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Advancing the Self-Sufficiency and Well-Being of At-Risk Youth: A Conceptual Framework

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Final Report

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The opinions and conclusions expressed herein are solely those of the authors and do not necessarily reflect the policies or positions of the Administration for Children and Families or the U.S. Department of Health and Human Services.

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SUMMARY

Youth approaching adulthood face complex life decisions with long-lasting consequences. In particular, the choices they make regarding education, employment, and family formation can affect their likelihood of becoming productive, well-functioning, and self-sufficient adults (Danziger and Ratner 2010). The path to self-sufficiency is especially difficult for those youth who are at high risk of dropping out of school, engaging in delinquent or criminal behavior, abusing drugs or alcohol, or becoming teenage parents, which may limit their prospects for labor market success (Hoffman and Maynard 2008; Epstein and Greenberg 2003; Besharov 1999).

This document presents a research-based framework for efforts to increase the likelihood that youth at greater risk of negative outcomes will enter a career trajectory and prepare to become well-functioning, self-sufficient adults. Self-sufficiency is defined here as the ability in adulthood to economically support oneself and one's dependents without long-term dependence on public assistance. The framework is particularly relevant for youth who are or could be served by ACF programs—especially homeless youth, youth in the foster care system, and teen parents—but it may also apply to programs sponsored by other agencies serving similar populations.

The framework suggests the promise of using evidence-informed interventions to address two primary areas: youth's resilience and human capital development. It points toward tailored solutions grounded in a trusting relationship between youth and program staff to help move youth toward both healthy functioning and economic self-sufficiency as they transition to adulthood. Specifically, we propose that programs:

- Take account of youths' underlying risk and protective factors in planning and providing services
- Stabilize youth in crisis and earn their trust by first addressing their basic needs and connecting them to safety net resources when needed
- Engage youth in an ongoing assessment and service-planning process
- Provide evidence-informed interventions to promote the resilience of youth
- Focus on increasing human capital by providing services to directly prepare youth for economic self-sufficiency
- Rigorously evaluate the effectiveness of program approaches by examining impacts in the short term and longitudinally

The framework presented here reflects the existing research base and thinking from a wide range of stakeholders; nevertheless, it will be important to rigorously evaluate the effectiveness of programs that build on it. Compared to some other fields, youth transition services are lacking in both the number and variety of rigorous evaluations. The programs reviewed as part of this project are generally perceived to be innovative and effective, but although a few have undergone evaluation, solid scientific evidence is scarce. This framework may serve as a blueprint for future rigorous tests.

I. INTRODUCTION

Youth approaching adulthood face complex life decisions with long-lasting consequences. In particular, the choices they make regarding education, employment, and family formation can affect their likelihood of becoming productive, well-functioning, and self-sufficient adults (Danziger and Ratner 2010). The path to self-sufficiency is especially difficult for some youth, such as those who lack stable family support, have learning disabilities or mental health problems, have grown up in deep poverty, or have been exposed to violence or abuse in childhood (Osgood 2005). Such youth are at high risk of dropping out of school, engaging in delinquent or criminal behavior, abusing drugs or alcohol, or becoming teenage parents—further limiting their prospects for labor market success (Hoffman and Maynard 2008; Epstein and Greenberg 2003; Besharov 1999).

The U.S. Department of Health and Human Services (HHS), Administration for Children and Families (ACF) provides funding for a variety of programs that aim to improve the well-being of vulnerable youth and prepare them for adulthood. Congress requires that some of these funding streams support specific groups, such as youth aging out of foster care or homeless youth. Other funding has supported youth services such as out-of-school-time programs for youth in high-poverty areas and programs to prevent teen pregnancy. Grants and contracts are overseen by different program offices within ACF, including the Family and Youth Services Bureau (FYSB), the Children’s Bureau (CB), the Office of Child Support Enforcement (OCSE), and the Office of Family Assistance (OFA).

Because ACF makes an important contribution to publicly funded services for at-risk youth, it has an ongoing interest in learning what approaches are most effective in helping youth become well-functioning and self-sufficient adults. The Office of Planning, Research and Evaluation at ACF has contracted with Mathematica Policy Research and its subcontractor, the Chapin Hall Center for Children, to develop a research-based conceptual framework that would form the basis for delivering and testing evidence-informed services for at-risk youth served by ACF.

In this document, the authors present a framework for efforts to increase the likelihood that youth at increased risk of negative outcomes will enter a career trajectory and prepare to become well-functioning, self-sufficient adults. Self-sufficiency is defined here as the ability in adulthood to economically support oneself and one’s dependents without long-term dependence on public assistance. The framework is particularly relevant for youth who are or could be served by ACF programs—especially homeless youth, youth in the foster care system, and teen parents—but may also apply to programs sponsored by other agencies that serve similar populations.

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The ideas presented in this framework grow out of the existing literature on the needs of at-risk youth and promising service approaches and have been further shaped by consultations with a range of experts, practitioners, and stakeholders over a two-year period. They are rooted in a comprehensive review of research on youth interventions and the resources available for such programs (Koball et al. 2011) and incorporate input from a 14-member expert panel¹ composed of researchers, program developers, and policymakers with expertise in the development of at-risk youth. The conceptual framework greatly benefitted from further discussions in the field with a range of program practitioners from six organizations who work with at-risk youth on a daily basis.

The remainder of this document presents the conceptual framework. We begin with a brief summary of the current policy and program context, then discuss the theoretical foundations of the framework before presenting the framework components. We conclude with a summary and discussion of next steps for learning what works in improving the healthy functioning and self-sufficiency of at-risk youth.

¹Experts serving on the technical workgroup included Anthony Biglan (Oregon Research Institute), Dan Bloom (MDRC), Martha R. Burt (Urban Institute), Hector Cordero-Guzman (Baruch College of the City University of New York), Mark E. Courtney (School of Social Service Administration at the University of Chicago), Deborah Gorman-Smith (School of Social Service Administration at the University of Chicago), Gene Griffin (Northwestern University's Feinberg School of Medicine), Michael Hayes (Texas Office of the Attorney General), Thomas E. Keller (School of Social Work at Portland State University), Erwin McEwen (Illinois Department of Child and Family Services), Kristin A. Moore (Child Trends), Michael Wald (Stanford Law School), Marty Zanghi (Edmund S. Muskie School of Public Service at the University of Southern Maine), and Luis Zayas (School of Social Work at the University of Texas at Austin).

II. POLICY AND PROGRAM CONTEXT

Federal policymakers have a particular interest in the effectiveness of programs and services that target at-risk youth, and have called for high quality evaluations of these services and programs. For example, President Obama’s February 7, 2008, Executive Order 13459 (section 4.c) encourages “all youth-serving Federal and State agencies, communities, grantees, and organizations to adopt high standards for assessing program results, including through the use of rigorous impact evaluations, as appropriate, so that the most effective practices can be identified and replicated, and ineffective or duplicative programs can be eliminated or reformed.”

The conceptual framework proposed in this paper can be applied to various populations of at-risk youth and can serve as a foundation for enhancing our understanding of what works through rigorous program evaluation. Multiple offices within ACF oversee youth programs, including those described below. These program offices focus on such populations as youth in the child welfare system, runaway and homeless youth, teen parents, and youth at risk of becoming dependent on public assistance.²

A. Children’s Bureau (CB)

The Children’s Bureau (CB) focuses on promoting the safety and well-being of children and youth who come to the attention of state child welfare systems. The CB provides matching funds to help states and tribes operate their child welfare systems. Most relevant to a youth services framework are two funding streams to help youth currently or formerly in foster care develop independent living skills:

- The John H. Chafee Foster Care Independence Program (Chafee Program) funds services for current and former foster youth. Each state is eligible for an amount proportional to its share of the U.S. foster care population, and the federal funds must be matched at a rate of 20 percent. States have considerable discretion about how to use their Chafee funds.
- The Education and Training Voucher (ETV), a recently added component of the Chafee Program, provides states and tribes with federal funds to support the postsecondary education and training of youth who are or were in foster care. Each state receives an amount proportional to its share of the U.S. foster care population and must contribute a 20 percent match. Individual youth are eligible for up to \$5,000 of assistance in each year.

B. Family and Youth Services Bureau (FYSB)

FYSB administers three major grant programs with the goal of “promot[ing] safety, stability, and well-being for people who have experienced or been exposed to violence, neglect, or trauma”

² The group of program offices highlighted in this chapter is not intended to be comprehensive of all ACF offices that serve youth. Instead, the list is meant to illustrate the funding streams that are available and sometimes dedicated to specific populations of youth who are transitioning to adulthood and at risk of not achieving self-sufficiency.

(FYSB 2013). First, the Runaway and Homeless Youth Program provides grants for services to runaway and homeless youth through its Basic Center, Street Outreach, and Transitional Living programs. The Basic Center and Street Outreach programs provide short-term emergency services for runaway and homeless youth, whereas the Transitional Living program (TLP) provides homeless and runaway youth between the ages of 16 and 22 with longer-term residential services. Grants are distributed competitively to public entities and private organizations for five-year periods and require a 10 percent match. In fiscal year 2012, 215 TLP programs received funding awards to serve runaway and homeless youth. Second, FYSB administers grants for programs that aim to prevent pregnancy and decrease the spread of sexually transmitted diseases among adolescents through its Adolescent Pregnancy Prevention Program. Services may focus on abstinence or comprehensive sexual education and must provide information that is medically accurate and developmentally and culturally appropriate. Through the Personal Responsibility Education Program (PREP), \$43.9 million dollars was provided for comprehensive sexual and personal responsibility education. And third, through the Family Violence Prevention and Services Program, FYSB provides grants for emergency shelter and assistance for victims of domestic violence.

C. Office of Child Support Enforcement (OCSE)

The primary mission of OCSE is to encourage responsible parenting by assuring that assistance in obtaining financial and medical support is available to children through locating parents, establishing paternity, establishing and modifying support obligations, and monitoring and enforcing those obligations. This includes serving youth as child support recipients and as parents themselves, as well as educating youth who have not yet become parents about child support. OCSE also has authority and discretionary funding to further its mission through waivers and grants to demonstrate and test new strategies. For example, recent initiatives include efforts to educate high school youth about child support obligations and the consequences of early childbearing. Section 1115 grants and Special Improvement Project (SIP) grants provide competitive funding to further the national mission of child support to demonstrate and test new strategies to improve the financial well-being of children and otherwise improve the operation of the child support program. OCSE competitive grants must include evaluation activities.

D. Office of Family Assistance (OFA)

OFA administers the Temporary Assistance for Needy Families (TANF) program, a block grant to states that replaced the previous welfare system. States use their TANF funds to provide assistance supports (temporary cash, payments, or vouchers to meet ongoing basic needs such as food or shelter) to eligible parents, including youth who are parents. States can also provide youth services through “nonassistance” that directly or indirectly address the goals of TANF.³ In fiscal year 2006, 13 states used nonassistance funds for youth programs and 8 used nonassistance funds to sponsor teen pregnancy prevention programs (Derr et al. 2009). States have also used TANF Emergency Funds provided under the American Recovery and Reinvestment Act to provide

³ The four goals of TANF are: (1) provide assistance to needy families so that children can remain in their own homes or be cared for by relatives; (2) promote job preparation, work, and marriage so that needy parents can become less dependent on the government; (3) prevent out-of-wedlock pregnancy, including establishing annual goals for preventing and reducing the incidence of out-of-wedlock pregnancies; and, (4) encourage and support formation of two-parent families.

summer employment services to disadvantaged youth (Bellotti et al. 2010; Rosenberg et al. 2011). OFA encouraged states in March 2012 to continue or expand subsidized summer employment for low-income youth using federal TANF and state maintenance-of-effort funds.

III. THEORETICAL PERSPECTIVES SUPPORTING THE FRAMEWORK

The purpose of the conceptual framework described in this document is to provide a research-based foundation for programs that aim to help at-risk youth gain the information, knowledge, skills, and behavior needed to become self-sufficient and healthy functioning adults. The framework is informed by two theories of youth development: the theory of risk and resilience and the theory of capital development. In this chapter, we describe these theoretical perspectives and discuss how they can be integrated to address the full range of at-risk youth's needs. In the next chapter, we describe the conceptual framework by defining each of the key components and explaining the relationships between them.

A. Risk and Resilience

Resilience refers to the ability to withstand adverse circumstances. More specifically, resilience is defined as mastering age-appropriate developmental tasks despite serious threats to adaptation (Masten 2001; Rutter 1990; Werner and Smith 1982, 1992). Developmental tasks during adolescence include such processes as building a sense of positive self-regard, developing the ability to form healthy and mature relationships, and attaining a sense of control over one's life. Resilience can be developed by promoting protective factors and/or reducing risk factors that threaten healthy development.

Recent empirical research suggests that children who are at risk have the capacity to be resilient unless *all* of their basic adaptational processes—brain development and cognition, attachment to caregiver, emotion and behavior regulation, and motivation to engage in learning and their environment—are undermined (Masten 2001). In other words, although some at-risk youth might experience problems with their basic adaptational processes because of earlier traumatic experiences, they can still become resilient by drawing on their remaining internal and external resources. The assets that encourage positive development in stressful, high-risk environments are, in many cases, the same ones that promote competence in nonstressful, low-risk environments (Masten and Coatsworth 1998).

