housing” (5)?</p> <p>a. What is a typical journey for a youth from identified as “literally homeless” to a successful exit to permanent housing?</p>	<p>CSB data will be used to assess the average length of time from being identified as “literally homeless,” to “exited to permanent housing”</p> <p>Focus Group data is used to describe a typical journey for youth in this process</p>	<p>Through discussions with CSB, it was decided that reporting on the length of time in interim reports would limit the insights drawn about the full population of youth served under YHDP funding given the limited timeframe.</p>	<p>The average length of time will be reported in the final, annual evaluation report rather than provided on an interim basis.</p>
<p>2. How many near-peer partners are working with youth and how does this effort impact youth outcomes (10)?</p>	<p>Partner Tracking</p>	<p>Partners continue to not implement or report implementing a near peer model.</p>	<p>MRC will continue to report progress in the implementation of the near peer model through this reporting period.</p>
<p>3. What percentage of youth are reporting that services are delivered in a culturally responsive and developmentally appropriate manner (11)?</p>	<p>Partner Youth Surveys and Focus Groups</p>	<p>Partners continue not to administer a common survey about cultural responsiveness and age appropriateness.</p>	<p>CSB can consider requesting partners include key constructs of cultural responsiveness and age appropriateness in annual surveys of TAY.</p> <p>Focus group data in quarter 1 and quarter 3 provided qualitative</p>

Evaluation Question	Data Source	Data Limitations	Action Plan for Limitations
			insights form the voice of TAY.
4. What percentage of unstably housed youth are linked to prevention and housing placement (13)?	Partner Tracking	KYC does not currently track individuals' housing status among those they serve and did not provide client identifiers to assess for duplication of individuals served across partners.	The templates that have been provided to partners have made data collection and analysis more streamlined. However, partners continue to report being burdened by data requests.
5. What is the current retention rate of staff working with youth experiencing homelessness and how does staff retention impact youth housing outcomes (14)?	CSB Focus Groups	The impact of staff retention rates on housing outcomes was not a focus of discussion for this round of focus groups.	Information collected in the first round of focus groups provides insights into the impact of retention on housing outcomes.
6. How many partners are convened/engaged in the coordinated plan and/or efforts aligned to the coordinated plan (20)?	CSB	No limitations to note.	No limitations to note.
7. What types of initiatives have occurred and how many providers have been trained related to cultural competency/trauma informed best practices (21)?	Biannual Collective Impact Survey	Data for this measure is collected through the biannual Collective Impact Survey which will be completed and analyzed in quarter one of next year.	No limitations to note.
8. How many youths were linked to other community services (mental health,	Partner Tracking	CHN data provided are limited to youth successfully housed. Also, KYC does not currently track individuals' referral	MRC will continue to provide partners with data reporting templates to streamline data sharing

Evaluation Question	Data Source	Data Limitations	Action Plan for Limitations
health, education, employment, mentorship, life skills, etc.) (22)?		status among those they serve and did not provide client identifiers to assess for duplication of individuals served across partners.	and meet with partners to discuss opportunities for more complete data collection.
9. How many landlords are engaged and providing leases to youth (23)?	Partner Tracking	CHN and CHF were unable to provide a total number of landlords engaged (only able to specify number of YHDP-focused landlords), and CHF was unable to specify the number of YHDP-focused landlords.	Engagement between providers and landlords continues to be low. Future data collection strategies may include a survey or interviews with landlords.
10. How long does it take for a youth to be linked to services (24)?	Partner Tracking	Due to the nature of the referral methods, partners may or may not be able to track whether a referral came to fruition; thus, data on linkage rates is limited. Further, differences in the way partners engage with youth (drop-in, referral, or other) creates variance in the dates and data partners collect.	MRC has documented the limitations in referral and linkage data and will continue to report data that are available.
11. What is the eviction rate for youth within one year? How has COVID-19 policies impacted this rate (25)?	CSB Data and Franklin County Court Eviction Records	Data are limited to Franklin County records; if a youth was evicted from a residency in another county, their eviction would not be captured. Further, some court records did not include date of birth (only name) which increases the uncertainty that it is the same individual as reported in CSB data.	No opportunities identified for change.
12. How many housing units meet quality standards and how does this impact housing outcomes (26)?	Partner Inspection and Reinspection Reports	In light of Quarter One limitations, this question has been adapted.	MRC will use focus group results to inform safety recommendations
13. Overall, how well is CSB and the system meeting the objectives outlined	Collective Impact Survey	No limitations to note.	No limitations to note.

Evaluation Question	Data Source	Data Limitations	Action Plan for Limitations
in their coordinated community plan?			