Over the past 40 years, research in psychiatry and psychology has focused on identifying the internal and external mechanisms that protect children and youth from the risks to which they are exposed. These risk and protective factors fall into three broad categories: (1) individual characteristics, such as cognitive ability, temperament, and social skills; (2) characteristics of the family and home environment, including parental supervision and absence of harmful discord; and (3) community or school characteristics, such as external support systems, peer and adult associations, and neighborhood resources. A key to building the resilience of youth who have more risk factors and fewer resources is to identify and maximize the positive effects of the resources that they do have.

The risk and resilience perspective suggests that promoting the well-being of at-risk youth and fostering their future self-sufficiency will require a range of intervention approaches. Interventions that focus on resilience seek to improve the social and emotional health of youth, help them to learn to regulate their behaviors and emotions, and enable them to form attachments with adults who can serve as role models.

The risk and resilience perspective recognizes childhood trauma as a key factor that can have deep and long-lasting effects on youth. Childhood trauma can be the result of a single external adverse event or of a series of events, such as repeated physical or sexual abuse (Terr 1991). Many—though not all—youth served by ACF programs have experienced trauma from exposure to violence in the community, domestic violence in the household, or childhood maltreatment, including abuse or neglect. Childhood trauma can leave children vulnerable to emotional, behavioral, cognitive, and physiological problems and can contribute to delinquency (Kerig and Becker 2010; Perry and Hambrick 2008).

One reason for these problems is that trauma in childhood can impair brain development. Children who have experienced maltreatment over the course of years can develop fundamental brain dysfunctions. Traumatic experiences during the formative childhood years can impair the lower-order functions controlled by the brainstem. Because the brain is organized hierarchically, dysfunction in the lower parts of the brain impairs healthy development in more advanced brain regions. This means that the earlier in life trauma is experienced, the more fundamental brain dysfunction is likely to be. Brain dysfunction at a more fundamental level requires more intensive treatment (Perry and Hambrick 2008).

Closely related to research on trauma is emerging knowledge about the effects of toxic stress. Youth with histories of toxic stress may not meet criteria for having experienced childhood trauma; however, their development and well-being may be similarly at risk. Toxic stress is an extreme form of stress that results from strong, frequent, and/or prolonged adversity—such as chronic poverty, exposure to violence, or child neglect—without adequate adult support to buffer the stress. It can cause disruptions in brain development, including the development of executive function, which affects inhibitory control and cognitive and mental flexibility. It can also lead to developmental disruptions that impair a child’s ability to learn and form relationships with others (National Scientific Council on the Developing Child 2008, 2012) and affect other systems leading to increased risk for stress-related disease (Center on the Developing Child 2011, 2012).

Toxic stress should be distinguished from positive stress and tolerable stress (National Scientific Council on the Developing Child 2005). Positive stress is normal and essential for healthy development. Children and youth experiencing positive stress typically have a brief stress reaction—for example, increased heart rate or elevations in hormones. Tolerable stress is experienced when an individual has a longer stress reaction that is unlikely to lead to damage because it is time-limited and/or buffered by relationships with others who help the individual cope.

B. Capital Development

The capital development perspective suggests that youth need specific knowledge, connections, skills, and resources to succeed in school and the workplace. Four types of capital have been proposed: human, social, cultural, and economic. Each type of capital enhances the ability to build or use the other types (Bourdieu 1977, 1986; Farkas 2003; Portes 1998).

Human capital refers to individual-level skills and knowledge, and includes what are called cognitive and noncognitive skills (Heckman 2000). Cognitive skills include the knowledge of particular subject matter, intellectual capacity, or reasoning ability that are often required for students to do well in school or on the job. Noncognitive skills include good study habits, industriousness, persistence, and the ability to interact appropriately in a job setting, which are all

strong predictors of labor market success, even controlling for academic ability and socioeconomic status (Jencks et al. 1979; Holzer et al. 2004).

Social capital is defined as the resources and opportunities that are available through connections to social networks. Interpersonal relationships and resource-rich social networks can provide access to important information and guidance (Bourdieu 1986; Portes 1998). For example, knowing someone employed at a desirable workplace or knowing an alumnus of a prestigious college can help youth gain access to otherwise unavailable employment and educational opportunities. Social capital has become increasingly important to a successful transition to adulthood (Auspos et al. 2000; Conchas 2006; González et al. 2003; Johnson et al. 2000) and may be of even greater value to at-risk youth transitioning to adulthood (Fernandes 2007; Ivry and Doolittle 2003; Settersten 2005). Many at-risk youth do not have the opportunity to develop sufficient social capital because their social networks are, generally speaking, resource poor (Furstenberg and Hughes 1995; González et al. 2003; Stanton-Salazar 1997).

Cultural capital is the knowledge and practice of culturally derived behaviors and values that are needed to succeed in educational and employment settings. It is formed and reinforced through interaction in the family, school, and other social groups (Bourdieu 1977, 1986; Portes 1998; Farkas 2003). Examples of cultural capital include expecting to attend college because members of one's social group attended college, knowing which high school classes to take and which extracurricular activities to participate in to be most competitive in the college application process, or understanding how the job application process works because one's family members or friends are employed. The culturally derived knowledge, values, and norms of at-risk youth are often not conducive to success in the labor market or postsecondary education (Bartee and Brown 2007; Farkas 2003; Portes et al. 2005; Stanton-Salazar 2001) and can limit their postsecondary educational attainment. For example, many at-risk youth do not understand the college application process (Roderick et al. 2009) or how to navigate through college programs when they are in college (Rosenbaum et al. 2006).

Economic capital refers to the financial resources necessary to invest in self-development. Acquiring human capital through postsecondary education and training requires an investment of financial resources. Not only do at-risk youth often lack this economic capital but, in addition, they might not know where or how to access it, limiting their ability to pursue the postsecondary education and training needed to improve their prospects for labor market success. Knowing where to look for and how to access economic capital is critical if at-risk youth are to develop their human capital. This idea is supported by studies showing that underrepresented students receiving multiple sources of information about financial aid are more likely to pursue postsecondary education than those who do not receive that information (Berkner and Chavez 1997).

Services that take the capital development approach vary. Some focus primarily on educational strategies such as alternative schools, middle and early college high schools, out-of-school-time programs, and precollege outreach programs. Others, such as work-based learning, career mentoring, and career exploration, are more focused on employment. Some of the more comprehensive strategies involve a full-time residential component. Others are more family focused, such as strategies to encourage parental involvement in education and to provide parents with information about how to access postsecondary education.

C. Integration of Perspectives

The two theoretical perspectives of resilience and capital development are complementary and interdependent. Building resilience can create the conditions necessary for the development of capital, and developing capital can contribute to greater resilience. Youth who do not have the socioemotional capacity to develop work-related noncognitive skills or the social connections that could lead to stable employment will not benefit from programs that only aim to increase human capital. Conversely, programs that focus only on resilience are likely to be inadequate for preparing at-risk youth for economic self-sufficiency. Programs that do not already take both perspectives into consideration may be improved by a stronger integration of the two approaches.

IV. ELEMENTS OF THE CONCEPTUAL FRAMEWORK

Our framework begins with several core assumptions. First, we take it as a given that each youth who comes to an ACF-funded program does so with a unique set of needs and strengths. Second, youth transitioning to adulthood have increasing needs for autonomy and a sense of control over their lives. Third, some at-risk youth have experienced negative events in the past that may cause them to generally distrust institutions and programs.

A key implication of these starting assumptions is that at-risk youth should be approached in a way that is respectful of their past histories; supportive of their development, interests and strengths; and conducive to building a trusting relationship. Before youth can be connected to intervention services, programs must demonstrate that they can meet their needs as defined by the youth themselves and engage them as partners in planning services.

In this section, we first provide an introduction to the framework. We then define the core elements of our conceptual framework (see Figure IV.1) that can be used to implement or strengthen local youth-serving programs: (1) risk and protective factors, (2) initial engagement and stabilization, (3) service planning, (4) interventions to promote resilience and capital, and (5) short-term and long-term outcomes.

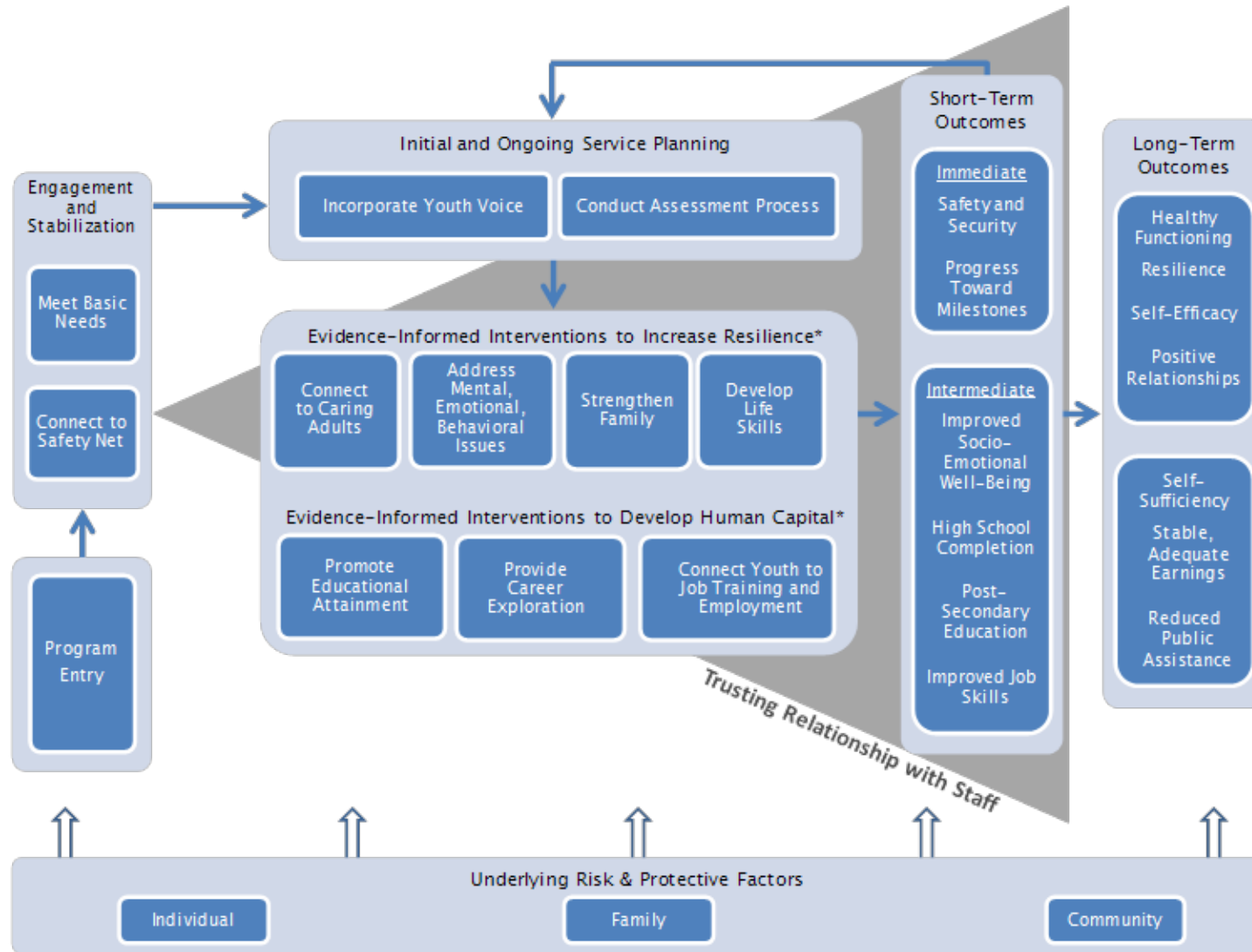
A. An Introduction to the Conceptual Framework

Figure IV.1 displays the core elements of the conceptual framework in the order that they are generally likely to occur. Youth enter ACF programs with risk and protective factors that reflect their background and experiences. Their immediate needs are addressed and, as they begin developing a trusting relationship with program staff, they engage in an initial service-planning process that includes incorporating their voices in an assessment of needs. The assessment is then used to match youth with specific interventions to increase resilience and human capital, and they work toward immediate and short-term goals.

Because youth are continually developing and encountering new challenges and circumstances, follow-up assessments take place during and after they complete each intervention. This is indicated by the arrow that loops back from the short-term outcomes to service planning. In this way, the amelioration of prior needs can be assessed and additional needs identified as youth progress toward adulthood. Thus, youth are likely to loop back through the service-planning process and interventions multiple times before longer-term outcomes may be achieved.

In many cases, youth will need to achieve physical safety and security and increase their resilience before they can focus on building human capital, but others may not require this level of assistance. The framework may suggest to some that resilience interventions should be provided prior to capital development services, but an individual youth's progress toward self-sufficiency may not follow this trajectory. Some youth may be able to increase resilience while developing human capital, or even begin to build human capital prior to increasing resilience. In some cases, assessments might indicate that youth are already prepared for interventions to increase human capital and that interventions to increase resilience are unnecessary.

Figure IV.1. Conceptual Framework for Advancing the Self-Sufficiency and Well-Being of At-Risk Youth



* Interventions are selected based on each youth's assessment results.

In this framework, program duration is expected to vary depending on individual needs and the age or developmental stage during which youth enter the program. Some youth might require only a short-term intervention, such as one that provides them with work experiences. Alternatively, other youth might require a multiyear intervention that begins by addressing their basic needs and helping them cope with the effects of trauma before providing them with the educational and career training that will set them on a path toward self-sufficiency.

B. Underlying Risk and Protective Factors

Youth enter ACF programs with particular risk and protective factors based on their past experiences, their current circumstances, and their access to resources. These factors are important to recognize because they can influence youth's willingness to engage in services, their level of program participation, and their outcomes. The specific risk and protective factors that we consider in the framework have been identified in the research as predictors of youth outcomes (see Koball et al. [2011] for a review of this research). Risk and protective factors can occur at the individual, family, and/or community level.

At the individual level, a host of risk and protective factors have been linked to youth outcomes. Individual-level risk factors include exposure to violence or trauma, mental or physical health problems, and social isolation; cognitive problems such as learning disabilities; and risky behaviors such as unprotected sex, alcohol or substance abuse, and delinquency. Protective factors at the individual level include positive self-regulation, self-concept, coping strategies, feelings of self-efficacy, high expectations for self, an internal locus of control, social skills, and support from prosocial peers. Knowledge of social and cultural norms and the ability to appropriately apply them are also likely to be protective factors for youth in educational settings and the workplace, as are job skills and work experience.

Families are important influences in youth development. At the family level, risk factors include chronic poverty, family economic hardship and instability; family dysfunction such as high levels of conflict, domestic violence, or parental substance abuse; disruption of or other problems with family structure such as divorce and lack of father involvement; and child maltreatment, including neglect and physical, emotional, or sexual abuse. Protective factors at the family level include positive parenting practices, such as monitoring and supervision; attachment to family; and parental resources such as the income to support postsecondary education or knowledge of job or work training opportunities for youth.

Risk factors at the school and community level are often also predictors of youth outcomes. Failing schools and schools with high levels of substance abuse or violence make it difficult for youth to thrive, as do high levels of crime and unemployment in the community. A shortage of affordable housing can make it difficult for youth to transition to independent living. Youth growing up in distressed neighborhoods are less likely to complete high school or be employed as young adults relative to their counterparts in nondistressed neighborhoods (Albee and Gullotta 1997; Wilson 2005). Conversely, the availability of positive adult and peer role models can help protect youth (Clark et al. 2003; Huizinga et al. 2003), as can neighborhoods that are rich in resources and job opportunities.

The fact that each young person has a unique constellation of risk and resilience factors suggests that a one-size-fits-all approach is unlikely to be effective. Identifying and engaging youth in the set of services that is most likely to strengthen their specific protective factors and reduce their

specific risk factors is a more strategic way of targeting interventions. In order to determine what services are most likely to benefit individuals, a careful process of assessing youth and matching them to the most relevant services is needed, both initially and as they continue to progress toward adulthood.

C. Engagement and Stabilization

Develop trusting relationships between youth and staff. As depicted by the triangle in Figure IV.1, delivering program services is only feasible if it is done in the context of a trusting relationship between the youth and program staff. In-depth service-needs assessments and most interventions are likely to be more successful if the youth trust the staff administering or recommending them. Many at-risk youth have had negative experiences with adults and with public systems designed to assist them; thus, they may have difficulty trusting service providers or adults in general. They may be reluctant to accept that service providers have their best interests in mind and may question the value of services offered. Moreover, youth who have suffered difficult personal experiences or trauma are not likely to share them with adults they do not trust. These factors complicate an organization's ability to identify needs.

The importance of a strong relationship with staff is supported by research. Lewis-Charp et al. (2003) found that such relationships can be the primary factor that keeps youth returning to organizations. Clearly, an important priority for youth-serving organizations is to emphasize to their staff the value of cultivating trusting personal relationships with the youth they serve as a mechanism for effective assessment and service delivery.

Developing trusting relationships between staff and youth should be an organic, gradual process. If possible, relationships should be built on the natural rapport that can form between youth and staff members. Giving youth some freedom to choose which staff members they will work with may aid this process. Once a relationship begins to form, staff continuity—that is, allowing youth to work with the same staff consistently—can help the relationship develop into a trusting bond.

Meet basic needs. Some youth may come to the attention of or enter youth-serving organizations when they are in a state of crisis, needing food, clothing, health care, or a safe place to sleep. Others may be experiencing an emotional crisis; they may lack a feeling of safety or security in their environment or feel threatened, abandoned, or alienated. When youth are in crisis, responding to these immediate needs before attempting to engage them in lengthy assessments or long-term services is likely to decrease their immediate stress level and increase their receptivity to engaging with staff. Meeting basic needs helps ensure their safety and security while building a foundation of trust through which additional services for higher-order needs may be offered.

Connect to safety net. Meeting immediate needs is only a first step in what can be a long journey from crisis to economic self-sufficiency. To allow youth the time to participate in program services and build their resilience and capital, they may need to be connected to the public safety net, which can serve as a bridge toward self-sufficiency. For example, programs such as Supplemental Security Income (SSI), Supplemental Nutrition Assistance Program (SNAP), housing assistance, or Temporary Assistance to Needy Families (TANF) may meet some of the interim needs of at-risk youth who are homeless, disabled, pregnant, or parenting. Medicaid may facilitate youth's engagement in receiving needed health care services. Staff can help youth understand what benefits

are available to them, access services, and navigate the sometimes challenging world of public assistance.

Stable youth are in a better position to avoid risky behavior and unsafe circumstances and focus on their future. For instance, providing supportive housing for a homeless youth will meet the youth's immediate need and reduce chaos (the youth knows where he or she will sleep tonight); it can also enable the youth to participate in an education or training program and to begin planning for the future.

D. Initial and Ongoing Service Planning

Because at-risk youth vary widely in their specific needs at program entry and because these needs often change, an initial and ongoing service-planning process is recommended. Connecting youth to the most relevant services requires assessment of their needs, interests, strengths, and goals. This kind of information-gathering process is most useful when it incorporates both the voices of the youth themselves and research-based assessment tools. Engaging youth in decision making and fostering an ongoing relationship with the program allow staff to promote appropriate developmental skills. Involving them in ongoing service planning allows youth to experience and build upon small successes, increasing their sense of competence and confidence. As the youth-staff relationship grows, assessment of more sensitive topics may become possible.

1. Youth Voice

Promoting the ability of youth to actively engage in their own service planning may be particularly critical for vulnerable youth. Youth who have had repeated negative experiences with adults or institutions may experience self-doubt that can hamper the development of their voices, and they may mistrust adults. These barriers can make ongoing engagement in services and the establishment of a trusting relationship challenging (Halpern 2006). The service-planning process, conceptualized as the space for engaging these youth in decision making and action, has the potential to counter the effects of these experiences, contributing to the competencies and confidence of the youth as well as providing a space to develop trusting relationships with adults.

The youth development literature suggests that youth must have opportunities to put their voices into action—in essence, they must engage in experiences that enable them to be producers of their own development (Lerner 2002). The importance of youth voice in promoting positive youth development has been established; when youth feel they have a voice within contexts that affect them, they have the opportunity to develop agency, confidence, and self-efficacy (Mitra 2003). One study (Serido et al. 2011) found that youth who develop positive relationships with adults perceive they have more voice in the program; in turn, they perceive more benefits to program participation. In addition, Borden and Serido (2009) found that youth became active program participants when they felt they had both a powerful voice in program decision making and supportive relationships with adult staff. In contrast, youth who felt they lacked either a strong voice or adult support did not feel connected to the program, despite ongoing participation.

The service-planning process proposed as part of the conceptual framework thus serves as a mechanism for ongoing engagement, the establishment of a trusting relationship with a nonfamilial adult, youth input into their goals and the design of their services, and the opportunity for youth to own and build upon successes along the way.

2. Assessment

The framework envisions a comprehensive and ongoing assessment process as an integral part of service planning. Information is collected in the assessment process for matching youth with appropriate services. Assessments are needed for multiple reasons. Youth may come to the organization seeking assistance with one issue but need a range of other types of services. And as youth address one issue, they may need assistance with other aspects of transitioning to adulthood.

The assessment of youth should be a longitudinal and interactive process designed to reflect the complex and developing nature of their lives. Early assessments can focus on basic needs; more sensitive topics can be addressed once youth are engaged with the organization and developing a trusting relationship with staff. Periodically reassessing youth will ensure that they are matched to services that reflect their goals, growth, development of additional skills, and exposure to risks that are part of a young adult's life course.

The assessment process can collect information about a youth through informal means, such as conversations during service planning or other interactions, and/or through formal methods, such as standardized instruments. Early in the relationship or for particularly sensitive topics, assessments may be informal, such as conversations with the youth while waiting for programming to start. Informal conversations may also be helpful in developing an understanding of his or her goals and motivation. Formal assessments, including standardized questionnaires, can also be used. Information from formal assessments may be useful for meeting the requirements of agencies or funders or for assessing the effectiveness of the intervention.

Organizations may use comprehensive assessments that capture a wide range of information in a single assessment, such as the Child and Adolescent Functional Assessment Scale (CAFAS 2000), or targeted assessments that focus on one particular area. Appendix A describes a range of established assessment instruments that have been used with youth. Whether comprehensive or narrowly focused, assessments should take place within the context of service planning and the emerging relationship between the youth and organizational staff. Framing assessments as a means of promoting the youth's development and achievement may foster engagement in assessments from youth who may otherwise be wary.

As the youth and their relationships with the program develop, particular assessment foci are likely to shift. Key areas to consider for assessment and service planning include:

- **Risk and protective factors.** The assessment process should include risk and protective factors at the individual, family, and community levels. These factors are predictors of outcomes in adulthood and can be used to tailor intervention services. An example of an assessment of risk and protective factors is the CARE-2, for use with individuals ages 6–19 (Seifert 2011).
- **Life skills.** Assessing a youth's skills for living independently, including self-care, managing healthy relationships, nutrition, communication skills, and money management may be useful to targeting services. For parenting youth, assessments of the youth's ability to care for his or her child should be included. The Ansell Casey Life Skills Assessment is an example of a standardized assessment of life skills (Casey 2000).
- **Career readiness.** To match youth to the most appropriate services to promote capital, assessments can include identifying where youth are in their career trajectories. Such

assessments may include educational or vocational training, career exploration, and development of soft skills, such as communication and expectations regarding professional behavior. An example of a career readiness assessment is the Career, Interests, Preferences, and Strengths Inventory (CIPSI; Clark et al. 2012).

- **Mental, emotional, and behavioral health.** Screening instruments can be used by a broad range of staff to determine whether a clinical assessment is appropriate. An example of a screening instrument for substance abuse is the Drug Abuse Screening Test (DAST; Skinner 1982). Staff can also be trained to recognize symptoms of trauma⁴ that interfere with daily functioning to identify the need for clinical assessment or treatment. A clinical instrument frequently used with youth is the Social Skills Improvement System Ratings Scales for ages 3–18 (Gresham et al. 2008).

It is important that assessments, however they are conducted, be used to guide service planning and support to youth in reaching their goals. In addition to assessments, each youth's interests, goals, and ideas should be integral in developing his or her service plan. Youth should understand how the assessments and their desires are informing their individual service plan and how the plan will help them achieve their goals.

E. Evidence-Informed Interventions to Increase Resilience and Human Capital

We recommend that youth be matched to interventions informed by research evidence. Evidence-informed is a more inclusive standard than evidence-based interventions. Evidence-informed interventions have been either (1) rigorously evaluated using a random assignment design and shown to be effective, (2) evaluated using less rigorous methods and shown to be associated with positive outcomes, or (3) developed based on the research literature about at-risk youth. Because so few youth interventions have been rigorously evaluated, it is important to include evidence-informed ones. A demonstration of programs informed by this conceptual framework could build the evidence about what helps at-risk youth have positive outcomes.

1. Resilience Interventions

Interventions to increase resilience aim to reduce risk factors and build up protective factors to improve socioemotional well-being. Because the specific mix of risk and protective factors will be different for each youth, programming should avoid a one-size-fits-all approach. Instead, a more tailored approach is warranted that identifies each youth's needs and connects the youth to specific services to address those needs. For this reason, we describe a range of interventions in this section.

We include interventions that aim to increase resilience in four ways: by connecting youth to caring adults; by addressing mental, emotional, and behavioral health; by strengthening youth through family; and by helping youth develop life skills. The interventions highlighted do not comprise a systematic or comprehensive list of evidence-informed youth programs. Rather, they provide examples of programs to help youth build resilience in areas identified as key for healthy

⁴ Such symptoms may include self-blame, difficulty concentrating, fatigue, being easily startled, anxiety and fear, insomnia, anger, agitation, irritability, or other emotional or physical symptoms.

development. Appendix B provides an overview of the evidence for each of the programs described below, as well as other evidence-informed programs that address the same four aims.