Collective Impact Partners

Community Shelter Board (CSB): Community Shelter Board functions as a collective impact organization working to coordinate resources and organizations in Franklin County. CSB works with 20 partner organizations related to homelessness prevention and rapid resolution; street outreach; emergency shelter; rapid rehousing; transitional housing; and permanent supportive housing.

YHDP Funded Partners

Community Housing Network (CHN): CHN is a property manager with permanent supportive housing (PSH) sites across Franklin County. Marsh Brook Place, opened in 2020 and provides 30 one-bedroom apartments and 10 two-bedroom apartments for transition-age youth (TAY) in Franklin County. Huckleberry House provides on-site services for residents.

Home for Families (HFF): Previously the Homeless Families Foundation, Home for Families assists families in achieving housing, economic, and educational stability. HFF uses a housing-first model to place sheltered individuals into housing using rapid rehousing programs and provide targeted housing services for expectant mothers. Further, HFF is linked with Huckleberry House for housing and supportive services for TAY in a transitional housing model. Once connected with housing, all youth receive wraparound services to meet their unique needs. Additionally, through YHDP funding, HFF partners with YMCA to provide rapid rehousing services for single adult TAY.

Huckleberry House (Huck House): Huckleberry House operates through three primary avenues: a crisis shelter and counseling center, the youth outreach program (YOP Shop), and permanent and transitional housing sites funded through Community Shelter Board; Victims of Crime Act; Runaway and Homeless Youth Program; the Alcohol, Drug, and Mental Health Board; and private funding. Clients become connected with Huck House either through the crisis shelter or the YOP Shop. Once connected to the YOP Shop, eligible youth are enrolled in the coordinated entry system (CES) called the Coordinated Access and Rapid Resolution (CARR) Team. The CARR Team is YHDP-funded. At that point, youth are linked with case management, relevant community services, and housing within or beyond Huck House.

YMCA of Central Ohio: The YMCA of Central Ohio operates the Van Buren emergency shelter. The shelter serves adult men, women, and families. At the shelter, staff provide case management, employment support including workforce development, housing search assistance, and access to resources to meet basic needs (meals, hygiene). YMCA also provides rapid rehousing services and works with HFF to provide these services for single adult TAY.

System Partners Not YHDP Funded

Center for Healthy Families (CHF): The Center for Healthy Families works with pregnant and parenting teens in Franklin County. Under a direct service model, Resource Advocates connect eligible teens with resources to support their education, parenting, relationships, and housing. CHF provides referrals for housing but does not maintain its own units.

Kaleidoscope Youth Center (KYC): Primarily, KYC functions as a drop-in center which provides access to basic needs, supportive programming, technology, and discussion/community for youth. KYC focuses specifically on LGBTQIA+ youth experiencing, or at risk of, homelessness. KYC has recently expanded its services to launch a VOCA-funded Rapid Rehousing program; Supportive Co-Housing Program; and community volunteer Host Home Network.

Star House: Star House operates as a drop-in center which offers resources to meet homeless youths' immediate needs and provide broader stabilization services including employment opportunities and mentorship. Further, Star House in partnership with Fairfield Homes, operates Carol Stewart Village, a 62-unit youth community with on-site supportive services for residents.

Appendix B. Methodologies

Length of Time from Intake to Housing and Community Linkages

Raw data provided by CSB and partners was formatted such that unique episodes of service were represented in rows and data collected by collective members were stored as variables in columns. Additional variables/columns were calculated as follows:

1. Time to Intake: For all rows with a referral date and an intake date, the time between referral and intake was calculated using the function: =DAYS(Intake Date, Referral Date). If no referral date was present, but there was a date of first contact (indicating the youth likely walked in lieu of being referred to the organization), time to intake was calculated using the function =DAYS(Intake Date, Date of First Contact). Then, using the numbers resulting from the function, the mean, median, and range were calculated using the corresponding Excel functions.
2. Time from Intake to Housing: For all rows with both an intake date and a move-in date, the time between intake and housing was calculated using the function: =DAYS(Move In Date, Intake Date). Then, using the numbers resulting from the function, the mean, median, and range were calculated using the corresponding Excel functions.
3. Time from Intake to Community Referrals: For all rows with both an intake date and a date on which community referrals were given, the time between intake and referrals was calculated using the function: =DAYS(Referral Date, Intake Date). Using the numbers resulting from the function, the mean, median, and range were calculated using the corresponding Excel functions.
4. Time for Referrals to Materialize: For all rows with both a referral date and a date that referrals materialized, the time between referrals being given and referrals coming to fruition was calculated using the function: =DAYS(Date Referral Materialized, Date Referral Given). Using the numbers resulting from the function, the mean, median, and range were calculated using the corresponding Excel functions.