Connecting youth to caring adults. Mentoring programs aim to improve youth outcomes by fostering healthy relationships with caring adults. Experimental evaluations have shown that community mentoring and school-based mentoring programs can improve children's relationships with their parents (Karcher et al. 2002; Rhodes et al. 2000, 2005) and their peers (Rhodes et al. 1999; Karcher 2008; Wheeler et al. 2010). A random-assignment evaluation of *Big Brothers, Big Sisters School-Based Mentoring (BBBS-SBM)* showed positive impacts on academic performance, connectedness to a caring adult, and confidence about completing school and attending college (Herrera et al. 2007). *Big Brothers, Big Sisters, Community-Based Mentoring (BBBS-CBM)* was evaluated in a rigorous evaluation that found impacts on school performance; attitudes toward education, peers, and family; drug and alcohol abuse; and aggression. Recent research suggests that youth who have satisfactory but not particularly strong relationships with adults and peers at baseline benefit more from mentoring than youth who have either strongly positive or negative relationships (Schwartz et al. 2011). However, youth with histories of abuse or psychological disorders do not appear to benefit from adult mentoring programs (DuBois et al. 2002; Karcher 2008).

Teen REACH, created by the Illinois Department of Human Services, is an example of a program that combined adult mentoring with capital development activities, life skills training, and parental involvement. Sustained one-on-one interactions with positive adult mentors, as well as other services, were designed to improve skills, encourage community involvement, and reduce risky behaviors. Although the model has not been experimentally evaluated, a non-experimental study found that youth reported improvements in self-concept, decision-making skills, and problem solving abilities after participating in Teen REACH (CPRD 2004).

Addressing mental, emotional, and behavioral issues. Many homeless and foster youth have suffered traumatic events. Interventions that aim to improve youth outcomes by addressing the effects of trauma include *Multidimensional Treatment Foster Care (MTFC)* and the *Trauma Recovery and Empowerment Model (TREM)*. *MTFC* is a program for foster youth who have problems with chronic antisocial behavior, emotional disturbance, and delinquency. It serves as an alternative to group or residential treatment, incarceration, and hospitalization. Treatment is provided by families within the community who are recruited, trained, and closely supervised to provide the adolescents with ongoing support, regular interaction with adults, and intensive supervision at home, in school, and in the community. In two evaluations using random assignment, Chamberlain and Reid (1991, 1998) found reduced recidivism for serious offenders, faster transfers from hospital to nonhospital placements, and increased placement in family homes for youth participating in *MTFC* compared to youth assigned to a control condition.

The *Trauma Recovery and Empowerment Model (TREM)* is a program for women suffering from the effects of violent victimization. *Project HOPE* adapted the program for use with young women 12–18 years of age and implemented it in 16 sessions within Washington, D.C., charter and traditional public schools. The goals of the intervention include decreasing distress and difficulties in multiple life domains, enhancing positive coping skills, strengthening overall functioning, and decreasing the risk of revictimization. In two quasi-experimental evaluations, women participating in *TREM* while attending a substance abuse center reported lower use of drugs and alcohol, decreased trauma symptoms, and improvements in psychological functioning compared to women who received substance abuse treatment but did not participate in *TREM* (Amaro et al. 2007; Toussaint et al. 2007).

Some at-risk youth may experience emotional or behavioral problems that have arisen from sources other than exposure to traumatic events. For example, some may have substance abuse problems as a result of their environments, some may have learning disabilities that have gone untreated, and others may suffer from depression or anxiety disorders unrelated to trauma. A host of evidence-informed intervention services are available to address these needs, including programs based on cognitive behavior therapy (CBT). These programs include such techniques as problem-solving, stress inoculation, relaxation, and cognitive restructuring. CBT-based programs have produced improvements in anger management (Beck and Fernandez 1998), anxiety (Flannery-Schroeder et al. 2005), and depression (Rohde et al. 2004). An example of a CBT-based substance abuse intervention is *Brief Marijuana Dependence Counseling*, a 9-session program that utilizes motivational enhancement therapy, cognitive behavioral therapy, and case management. A randomized controlled trial found a decrease in marijuana use which was maintained for at least 15 months, when compared to either a delayed treatment control group or a motivational enhancement therapy group alone (Babor and the Marijuana Treatment Project Group 2004).

Evidence-informed programs to help youth develop and maintain healthy relationships are also becoming available. The *Relationships Smarts PLUS* program aims to increase knowledge and help youth learn how to make good decisions about relationships. It teaches conflict management skills and strategies for decreasing destructive verbal and physical aggression (Kerpelman et al. 2009). Studies of *Relationships Smarts PLUS* found decreases in verbal aggression, improved relationship expectations, and better perceived conflict management skills (Adler-Baeder et al. 2007; Kerpelman et al. 2009) among students in schools randomly assigned to the program compared to students attending control schools that did not implement *Relationships Smarts PLUS*.

Family strengthening. Although some at-risk youth—such as those who are homeless or in foster care—are not in communication with their families, there are cases where strengthening the youth’s family is both appropriate and desirable. Some interventions aim to improve youth outcomes by improving family dynamics and increasing parental knowledge and skills. Family-based interventions have been shown to be effective for some of the most at-risk youth, including those who have been incarcerated or institutionalized due to behavioral or mental health problems, substance abuse, or criminal behavior.

Approaches to improve family functioning and dynamics include *Functional Family Therapy (FFT)*, *Multisystemic Therapy (MST)*, the *Strengthening Families Program*, *Guiding Good Choices*, and *Fast Track*. *FFT* and *MST* are family-strengthening approaches for justice-involved youth and their families. *FFT* targets adolescents who exhibit a range of maladaptive and acting-out behaviors. Trained staff provide at least 8 to 12 hours of direct therapy to youth and their families in a variety of settings, including the home, a clinic, and juvenile court. In several evaluations, including randomized experiments, researchers have found positive impacts of *FFT*, including reduced recidivism, reductions in out-of-home placements, and improvements in family interactions and communication style (Parsons and Alexander 1973; Gordon et al. 1995; Klein et al. 1977).

MST is a multimodal intervention that provides therapy and skills training to serious juvenile offenders and their families. It is flexible in treatment type and intervention setting. Studies have found positive changes in family relationships, decreases in behavior problems, decreases in incarceration, and improvements in functioning and school attendance among youth and families randomly assigned to *MST* compared to control youth and families who did not participate in it (Borduin et al. 1995; Henggeler et al. 1997, 2002; Randall et al. 1999). It should be noted, however,

that a meta-analysis of *MST* found inconsistent effects for youth ages 10–17 compared with youth who participated in other forms of treatment (Littell et al. 2005).

The *Strengthening Families Program (SFP)* targets youth at risk for behavior problems and their families. It is a 16-week intensive family skills training program that provides social skills training for children/youth, parent behavior training, and behavioral family therapy. *SFP* targets children and youth who have not exhibited serious emotional or behavioral problems but who have been exposed to multiple factors that put them at risk for substance abuse, delinquency, and school problems. A multi-year study followed families attending schools that were randomized to *SFP*, *Guiding Good Choices*, or a control condition from the time a child was in 6th grade until they were 21. Families with children attending schools assigned to *SFP* had better parent behaviors than control families in the 6th and 7th grades. In the 10th and 12th grades, as well as at 21 years old, youth who attended schools assigned to *SFP* had both slower rates of using alcohol and lower overall use of alcohol, tobacco and illicit drug use than control youth (Spath et al. 1998, 2001, 2004, 2009; Redmond et al. 1999).

Guiding Good Choices (GGC) and *Fast Track* are programs that aim to strengthen family-level protective factors by influencing parental behaviors. *GGC* is an intervention to teach drug and alcohol abuse-prevention skills to parents of young adolescents. In the same multi-year study describe above, parents of families attending schools assigned to *GGC* had better parenting behaviors than control parents in 6th and 7th grades. At follow-ups in the 10th and 12th grade and when the youth was 21, youth who had attended schools assigned to *GGC* had slower rates and lower overall use of alcohol, tobacco, and illicit drug use than youth who had attended schools assigned to the control condition (Spath et al. 1998, 2001, 2004, 2009; Redmond et al. 1999). A further experimental evaluation showed that adolescents who were randomly assigned to *GGC* increased their substance use and delinquent behavior at slower rates than adolescents who were not assigned to the intervention (Mason et al. 2003).

Fast Track is a school-based, teacher-led curriculum that promotes social and emotional development among high-risk youth through parent groups, coaching, and home visits. In a randomized trial, children who participated in *Fast Track* beginning in 1st grade were found to have increased social competence, decreased association with deviant peers, and fewer conduct problems as youth (Conduct Problems Prevention Research Group 2002a, 2002b, 2010). Children initially demonstrating the highest risk for psychiatric diagnoses who participated in *Fast Track* had fewer diagnoses of conduct disorder, oppositional defiant disorder, attention deficit hyperactivity or other externalizing disorders after grades 3, 6, 9, and 12 (Conduct Problems Prevention Research Group 2011).

Developing life skills. Some interventions aim to help youth develop life skills for independent living. These interventions are meant to foster social, emotional, and physical well-being as well as promote the skills necessary for educational and work success. They focus on understanding and managing finances, improving decision making and interpersonal skills, maintaining hygiene and healthy habits, and developing coping skills. Some life skills programs have focused on targeted populations. For example, both Transitional Living Programs (TLPs) for homeless youth and Independent Living Programs (ILPs) for youth transitioning out of the foster care system take a comprehensive approach to developing life skills while providing living accommodations. Using a quasi-experimental research design, MacAllum et al. (1997) found teens who participated in a TLP were more likely to be employed or attend school and more likely to have a savings account than comparison youth who did not participate in the TLP. An experimental evaluation of TLPs is underway, sponsored by the Family and Youth Services Bureau at ACF.

By contrast, the *Parenting and Paternity Awareness Program (p.a.p.a.)* and *Youth Opportunity Program (YO)* are examples of universal programs for all youth within a particular community. A mandatory component of the Texas high school curriculum, *p.a.p.a.* teaches teens about healthy relationships as well as the legal and financial consequences of becoming a parent. In a pre-post non-experimental research study, students who participated in *p.a.p.a.* demonstrated gains in knowledge related to the financial costs and legal issues associated with paternity and child support, as well as changes in attitudes toward parenthood, paternity, and relationships (Osborne et al. 2009; Osborne 2010). *YO*, which is no longer operational, made youth development services and activities available to all youth within high-poverty communities. Using a quasi-experimental research design, Jackson et al. (2007) found that youth in target communities had higher employment rates and were more likely to complete 11th grade than youth in non-*YO* census tracts.

2. Interventions to Develop Human Capital

Human capital interventions have multiple aims: to promote educational achievement, prepare youth for the workplace, and connect them to employment. Many of these programs begin during the high school years and are intended to increase the chances that youth will successfully complete high school, succeed in postsecondary education and training, and ultimately obtain stable, well-paid employment. Interventions may address multiple sources of capital, including social, cultural, economic, and human capital, as described in Chapter III.

Promoting educational achievement. Some programs, such as *Talent Search* and *Upward Bound*, focus on helping disadvantaged youth acquire the skills and knowledge they need to succeed in high school and college. *Talent Search* is a federally supported program providing academic, career, and financial counseling. It includes test-taking and study-skills assistance, academic advising, tutoring, career development, college campus visits, and financial aid application assistance. In this way, it focuses on elements of both human and economic capital. Quasi-experimental evaluations of *Talent Search* showed that participants were more likely to apply for financial aid and apply to public postsecondary institutions; they were also more likely to complete high school (Constantine et al. 2006).

Similarly, *Upward Bound* was designed to improve skills and generate the motivation necessary to succeed in postsecondary education among young people from low-income backgrounds. In an experimental evaluation of 67 *Upward Bound* programs, participants were more likely to earn a postsecondary certificate or license from a vocational school; however, they were no more likely to apply for or receive financial aid or earn a bachelor's or associate's degree (Myers et al. 2004; Seftor et al. 2009).

Some programs that engage at-risk youth in human capital development include components that involve their parents. Programs such as the *Florida's College Reach-Out Program (CROP)* provide parents with information about opportunities for their children's postsecondary education and teach them how to monitor their children's education progress. *CROP* participants generally enroll while in middle school (grades 6–8) and often participate until 12th grade. Compared to other youth attending school in Florida, *CROP* participants performed better on a range of academic outcomes, including grades, promotion rates, graduation rates, enrolling in higher education, and utilizing scholarships to pay for higher education (Florida Department of Education 2009). Parent involvement is also a component of many precollege outreach programs, such as *Talent Search* (Perna and Swail 2002).

Many policymakers as well as workforce and educational organizations are embracing “career pathway” programs. This model is designed explicitly to support individuals who are moving from training to employment whether they are at-risk youth or not. The model also has a strong connection with local employers and integrates innovative instructional strategies with learning supports. Some career pathway programs begin by supporting individuals in completing their high school diploma or GED. Individuals can earn additional certificates—and therefore qualify for higher-skilled and better-paying jobs—as they move up the career pathway. Examples of such programs include *Integrated Basic Education and Skills Training (I-BEST)* in Washington State, *Carreras en Salud* in Chicago, and the *Arkansas Career Pathways Initiative*.

Other programs focusing specifically on youth and young adults include *YouthBuild* and *Year Up*. *YouthBuild* targets 16- to 24-year-olds without a high school diploma, while *Year Up* targets 18- to 24-year-olds with a high school diploma/GED. Both programs combine classroom instruction with work. *YouthBuild* offers job skills training and course work as part of earning a high school diploma or GED. *Year Up* participants earn a stipend while spending six months learning the “ABCs” of the workplace—attitude, behavior, and communication—and an additional six months in an information technology or financial services internship with a government or corporate organization. A small randomized controlled trial found that *Year Up* participants earned higher wages on average than a control group two years after random assignment (Roder and Elliott 2011). *Year Up* participants earned higher hourly wages and were more likely than control group participants to work full time (Roder and Elliott 2011).

I-BEST, *Carreras en Salud*, and *Year Up* are participating in the ACF-funded Innovative Strategies for Increasing Self-Sufficiency (ISIS) project, a large, rigorous evaluation of program impacts on the self-sufficiency of participants.⁵ The ISIS project is expected to release 12-month follow-up findings in 2015. *YouthBuild* is being evaluated in a random assignment study that is taking place in 77 locations across the nation (MDRC 2012). The *YouthBuild* project is planning to release impact results in 2015 and 2017.

Providing opportunities for career exploration. Some programs include specific components to help youth begin to explore vocations. One example is *Career Beginnings*, which links education and employment by providing tutoring, help with college admissions or financial aid applications, career development workshops, career-specific training, summer work experiences, and career fairs. To develop their social capital, students are also connected with adult mentors from the business and professional community. An experimental evaluation showed that one and two years after participation in *Career Beginnings*, participants were more likely to attend college immediately following high school, although there was no difference in their continuing to attend college (Cave and Quint 1990). The *Summer Career Exploration Program (SCEP)* aims to place youth in career-related, paid summer jobs with the expectation that supervisors will provide support and guidance. An evaluation using random assignment to *SCEP* showed higher employment rates initially; however,

⁵ For more information on the Innovative Strategies to Increase Self-Sufficiency (ISIS) project, see the project website at <http://www.projectisis.org>. In addition to the ISIS project, ACF is also evaluating other career pathway programs through its Health Professional Opportunity Grant (HPOG) program. For more information on the HPOG program’s research and evaluation portfolio, please see <http://www.acf.hhs.gov/programs/opre/research/project/evaluation-portfolio-for-the-health-profession-opportunity-grants-hpog>.

one year later there were no differences between the *SCEP* and control groups on youth's plans to attend college, understanding the connection between school and work, school-year employment rates or wages, self-efficacy, or work readiness (McClanahan et al. 2004).

Connecting youth with employment. Exposure to work settings and connecting youth to jobs are key components of youth workforce development programs. These programs often provide stipends or other payment for work. Examples of effective programs that offer a work experience and connection to employment are *Conservation and Youth Service Corps* (1993–1996; now known as *Youth Corps*) and *Job Corps*. *Youth Corps* is a full-time program that provides participants with a combination of paid community service work and educational support such as remediation, as well as work preparedness and life skills training. Youth randomly assigned to *Youth Corps* were more likely to be working for pay and working for more hours than youth assigned to the control group (Jastrzab et al. 1997). They were also less likely to be arrested (Jastrzab et al. 1997). *Job Corps*, a federally funded residential job training program for disadvantaged youth, provides a comprehensive array of supports to help youth develop and maintain employment. Results from a large-scale experimental evaluation showed that youth who participated in *Job Corps* were more likely to receive a GED and a vocational certificate. They also demonstrated improved functional literacy, reduced involvement with the criminal justice system, and short-term gains in earnings, although the latter persisted only for older participants (Schochet et al. 2008).

Career Academies is a program approach that aims to create a career path for youth by helping them develop technical skills, gain work experience, and make connections to local employers. A random-assignment evaluation of *Career Academy* programs found no differences in high school graduation or enrollment in college immediately following high school; however, young men who attended the program had higher earnings than young men assigned to the control group (Kemple and Scott-Clayton 2004).

F. Outcomes

Although the path to positive outcomes may be somewhat different for each youth, depending on his or her unique circumstances, histories, risk factors, and strengths, in the long term the expected outcomes themselves are uniform. In our framework, the overarching goal for all youth is to achieve healthy functioning and self-sufficiency in adulthood. Nevertheless, preparing at-risk youth for a successful transition to adulthood can be a lengthy process wherein youth may sometimes take two steps forward and one step back. To assess program effectiveness, the framework recommends assessing outcomes longitudinally: immediately, at an intermediate point, and in the long term.

1 Immediate Outcomes

The framework assumes that before youth can focus on engaging in a planning process or participating in interventions, they need to achieve a minimum level of safety and security. Such immediate outcomes include having a safe place to live, a regular source of food and nutrition, and access to basic health care. A second group of immediate outcomes includes engagement in the program and progress toward milestones established in the service plan. For example, these may include regular attendance at high school, enrollment in vocational training, or participation in mental health treatment.

2. Intermediate Outcomes

Continued participation in the resilience and capital development interventions should result in what might be called intermediate outcomes—steps on the path to healthier functioning and self-sufficiency. These can include improvements in socioemotional development, such as reductions in risky behavior and lower levels of depression or isolation. Key intermediate outcomes also include acquisition of human, social, cultural, or economic capital such as an education or work credential, experience in the workplace, career exploration, knowledge of how to apply for higher education, and the development of noncognitive skills.

3. Long-Term Outcomes

A key group of long-term outcomes is related to healthy social, emotional, and behavioral functioning. Interventions to reduce risk factors and increase protective factors are expected to result in greater resilience and may lead to a greater sense of self-efficacy and control over one's life. Individuals with high self-efficacy believe they can succeed in meeting life's goals, tasks, and challenges, viewing them as things to be mastered rather than avoided (Luszczynska and Schwarzer 2005). Youth with a sense of agency are better able to advocate for themselves and take control of their futures. A third key outcome in this group is the attainment of healthy, stable relationships, romantic or platonic—an important developmental task for young adults. Social support is a key protective factor and can provide both emotional and instrumental assistance as youth are faced with the reality of becoming independent adults. Healthy social connections can assist adults in coping with feelings of stress and loneliness and in providing assistance such as advice about jobs, child care, or financial help in times of crisis.

The second group of long-term outcomes is related to economic self-sufficiency in adulthood. These include stable employment with adequate earnings and opportunity for advancement. Adults who are employed in such jobs are likely to require less public assistance. For example, although they may still be eligible for the Earned Income Tax Credit (EITC), they will be unlikely to be receiving TANF. Thus, long-term evaluations of programs based on the framework should include an assessment of the use of various forms of public assistance.

V. CONCLUSIONS

Youth involved in ACF programs—or those at risk of involvement—may face multiple challenges in the transition to adulthood. Helping these youth forge a pathway to self-sufficiency may require a range of interventions at varying points in their trajectories. The framework outlined in this document suggests one way to think about and respond to these multiple challenges.

This framework was designed through an interactive process that included consultation with academic experts, a literature review, and discussions with innovative programs addressing youth issues in the field. From these multiple sources, we developed a framework we hope will guide program development in the field. Key elements of this framework include the following:

- Take account of youths’ underlying risk and protective factors in planning and providing services
- Stabilize youth in crisis and earn their trust by first addressing their basic needs and connecting them to safety net resources when needed
- Engage youth in an ongoing assessment and service-planning process
- Provide evidence-informed interventions to promote the resilience of youth
- Focus on increasing human capital by providing services to directly prepare youth for economic self-sufficiency
- Rigorously evaluate the effectiveness of program approaches by examining impacts in the short term and longitudinally

This framework can be used by practitioners, funders, and policymakers. Practitioners may reflect on current and developing program needs and assess what may be missing. Funders may use it to assess programs as well as broader systems for youth. Policymakers may use it to reconsider incentives for program design and methods for encouraging more-comprehensive approaches for these youth or demonstrations to test models based on this framework.

The framework presented here reflects the existing research base and thinking from a full range of stakeholders; nevertheless, it will be important to rigorously test programs that build on it. Compared to some other fields, youth transition services are lacking in the number and variety of rigorous evaluations. The programs reviewed as part of this project are generally perceived to be innovative and effective, but although a few have undergone evaluation, solid scientific evidence is scarce. This framework may serve as a blueprint for future rigorous tests.

All American youth face challenging transitions to adulthood in the early 21st century. Youth involved in ACF programs face particularly difficult risks. Simple programmatic approaches addressing a single need or taking a one-size-fits-all approach are unlikely to succeed in moving youth closer to self-sufficiency and healthy functioning. A more comprehensive approach—based on stabilizing and meeting basic needs, continuing assessment, and integrating resilience building with human capital development—may lead to better outcomes.

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APPENDIX A

ASSESSMENT FOR SERVICE COORDINATION

This appendix provides examples of assessments that can be used as part of the ongoing service planning process described in the main body of this report. The list is not intended to be exhaustive; other effective assessments exist that may address the planning interests of a particular program or youth-serving organization. Rather, this table presents examples of assessments used by youth-serving organizations that would support the type of assessment process envisioned in the conceptual framework.

The table is organized by assessment type:

- Broad assessments measure a wide range of domains
- Life skills and self-sufficiency assessments measure skills and resources related to daily living, housing, and economic stability
- Education assessments measure academic skills and college readiness
- Career readiness assessments measure occupational interests, aptitude, and hard and soft job skills
- Mental health assessments provide screening for symptoms that may indicate a need for an in-depth mental health service needs assessment
- Substance abuse assessments screen for dependency on alcohol, drugs, or other harmful substances
- Trauma assessments screen for symptoms of trauma and toxic stress, which may require intensive mental health treatment

The table presents information regarding the population the assessment is intended for, the constructs measured, administration requirements, and information on how to obtain the assessment instrument. Youth-serving organizations can use different combinations to create a comprehensive set of instruments that provide information on youth strengths, risks, and needs.

Appendix Table A.1

Name	Description	Target Population	Constructs Assessed	Purchasing Information	Requirements to Administer	Time/Items	Additional Languages	Additional information
BROAD ASSESSMENTS								
CANS	Child and Adolescent Needs and Strengths Assessment	0–17 years old	Life domain functioning, youth strengths, caregiver strengths and needs, acculturation, behavioral and emotional needs, and risk behavior. Optional modules include substance abuse, trauma, violence, fire-setting, juvenile justice, runaway, and sexually aggressive behavior	Available for free from the Buddin Praed Foundation	Completed by a caseworker or interviewer	10 minutes	Spanish	http://www.praedfoundation.org/
CAFAS	Child and Adolescent Functional Assessment Scale	4–18 years old	Functioning at school/work, home, and community; behavior toward others; moods/emotions; self-harmful behavior; substance use, thinking.	Computer based. Available for purchase from Functional Assessment Systems	Completed by a trained assessor	10 minutes		http://www.fasoutcomes.com/HomePage.aspx
CASPARS	Clinical Assessment Package for Assessing Client Risks and Strengths	Foster care and non-foster care youth	Emotional expressiveness, family relationships, family's embeddedness in the community, peer relationships, and sexuality	Not available	Completed by a trained assessor	76 items		Gilgun, J. "CASPARS: New Tools for Assessing Client Risks and Strengths" <i>Families in Society</i> , vol. 80, no. 5, 1999, pp. 450-459
SDQ-III	Self-Description Questionnaire	16–25 years old	Nonacademic (physical ability, physical appearance, peer relations—same sex, peer relations—opposite sex, parent relations, emotional stability, honesty/trustworthiness, and spiritual values/religion), and academic areas (verbal, mathematics, problem solving, and general—academic)	Paper based Available for free from Oxford University	Self-reported No training is required to administer	20–25 minutes 136 items		http://www.self.ox.ac.uk/Instruments/SDQIII/SDQIII.htm
CARE-2	Measures risk and protective factors	6–19 years old	Youth characteristics, peer relationships, school and education issues, family dynamics, and protective factors	Available for purchase from CARE-2 Systems	Completed by a clinician	15–30 minutes 57 items		http://www.care2systems.com/
LIFE SKILLS								
Ansell Casey Life Skill	Life skill and independence assessment	14–21 years old Originally designed for use with foster care youth, but can be used on other at-risk populations	Daily living, self care, relationships and communication, housing and money management, work and study, looking forward, and permanency	Paper or web based. Both available for free from Casey Family Programs.	Self-reported Completed by both youth and caregiver	30–40 minutes 113 items	Spanish	http://caseylifeskills.force.com/clsa_homepage

Appendix Table A.1 (continued)