Note. Negative, missing, or blank values were excluded in the above calculations

Community Linkages

Data was sorted accordingly by partner to identify the number of clients served in the data set provided, the number of community referrals given, and the number with a confirmation date that the referral came to fruition (linkage). Percentages were then calculated to identify rates of successful community service referrals and linkages among the total number of clients served. The evaluation framework and thus the data request does not provide further specificity as to what it meant when partners report a referral to community services and/or what type of community service the client is connected to.

Appendix C. Collective Impact Survey, Item-Level Summary

Figure C1. Continuous Communication

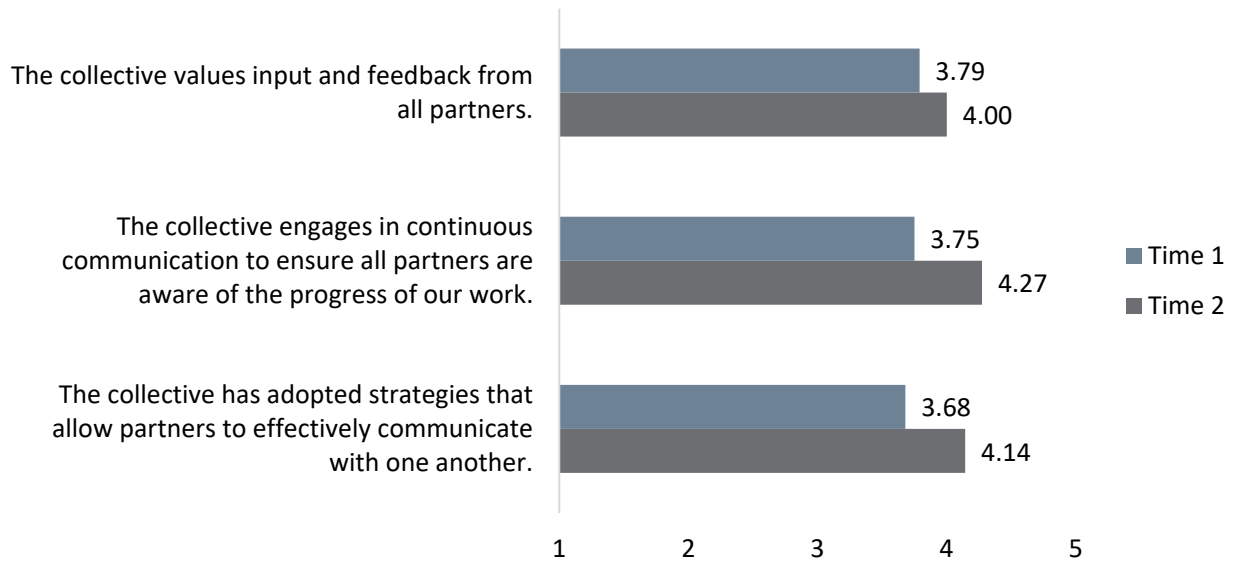


Figure C2. Shared Measures

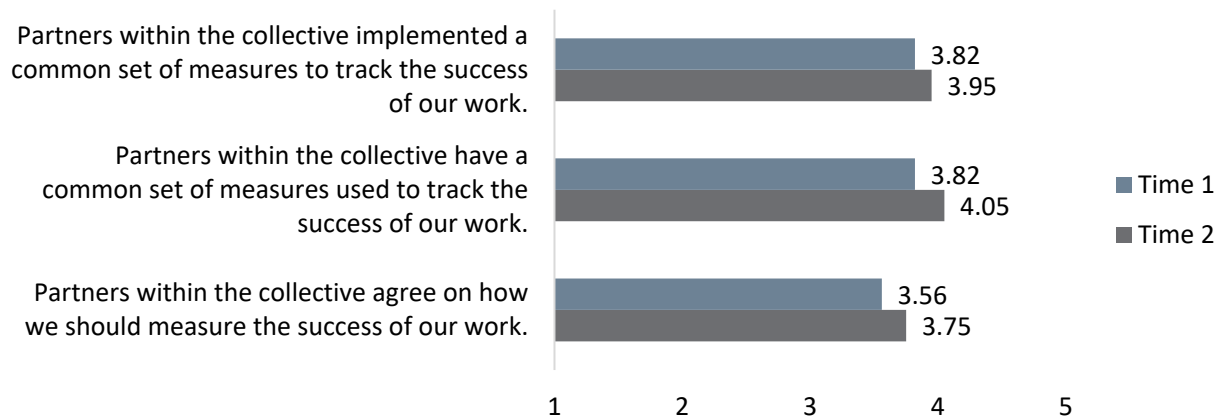


Figure C3. Common Agenda

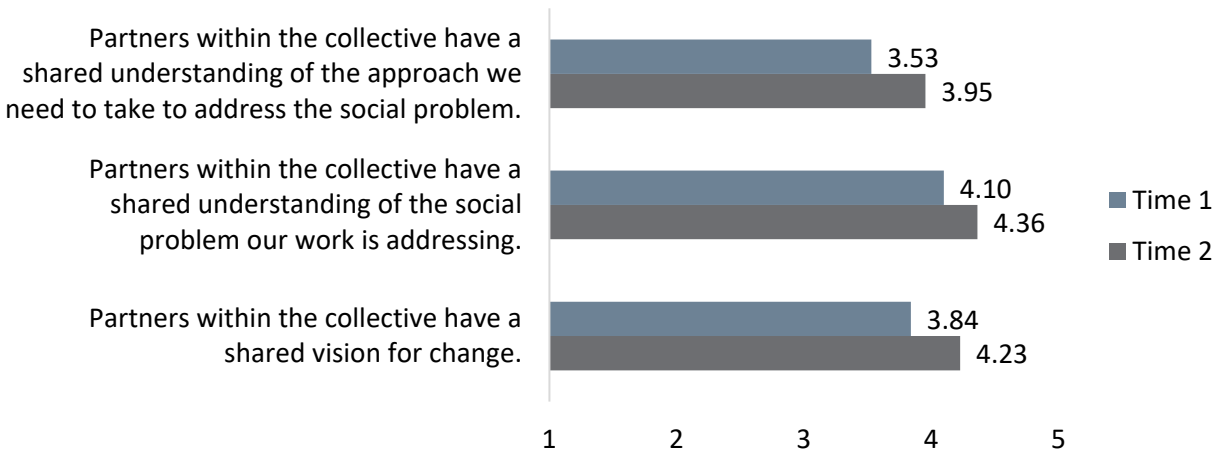


Figure C4. Mutually Reinforcing Activities

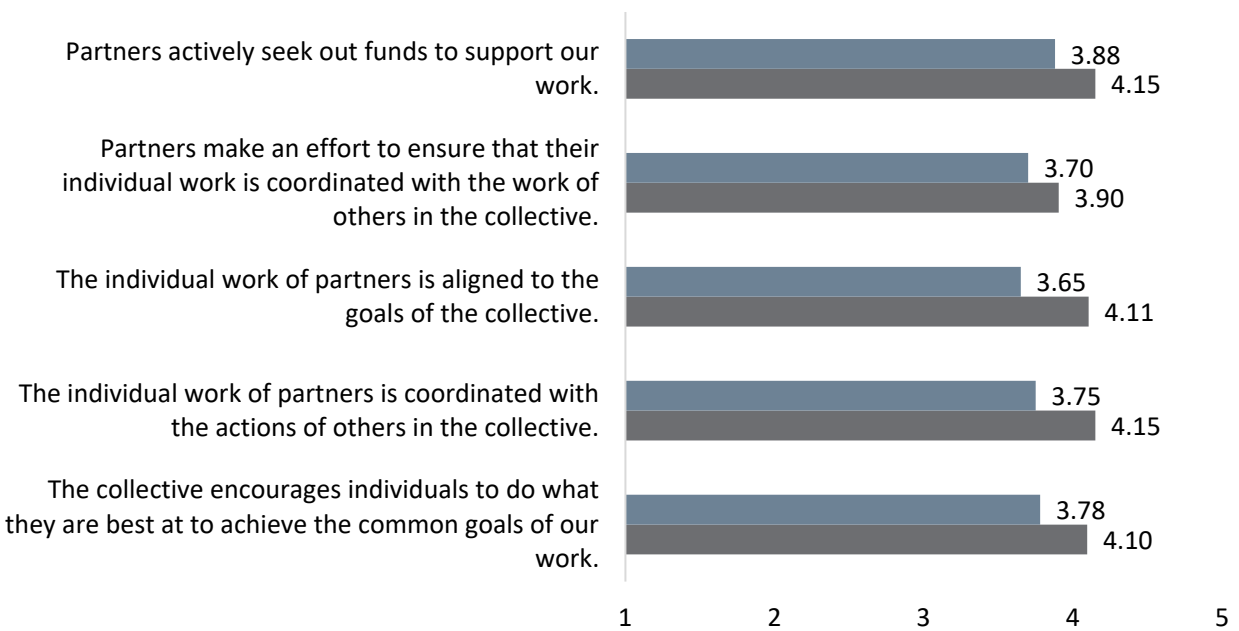