Name	Description	Target Population	Constructs Assessed	Purchasing Information	Requirements to Administer	Time/Items	Additional Languages	Additional information
Self-sufficiency matrix	Measure of Independence and Life skills	Adolescents and adults	Income, employment, shelter, food, childcare, children's education, adult education, legal, health care, capacity life skills, mental health, substance abuse, family relations, mobility, community involvement, safety, parenting skills	Paper based Example from Washington State is available for free online	Completed by case manager	25 items		http://www.performwell.org/index.php/find-surveyassessments/outcomes/employment-a-housing/housing-and-shelter/self-sufficiency-matrix-an-assessment-and-measurement-tool-created-through-a-collaborative-partnership-of-the-human-services-community-in-snohomish-county
Daniel Memorial Independent Living	Independent Living Skills assessment	14 years old and older	Money and food management, personal appearance, health, housekeeping, transportation, education planning, job seeking and maintenance skills, emergency and safety skills, knowledge of community resources, interpersonal skills, legal skills, and housing	Paper or computer based Available for purchase from Daniel Kids Foundation. Software systems start at \$1,195	Self-reported	231 items		http://www.danielkids.org/page.aspx?pid=360&nccsm=15&nccscid=16&nccsct=Assessments
EDUCATION								
TABE	Test for Adult Basic Education	14 years old and older	Basic skills, real world skills, and language proficiency. Subject specific tests are also available	Computer, online, or paper based Available for purchase through CTB/McGraw Hill. PC starter sets are priced at \$206	Self-reported	3.5 hours 225 items	Spanish	http://www.ctb.com/ctb.com/control/productFamilyViewAction?productFamilyId=608&p=products
WRAT-4	Wide Range Achievement Test 4 (WRAT4)	5–94 years old	Basic skills (word reading, sentence comprehension, spelling, math computation). Also reports a reading composite score, which includes word reading and sentence comprehension scores	Computer and paper based. Available for purchase through PAR with introductory kits priced at \$275 and computer version starts at \$445	Self-reported	35–45 minutes		http://www4.parinc.com/Products/Product.aspx?ProductID=WRAT4

Appendix Table A.1 (continued)

Name	Description	Target Population	Constructs Assessed	Purchasing Information	Requirements to Administer	Time/Items	Additional Languages	Additional information
SAT-9/SAT-10	Stanford Achievement Test (versions 9 and 10)	Grades K– 12	Academic assessment (reading, lexile Measure, mathematics, language, spelling, listening, science, and social science).	Online or paper based Available for purchase from Pearson Paper based kits begin at \$54; online tests begin at \$12.95 per administration.	Self-reported	Varies by grade level		http://www.pearsonassessments.com/HAIWEB/Cultures/en-us/Productdetail.htm?Pid=E132C https://education.pearsonassessments.com/haiweb/cultures/en-us/productdetail.htm?pid=SAT10C
CAREER READINESS								
PICS	Picture Interest Career Survey	Individuals with limited familiarity with English, developmentally delayed or have a learning disability, limited access to education, or chronically unemployed.	identify occupational interests and maps to job titles from the O*NET	Paper based. Available for purchase from JIST Publishing 25 surveys are available for \$50.95	Self-reported	15 minutes 36 items		http://jist.emcp.com/picture-interest-career-survey.html
SET	Short Employment Test	5 th -Grade Reading Level	Aptitude for verbal, math, and clerical tasks, environmental preference, and job position preference.	Available from Pearson Starter kit for \$423.	Self-reported	15 minutes		http://www.pearsonassessments.com/HAIWEB/Cultures/en-us/Productdetail.htm?Pid=015-4948-721&Mode=summary
CAI	Career Assessment Inventory	15 years old and older	Occupational interest inventory	Paper, computer, or online based Available for purchase from Pearson with kits starting from \$66.20	Self-reported	35–40 minutes 370 items	Spanish	http://psychcorp.pearsonassessments.com/HAIWEB/Cultures/en-us/Productdetail.htm?Pid=PAq112
CIPSI	Career Interests, Preferences, and Strengths Inventory	11–22 years old	Personal Interests, strengths, general preferences, and favored careers.	Computer or paper based Available for purchase from Pro-Ed for \$125	Self-reported	15–30 minutes		http://www.proedinc.com/customer/productView.aspx?ID=5083&SearchWord=career%20interests

Appendix Table A.1 (continued)

Name	Description	Target Population	Constructs Assessed	Purchasing Information	Requirements to Administer	Time/Items	Additional Languages	Additional information
MENTAL HEALTH								
CBCL	Child Behavior Checklist	6–18 years old	Social functioning, mood and anxiety symptoms, and externalizing symptoms	Paper or computer based Available for purchase from ASEBA. Computer starter kits from \$395	Completed by youth, teacher and parent/caregiver	15 minutes 120 items	Over 90 additional language	http://www.aseba.org/
SSIS	Social Skills Improvement System Rating Scales	3–18 years old with behavior problems	Personal strengths characteristic of resilience, socio-emotional competence, social skills, problem behaviors, and academic competence	Paper and computer based Available for purchase from Pearson. Hand-scored starter sets available for \$261	Completed by youth (for those in grades 3–12), teacher, and parent	15–25 minutes	Spanish	http://psychcorp.pearsonassessments.com/HAIWEB/Cultures/en-us/Productdetail.htm?Pid=PAa3400
RS	Resiliency Scale	Children and adolescents in institutional and non-institutional settings	Skills for coping with life stress (rapid responsivity to danger, precocious maturity, disassociation of affect, information seeking, formation and utilization of relationships for survival, positive projective anticipation, decisive risk-taking, conviction of being loved, idealization of aggressor's competence, cognitive restructuring of painful events, altruism and optimism and hope)	Not available	Self-reported	35 items		Jew, C.J., K. E. Green, and J. Kroger, J. "Development and validation of a measure of resilience." <i>Measurement and Evaluation in Counseling and Development</i> , vol. 32, 1999, pp. 75-89.
Rosenberg Self-Esteem Scale	Self-Esteem Scale	Developed on a sample of students in 11th and 12th grade	Global self-esteem	Paper based. Available for free from University of Maryland	Self-reported	10 items	More than 5 additional language	http://www.bsos.umd.edu/soc/research/rosenberg.htm
SA-45	Symptom Assessment-45 Questionnaire	13 years old and older	Anxiety, hostility, obsessive-compulsivity, phobic anxiety, somatization, depression, interpersonal sensitivity, paranoid ideation, psychoticism.	Paper or computer based Available for purchase from Multi-Health Systems. Manual and 25 forms are available for \$102.	Self-reported No training required to administer	10 minutes 45 items		https://ecom.mhs.com/(S/1hlq9551tqkf5jodylvun5)/default.aspx

Appendix Table A.1 (continued)

Name	Description	Target Population	Constructs Assessed	Purchasing Information	Requirements to Administer	Time/Items	Additional Languages	Additional information
BSI	Brief Symptom Inventory	13 years old and older	Somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism	Paper, audio or computer based Available from Pearson. Starter kits available for \$48.95 and up.	Self-reported	8–10 minutes 53 items	Spanish	http://psychcorp.pearsonassessments.com/HAIWEB/Cultures/en-us/Productdetail.htm?Pid=PAbsi
RSCA	Resiliency Scales for Children and Adolescents	9–18 years old	Sense of mastery scale (optimism, self-efficacy, and adaptability), sense of relatedness (trust, support, comfort, and tolerance), emotional reactivity (sensitivity, recovery, and impairment)	Paper based Available for purchase from Pearson. Complete kit sold for \$118.50	Self-reported	15 minutes 64 items		http://www.pearsonassessments.com/HAIWEB/Cultures/en-us/Productdetail.htm?Pid=015-8006-186
ADS	Assessing Developmental Strengths Questionnaires	Three versions: CR:ADS for children from 9–12/13 years old; YR:ADS for youth 13–24 years old; AR:ADS for adults 18 years old and older	Developmental strengths (individual assets, family assets and social supports)	Available for purchase from Resiliency Initiatives	Self-reported Additional test scale (APC/Y: ADS) collects information from significant adults to report their perceptions about the child or youth.	62 items		www.resiliencyinitiatives.ca
SUBSTANCE ABUSE								
SASSI	Screening instrument for substance dependency	12–18 years old (SASSI-A2) 18 years old and older (SASSI-3)	Substance dependency (alcohol and drug), and defensiveness	Paper or computer based Available from the SASSI Institute. Starter kit prices start at \$125.	Self-reported.	15 minutes	Spanish	http://www.sassi.com/products/
DAST	Drug abuse screening test	Adolescents	Drug use problem severity. Includes drug-related risks, such as blackouts, withdrawal, and illegal activities	Paper based Available for free from The European Monitoring Centre for Drugs and Drug Addiction	Self-reported	5 minutes 20 items	Finnish	http://www.emcdda.europa.eu/attachements.cfm/att_61480_EN_DAST%202008.pdf
A-COPE	Adolescent Coping Orientation for Problem Experiences	11–18	Coping behaviors and resilience with 12 subscales	Available for free from Perform Well. Official scoring document (optional) is available for purchase for \$65	Self-reported	10 minutes 54 items	Arabic, French, Spanish, and Swedish	http://www.performwell.org/index.php?option=com_mtree&task=att_download&link_id=219&cf_id=24
CAGE	Alcohol screener	All ages	Alcoholism	Available for free	Self-reported	4 items		http://pubs.niaaa.nih.gov/publications/inscage.htm

Appendix Table A.1 (continued)

Name	Description	Target Population	Constructs Assessed	Purchasing Information	Requirements to Administer	Time/Items	Additional Languages	Additional information
TRAUMA								
Trauma Symptom Inventory-2	Assess trauma symptoms	18 years old and older	Anxious arousal, depression, anger/irritability, intrusive experiences, defensive avoidance, dissociation, sexual concerns, dysfunctional sexual behavior, impaired self-reference, and tension reduction behavior.	Paper or computer based Available from PAR, Inc. Paper-based starter kits available for \$199; computer software priced at \$350.	Self-reported	20 minutes 100 items	French Canadian, Chinese, Spanish, and Swedish	http://www4.parinc.com/Products/Product.aspx?ProductID=TSI-2 http://www.johnbriere.com/tsi.htm
ASTEQ-2	Adolescent Stress and Trauma Exposure Questionnaire	Adolescents at high risk for negative psychosocial outcomes	Trauma and stressful event exposure, interpersonal and domestic violence, community violence, neglect, natural disasters, and loss.	Paper based A short version of the ASTEQ-2 (45 items) is available in a dissertation paper.	Self-reported and administered using a card sorting approach.	63 items (45 in the short version)		http://digitalarchive.gsu.edu/cgi/viewcontent.cgi?article=1038&context=psych_diss

APPENDIX B

RESEARCH EVIDENCE FOR SELECTED YOUTH PROGRAMS

Appendix Table B.1

Program Information					Evidence of Effectiveness		
Program Name	Program Description	Target Population	Outcome/s Targeted	Service Delivery Settings	Study Description	Findings	References
APPROACHES TO CONNECTING YOUTH TO CARING ADULTS							
Big Brothers Big Sisters – School-Based Mentoring*	The program provides mentoring to youth within the school by matching participants with a volunteer mentor.	Children and youth attending schools in low-income communities	Increased resilience and capital development	School	Random assignment of over 1,000 youth in grades 4-9 to the mentoring treatment or a control group. Follow-up at one and two years after program participation	Youth assigned to the mentoring group showed improved academic performance, attitudes, attendance, and feeling connected to a caring adult at the end of the first year. Impacts diminished by end of the second year, except that participants were less likely to skip school, more likely to report a connection with a caring adult, and more confident they would attend and finish college.	Herrera et al. 2007
					Meta-analysis of school-based mentoring programs	Modest effects on selected outcomes such as support, perceived scholastic efficacy, school-based misconduct, and school attendance. No effects on academic achievement;	Wheeler et al. 2010
Big Brothers Big Sisters – Community-Based Mentoring*	The program provides mentoring to children and youth by matching participants with an adult volunteer mentor. On average, mentors and mentees meet for 3–4 hours per month over the course of a year.	10–16 year olds, generally from single-parent households.	Increased resilience and capital development	Community	Random assignment of 959 youth to either the mentoring program or to a wait-list control group. 18-month follow-up.	At follow-up, the program group showed improvements in school attendance and performance, attitudes towards education, peer and family relationships and other outcomes relative to control group.	Tierney et al. 1995
				Community	Multiple randomized control trials of youth who applied to the program.	Program youth had fewer unexcused absences and improved perceptions of their academic competence relative to control groups. Nonexperimental analyses showed effects were related to length of mentoring match. Effects were found for foster youth.	Rhodes et al. 1999, 2000, 2005
					Meta-analysis of 55 non-experimental, quasi-experimental and experimental studies of mentoring that included key components of mentoring.	For the average youth, modest effects of mentoring on a range of outcomes.	DuBois et al. 2002

Appendix Table B.1 (continued)

Program Information				Evidence of Effectiveness			
Program Name	Program Description	Target Population	Outcome/s Targeted	Service Delivery Settings	Study Description	Findings	References
Teen REACH	Teen REACH was a mentoring program that provided activities and services to improve parent-child bonds, academic success, teach positive social and decision-making skills, encourage community involvement, and reduce risky behavior. Required components include tutoring, life skills education, and parental involvement. Programs were encouraged to provide youth with at least one community service activity each year.		Capital development and increased resilience	Community	Non-experimental outcome evaluations. Providers collected cross-sectional data through surveys of youth, parents, and teachers. 30 Teen REACH providers reported data across five regions of the state, each of which surveyed at least 50 youth participants, their parents, and their teachers.	Parents reported improved relationships and communication with their youth. Parents also noted improved self-concept, friendships, decision-making, and problem-solving for their youth. Youth reported learning about dangers of drugs, setting goals, and making good decisions. Improved school performance was reported only after multiple years of participation with high program attendance levels. Teachers reported improved class participation, attentiveness, and homework completion.	CPRD 2004
Communities in Schools of San Antonio Plus Mentoring*	School-based case manager provides a range of support services. The mentoring component provides one hour of mentoring per week to each participant.	Children and youth in school (age 10–18) without serious psychological issues or abuse histories.	Increased resilience	School	Stratified random assignment of 516 eligible students referred to the program. 264 were assigned to “standard services” without the mentoring component, 252 were assigned to standard services plus mentoring. Outcomes measured 8 months after assignment.	Youth assigned to the mentoring plus intervention showed greater sense of connectedness to peers, improved global self-esteem, and perceived support from friends relative to youth assigned to standard services alone.	Karcher 2008
APPROACHES TO ADDRESSING MENTAL, EMOTIONAL, AND BEHAVIORAL ISSUES							
Multi-dimensional Treatment Foster Care* (MTFC)	Community families are recruited, trained, and closely supervised to provide MTFC-placed adolescents with treatment and intensive supervision at home, school, and in the community; clear and consistent limits with follow-through on consequences; positive reinforcement for appropriate behavior; a relationship with a mentoring adult; and separation from delinquent peers.	An alternative to group or residential treatment, incarceration, and hospitalization for adolescents who have problems with chronic antisocial behavior, emotional disturbance, and delinquency.	Increased resilience	Multiple settings: home, school, community	Random assignment evaluation. Juvenile offenders were assigned to either MTFC or group care.	Youth assigned to MTFC showed less criminal activity and returned to live with their families more often than youth assigned to the control group.	Chamberlain and Reid 1998

Appendix Table B.1 (continued)

Program Information					Evidence of Effectiveness		
Program Name	Program Description	Target Population	Outcome/s Targeted	Service Delivery Settings	Study Description	Findings	References
Project HOPE* (TREM)	Project HOPE is based on TREM (Trauma Recovery and Empowerment Model), which aims to decrease distress and difficulties in multiple life domains, enhance positive coping skills, strengthen overall functioning, and decrease the risk of re-victimization. It is delivered through 16 manualized sessions.	In Project Hope, girls 12-16 years old with a history of violent victimization	Increased resilience	School	Two quasi-experimental studies of TREM compared the program to treatment as usual. Participants received either standard substance abuse treatment plus TREM or substance abuse treatment only. TREM met the standards to be included in the SAMHSA's National Registry of Evidence-Based Programs and Practices (NREPP).	Study participants who received TREM plus substance abuse treatment showed greater reductions in substance abuse, improvements in psychological functioning, and decreases in trauma symptoms relative to those who received standard substance abuse treatment alone.	Amaro et al. 2007 Touissant et al. 2007
Motivational Enhancement Therapy with Cognitive Behavioral Therapy and Case Management*	A 9-session intervention which provided motivational enhancement therapy in conjunction with cognitive behavioral therapy and case management services	Marijuana users who were at least 18 years old	Increased resilience		A multi-site randomized control trial assigned participants to one of three conditions: (1) 2-session motivational enhancement therapy; (2) 9-session motivational enhancement therapy with cognitive behavior therapy and case management services; or (3) a delayed treatment control condition. Data were collected at baseline, 4, 9, and 15 months post randomization.	The group assigned to motivational enhancement therapy with cognitive behavioral therapy and case management demonstrated decreased marijuana smoking and related consequences compared to either the motivational enhancement group or the control group. Effects were maintained at 9 and 15 months.	Babor and the Marijuana Treatment Project Group 2004
Cognitive Behavioral Therapy to Teach Anger Management	Anger management programs using cognitive behavioral therapy	Broad range of samples, including adolescents	Increased resilience		A meta-analysis that includes 50 studies examining the effectiveness of CBT to teach anger management.	Average participant in a CBT-anger management program experienced more anger reduction. The finding was statistically significant, robust, and consistent across studies.	Beck and Fernandez 1998
Cognitive Behavioral Therapy to Address Anxiety Disorders*	Cognitive behavioral therapy to address anxiety disorder	Youth with anxiety disorders age 8-14	Increased resilience		A randomized control trial that assigned youth to one of three conditions: (1) individual CBT; (2) group CBT; or (3) a wait list control group.	After one year, youth assigned to either the individual or group CBT condition had greater reductions in anxiety and were less likely to meet the diagnostic criteria for anxiety disorder compared to the control group. No differences were seen between the individual CBT and the group CBT conditions.	Flannery-Schroeder et al. 2005

Appendix Table B.1 (continued)

Program Information				Evidence of Effectiveness			
Program Name	Program Description	Target Population	Outcome/s Targeted	Service Delivery Settings	Study Description	Findings	References
Adolescents Coping with Depression*	Cognitive behavioral therapy to address major depressive disorder	Youth with diagnoses of major depressive disorder and conduct disorder	Increased resilience		A randomized control trial that assigned 93 youth with diagnoses of both major depressive disorder and conduct disorder to CBT or control conditions. Data were collected immediately post-intervention, and at 6- and 12-month follow-ups.	Youth assigned to the CBT condition demonstrated greater recovery rates and reductions in depression symptoms and improved social functioning at immediate post-test. Findings were not maintained at follow-up. No differences were seen in conduct disorder diagnoses or symptoms.	Rohde et al. 2004
Relationship Smarts PLUS Program*	Program aims to increase knowledge and help youth learn to make good decisions about relationships. Teaches conflict management skills and strategies for decreasing destructive verbal and physical aggression.	High school students attending public high schools in Alabama	Increased resilience	School	High schools were randomly assigned to implement the program or to a control condition. Students were given pre- and post-tests. Researchers conducted focus groups and interviews.	Positive program impacts for faulty relationship beliefs, conflict management, perceived importance of a supportive partner, and interest in pursuing future relationship education or counseling. Impacts were maintained one year after the program, but diminished by year 2.	Kerpelman et al. 2009
				School	Quasi-experimental evaluation of Relationship Smarts PLUS in schools	Increases in knowledge about relationships, including the ability to identify unhealthy relationships; decreases in verbal aggression; more realistic beliefs about relationships and marriage.	Adler-Baeder et al. 2007
STRENGTHENING FAMILIES APPROACHES							
Functional Family Therapy (FFT)*	A strengths-based short-term family therapy intervention typically delivered in 12 sessions over a 3-4 month period in the clinic, home, and school. FFT is a family-focused intervention addressing the risk and protective factors of the focal youth.	Youth ages 11-18 who are at risk for or are involved in delinquency, violence, drug use, conduct disorder, oppositional defiant disorder, or disruptive behavior disorder.	Increased resilience	Multiple settings: home, clinic, juvenile court, and at the time of reentry from institutional placement.	Random assignment of 46 families with juvenile delinquents to one of four conditions, including a control group.	At immediate post-test, families assigned to FFT had significant changes in interaction patterns, including decreased silence, more interruptions, and more equal participation in conversations by family members. At 6- and 18-months, juvenile court records were examined; youth assigned to FFT had lower rates of recidivism and other criminal offenses.	Alexander and Parsons 1973

Appendix Table B.1 (continued)

Program Information					Evidence of Effectiveness		
Program Name	Program Description	Target Population	Outcome/s Targeted	Service Delivery Settings	Study Description	Findings	References
					Random assignment of 40 families with juvenile delinquents to one of four conditions, including a control group.	At immediate post-test, families assigned to FFT had significant changes in interaction patterns including decreased silence, increases in frequency and duration of talking with one another, and more equal participation in conversations by family members.	Parsons and Alexander 1973
					A long-term follow-up of the families randomized in Parsons and Alexander (1973) and Alexander and Parsons (1973) focusing on recidivism of younger siblings. Random assignment of families of delinquent adolescents to 4 groups: FFT; client centered family therapy; eclectic-psychodynamic family therapy; and no-treatment controls. 86 families	At 40 months, reduced recidivism and improved family interactions for FFT compared to all other conditions.	Klein et al. 1977
					Quasi-experimental studies examining longitudinal effects of FFT. The final follow-up was at 32 months post-treatment.	Lower recidivism and fewer misdemeanors for FFT youth compared to other youth.	Gordon et al. 1995
					Random assignment of 120 adolescents referred to drug-abuse treatment to 4 groups: FFT; FFT+CBT; individual CBT; and psychoeducational group providing information on drugs and alcohol as well as assertiveness training and refusal skills training.	At 4-month follow-up youth assigned to FFT used marijuana on a lower percentage of days than all other conditions. At 7-month follow-up, youth assigned to FFT used marijuana on a lower percentage of days than youth assigned to individual CBT or psychoeducational group but more than youth assigned to the joint FFT and CBT condition.	Waldron et al. 2001

Appendix Table B.1 (continued)

Program Information					Evidence of Effectiveness		
Program Name	Program Description	Target Population	Outcome/s Targeted	Service Delivery Settings	Study Description	Findings	References
					Meta-analysis synthesizing 17 randomized control trials examining the effects of CBT, family therapy interventions (including FFT and MST), and minimal treatment control conditions.	FFT, multidimensional family therapy, and group CBT were found to be effective interventions for substance abuse treatment for youth. MST, behavioral strategic family therapy, and behavioral family therapy show positive effects for substance abuse treatment but need independent evaluations.	Waldron et al. 2008
Multi-systemic Therapy* (MST)	A multi-modal intervention where the type of treatment is chosen based on the needs of the youth. Treatment may include individual, family, peer, school, and community interventions (including parent and skills training.	Serious adolescent offenders	Increased resilience	Multiple Settings: home and institution	Random assignment of 176 Missouri families with a 12–17 year old adolescent offender to either MST or individual therapy.	At 4 year follow-up, positive changes in dyadic family relationships, decreased symptomatology in parents, fewer re-arrests, and decreased criminal behavior problems in MST treatment group relative to control group.	Borduin et al. 1995
					Random assignment of 155 youth and families to either MST or to the usual juvenile justice services.	Improved adolescent symptomatology at post-treatment and decreased incarceration by 47% at 1.7 year follow-up.	Henggeler et al. 1997
					Random assignment of 116 children and adolescents approved for inpatient psychiatric hospitalization to either home-based MST or to inpatient hospitalization.	At completion of MST (average 4 months), MST was more effective than emergency hospitalization at decreasing youths' externalizing symptoms and improving family functioning and school attendance. However, hospitalization was more effective than MST at improving youths' self-esteem.	Henggeler et al. 1999
					Random assignment of 118 substance abusing and juvenile offenders to either MST or usual community services.	A four year follow-up found youth assigned to MST had fewer convictions for aggressive criminal activity and lower rates of marijuana use, but no impact on psychiatric symptoms.	Henggeler et al. 2002

Appendix Table B.1 (continued)

Program Information					Evidence of Effectiveness		
Program Name	Program Description	Target Population	Outcome/s Targeted	Service Delivery Settings	Study Description	Findings	References
					Meta-analysis of 8 randomized control trials examining the effectiveness of MST	Inconsistent findings across studies. Findings differ with study quality and context. No evidence that MST is harmful.	Littell et al. 2005
Strengthening Families Program* (SFP)	7 session parent, child, and family skills training program. Parents and children attend concurrent individual 1 hour sessions that is followed by a 1 hour family session to enable practice of conflict resolution and communication skills and to engage in activities to increase family cohesion.	6 th grade students and their families	Increase resilience	School	11 schools were randomly assigned to the control group (minimal contact), 11 to the Iowa Strengthening Families Program (ISFP), and 11 to Preparing for the Drug-Free Years Program (PDFY). The target population was 6 th graders and their families. An immediate post-test as well as follow-ups in 7 th , 8 th , 10 th , and 12 th grades and when the youth was approximately 21 years old.	At immediate posttest, significant increases in intervention-targeted parent behaviors (involvement of child in family activities and decisions, communication about substance abuse, anger management, and supportive communication) as well as general child management and parent-child affect for youth assigned to SFP compared to control youth. At 7 th grade follow-up (1 years post-programming), effects on parenting were maintained on intervention targeted behaviors as well as child management, and parent-child affect for youth assigned to SFP compared to control youth. At 10 th grade follow-up (4 years post-programming), significant reductions in alcohol use, smoking cigarettes, and marijuana use were seen for youth assigned to SFP compared to control youth.	Spoth et al. 1998 Redmond et al. 1999 Spoth et al. 2001 Spoth et al. 2004 Spoth et al. 2009

Appendix Table B.1 (continued)