Figure C5. Backbone Support

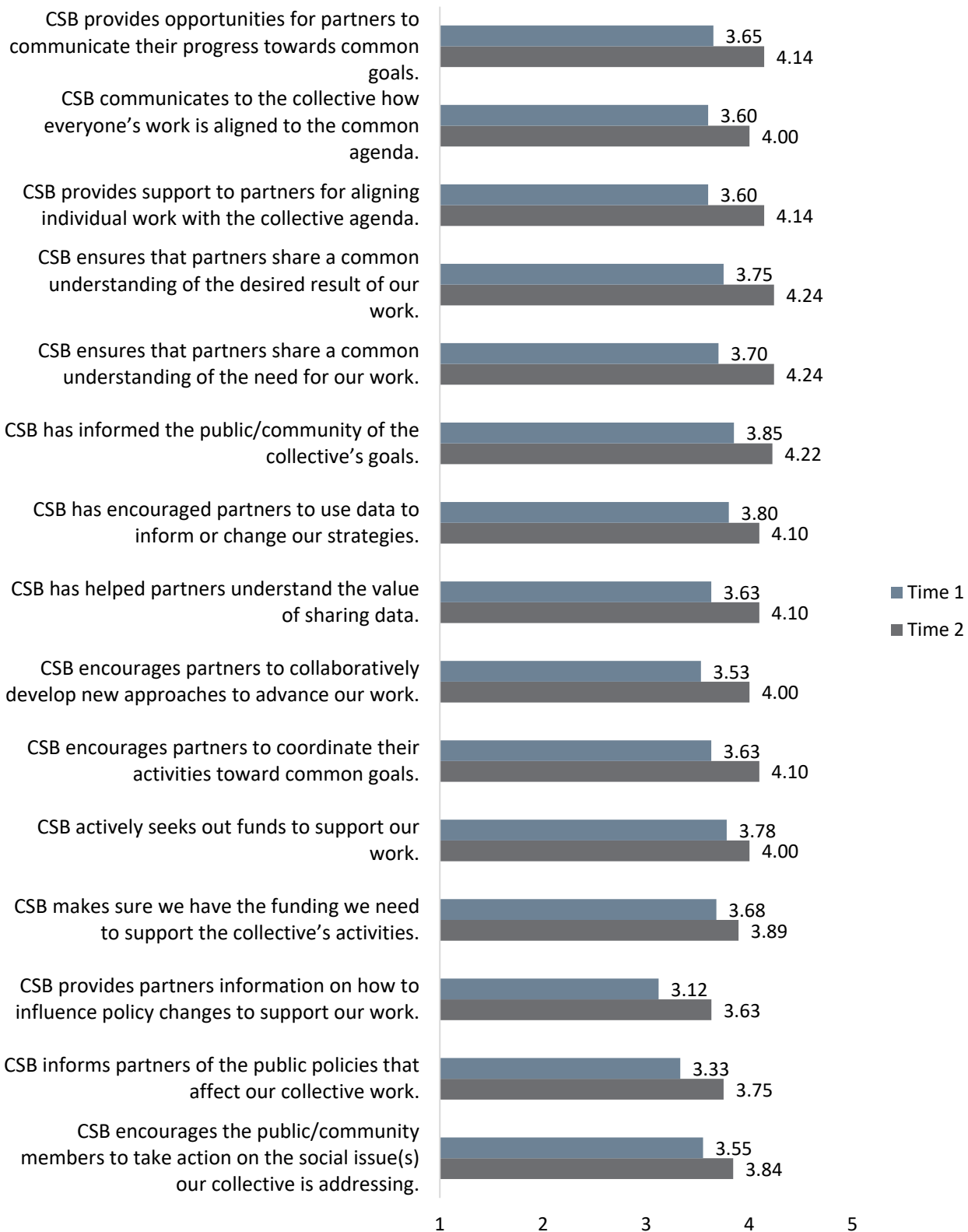


Table C1. Partners' Engagement in Cultural Competence and TIC Initiatives and Trainings

Type of Training	Count (n = 20)
Trauma-Informed Care (includes secondary/vicarious trauma)	10
Cultural Competency (includes DEI training)	8
Racial Justice (includes anti-racism, racial equity, and anti-oppression)	5
LGBTQIA+	2
Crisis Intervention (includes QPR for Suicide)	1
EDMR	1
Management	1
Human Trafficking Awareness	1
Other (mentioned, but not described in detail)	4