Program Information					Evidence of Effectiveness		
Program Name	Program Description	Target Population	Outcome/s Targeted	Service Delivery Settings	Study Description	Findings	References
						<p>At 12th grade, youth assigned to SFP demonstrated slower overall growth in substance abuse than youth assigned to the control condition. These differences were statistically significant for: lifetime alcohol use without parental permission, lifetime drunkenness, and lifetime cigarette use.</p> <p>At 21 years old, youth assigned to SFP demonstrated significantly lower rates of drunkenness, alcohol-related problems, smoking of tobacco, illicit drug use, and polysubstance use than youth assigned to the control condition.</p>	
	The SFP program involved a 14-session 3 hour skills training session. Each session consisted of: 1 hour pre-session activity including a family meal; 1 hour of concurrent parent and child skills training; and 1 hour of family skills training.	African-American families	Increased resilience	Community	715 families were randomly assigned to one of four conditions: SFP; only the parent portion of SFP; only the child portion of SFP; and a minimal contact control. Post-tests were administered the week following the final intervention session.	<p>For the full SFP program, no statistically significant positive effects were found on child problem behaviors, child risk and protective factors, or family factors. However, marginally significant positive effects were found for parents' report of child's positive adjustment for the full program compared to the child-only condition and the minimal contact control condition. Statistically significant negative effects were found for the full SFP program on negative peer associations for the child compared to the families assigned to the parent-only or child-only conditions. A statistically significant negative effect on family supervision and bonding was also found for the full SFP program compared to the other three conditions.</p>	Gottfredson et al. 2006

Appendix Table B.1 (continued)

Program Information					Evidence of Effectiveness		
Program Name	Program Description	Target Population	Outcome/s Targeted	Service Delivery Settings	Study Description	Findings	References
Guiding Good Choices* Formerly called Preparing for the Drug Free Years (PDFY)	A 5 session family competency training program that aims to enhance protective parent/child interactions and reduce risk of substance abuse for the child. Each session was 2 hours with children attending one of the five sessions that focuses on peer pressure resistance.	6 th grade students and their families	Increase resilience	School	11 schools were randomly assigned to the control group (minimal contact), 11 to the Iowa Strengthening Families Program (ISFP), and 11 to Preparing for the Drug-Free Years Program (PDFY). The target population was 6 th graders and their families. An immediate post-test as well as follow-ups in 7 th , 8 th , 10 th , and 12 th grades and when the youth was approximately 21 years old.	<p>At immediate posttest, significant increases in intervention-targeted parent behaviors (involvement of child in family activities and decisions, communication about substance abuse, anger management, and supportive communication) as well as general child management and parent-child affect for youth assigned to PDFY compared to control youth.</p> <p>At 7th grade follow-up (1 years post-programming), effects on parenting were maintained on intervention targeted behaviors as well as child management, and parent-child affect for youth assigned to PDFY compared to control youth.</p> <p>At 10th grade follow-up (4 years post-programming), reductions in alcohol use, smoking cigarettes, and marijuana use were seen for youth assigned to PDFY compared to control youth.</p> <p>At 12th grade, youth assigned to PDFY demonstrated slower overall growth in substance abuse than youth assigned to the control condition. These differences were not statistically significant.</p> <p>At 21 years old, youth assigned to PDFY demonstrated significantly lower rates of drunkenness, alcohol-related problems, smoking of tobacco, illicit drug use, and polysubstance use than youth assigned to the control condition.</p>	<p>Spoth et al. 1998</p> <p>Redmond et al. 1999</p> <p>Spoth et al. 2001</p> <p>Spoth et al. 2004</p> <p>Spoth et al. 2009</p>

Appendix Table B.1 (continued)

Program Information					Evidence of Effectiveness		
Program Name	Program Description	Target Population	Outcome/s Targeted	Service Delivery Settings	Study Description	Findings	References
Fast Track*	Multi-year school-based, teacher-led curriculum for social and emotional development. Includes parent groups, coaching, and home visits. The intervention was delivered for multiple years to three cohorts of children.	High-risk children in 1 st grade	Increased resilience	School	Randomized control trial of rural adolescents. Five waves of follow-up data were collected. Random assignment of 891 high-risk first grade children to either Fast Track or a control group. Longitudinal study with 20 years of follow-up data (1990-2010). Outcomes assessed through teacher ratings, parent ratings, peer nominations, child self-report, and administrative data.	Slower increase in rate of substance abuse and delinquency among PDFY youth than control youth. Relative to the control group, students assigned to Fast Track showed decreased association with deviant peers; decreased conduct problems at home and school; and decreased arrests as juveniles.	Mason et al. 2003 Conduct Problems Prevention Research Group. 2002a, 2002b, 2010, 2011
APPROACHES TO DEVELOPING LIFE SKILLS							
Transitional Living Programs* (TLPs) for homeless youth	TLP offers or refers youth to services that may include basic life skills and relationship training, decision making and stress management, GED preparation, vocational training, post-secondary education, work readiness training, career counseling, job placement assistance, substance abuse prevention and treatment, individual or group mental health counseling, and physical health care.	16 to 21-year-old homeless youth, including pregnant and parenting youth, who cannot return home.	Capital development and increased resilience	Residential and community	Quasi-experimental design. Collected data from 175 homeless youth who participated in one of 10 TLP programs and from a comparison group of 110 homeless youth who did not participate in a program either because they were placed on a waiting list or because they contacted the program but chose not to enroll. The participant and comparison group youth were similar at baseline. A survey was administered six months before program entry and six months after program entry.	Six months after program entry, the participant group youth were more likely to be employed, attend school (even if they were employed), be enrolled in college, and have a savings account relative to their comparison group counterparts. There were no impacts on public assistance receipt or the percentage of youth who paid their own rent.	MacAllum et al. 1997

Appendix Table B.1 (continued)

Program Information				Evidence of Effectiveness			
Program Name	Program Description	Target Population	Outcome/s Targeted	Service Delivery Settings	Study Description	Findings	References
Parenting and Paternity Awareness Program (p.a.p.a.)	The program teaches teens what a healthy relationship is and how to recognize and avoid abusive or violent relationships. The p.a.p.a. program is a mandatory component of the high school curriculum in Texas.	Texas high school students	Increased resilience	High school	Non-experimental evaluation of program effects on student attitudes and knowledge using a pre-post research design. Data were collected from 5,730 students attending 47 Texas high schools.	In the first year, youth scored significantly higher on the post-test than on the pre-test, with the largest gains on financial costs and legal issues surrounding paternity and child support. Student attitudes toward parenthood, paternity, and relationships changed following p.a.p.a. The final report found: more students were planning to delay childbearing until after they were married; increased knowledge on costs and legal issues related to parenting; and, an increase in recognizing the value of having the father involved (legally and socially).	Osborne et al. 2009 Osborne 2010
Youth Opportunity Program* (YO)	A WIA-authorized grant program, YO enrollees participate in a wide range of youth-development activities, with job readiness and life-skills training the most common. Other activities include sports and recreation, short-term unsubsidized employment, internships, community service, and academic remediation	Communities with many at-risk youth, such as high-poverty urban, rural, and Native American communities. Any 14-21-year old who lives in a targeted community is eligible to receive YO services.	Capital development	Community	Quasi-experimental evaluation compared the educational and employment outcomes of youth living in 30 YO communities to the outcomes of two other groups of youth: those living in a group of census tracts that were selected using propensity score matching to be similar to the YO sites and youth living in the Current Population Survey's high-poverty central city census tracts.	The overall employment rate for YO target communities increased more than for youth living non-YO census tracts. The percentage of youth who completed at least the 11th grade and the percentage of youth in secondary school rose more in the YO target communities. The percentage of disconnected youth who were both out of school and out of work, fell more in the YO target communities than in the non-YO communities.	Jackson et al. 2007
Teenage Parent Demonstration* (TPD) 1989–1991	TPD programs required participants to engage in education, job training, or employment-related activities. Child care, transportation, and other services were paid for or provided by the sites. Each teen was assigned a home visitor who provided knowledge about child development and contraception, linked mothers to needed services, and monitored progress.	Teen mothers receiving welfare	Capital development and increased resilience	Community	Random assignment of almost 6,000 teens, split evenly between the treatment and control group. Baseline interviews, administrative records, focus groups, in-depth semi-structured interviews, and two follow-up surveys of the teens: one 2.5 years after the teen entered the demonstration.	Youth assigned to TPD showed improved school attendance, job training, school and GED program enrollment, and employment relative to the control group. The increases in activity levels faded after the programs ended. One of the three TPD programs increased the high school graduation rate.	Kisker et al. 1998

Appendix Table B.1 (continued)

Program Information					Evidence of Effectiveness		
Program Name	Program Description	Target Population	Outcome/s Targeted	Service Delivery Settings	Study Description	Findings	References
APPROACHES TO PROMOTING EDUCATIONAL ACHIEVEMENT							
Talent Search*	Talent Search is a pre-college outreach program that helps participants complete high school and gain access to college through test taking and study skills assistance, academic advising, tutoring, career development, college campus visits, and financial aid application assistance.	High school students who are low-income and would be first-generation college students (those whose parents do not have four-year college degrees)	Capital development	Community	Two quasi-experimental studies conducted in Texas and Florida. Together, the studies included about 5,000 participants. Outcomes were compared to a sample of more than 70,000 students created through propensity score matching.	Participants were more likely than those in the comparison sample to apply for federal financial aid and enroll in public postsecondary institutions.	Constantine et al. 2006
Upward Bound*	Upward Bound is designed to increase the skills and motivation necessary for youth's success in education beyond high school.	Low income youth and youth with inadequate secondary school preparation	Capital development	Community	A random assignment evaluation of a nationally-representative sample of 67 Upward Bound programs. About 1,500 students were randomly assigned to the treatment group; about 1,300 were assigned to the control group. Follow-up surveys were conducted at one, three, and five years. High school and postsecondary transcripts were collected and project staff reported on the participation of students in the program.	Seven to nine years after students were expected to graduate from high school, Upward Bound did not impact the rate of postsecondary enrollment, likelihood of applying or receiving financial aid or earning a postsecondary degree. The program increased postsecondary enrollment and completion rates for subgroups and the likelihood of earning a certificate or license from a vocational school compared to the control group.	Myers et al. 2004 Seftor et al. 2009
College Reach Out Program	The College Reach-Out Program (CROP) aims to prepare educationally disadvantaged, low-income students in grades 6 through 12 to pursue and complete a postsecondary education.	Students unlikely to apply to postsecondary education without special supports. Most participants enroll in the program in grades 6-8.	Capital Development	Middle school and summer programs at universities	A quasi-experimental evaluation compared the educational outcomes of 7,510 CROP participants to a random sample of 7,722 other youth. The comparison group was matched to the CROP participants using background characteristics, such as race and income.	CROP participants performed better than comparison group youth on academic outcomes, including promotion rates, grades, graduation rates, performance on state tests of academic achievement, likelihood of enrolling in a Florida based institution of higher education, and use of scholarships and other forms of financial assistance for postsecondary education.	Florida Department of Education 2009

Appendix Table B.1 (continued)

Program Information				Evidence of Effectiveness			
Program Name	Program Description	Target Population	Outcome/s Targeted	Service Delivery Settings	Study Description	Findings	References
High School Redirection*	Alternative high school that emphasizes basic skills development (with a particular focus on reading skills) and offers limited extracurricular activities. To foster a sense of community, the schools are small and teachers are encouraged to act as mentors as well as instructors.	Youth at risk of dropping out of high school. Schools operate in low SES areas and serve students who have dropped out in the past, are teen parents, have poor test scores, or are over-age for their grade.	Capital development	High school	Random assignment evaluations of 1,634 students in three schools: Stockton, PA, Wichita, KS, and Cincinnati, OH. Data collection varied by site but included follow-ups 25 and 36 months post-randomization.	Impacts varied by site. In Stockton, students assigned to the treatment showed improvement in school attendance, credits earned, and graduation rates than control youth. No significant differences between treatment and control youth in Wichita on school attendance, graduation or basic skills. In Cincinnati, youth assigned to the alternative schools had higher attendance and graduation rates relative to controls.	Dynarski and Wood 1997
Early College High Schools*	Program model for high schools providing youth the opportunity to earn college credits while in high school at no cost, attend smaller schools, receive additional support in academics, learn behaviors and skills to support college completion, and have the opportunity to develop close and high-quality relationships with adults. The high school partners with a local institution of higher education, and may be co-located on the campus of the institution of higher education.	High school students	Capital development	School	A review of research on innovations in college readiness which included a non-experimental study using data from, the Early College High School Initiative (ECHSI).	Compared to national averages, program participants were more likely to graduate from high school, enroll in college immediately after graduation, and enroll in 4-year college vs. 2-year college.	Nodine 2009
	Early College High School (ECHS) programs in North Carolina	High school youth	Capital development		Multi-site randomized control trial with random assignment of eligible youth who applied to the early college high school program to ECHS or a business-as-usual control group.	Youth assigned to ECHS programs in North Carolina had better attendance, fewer suspensions, and were more likely to remain enrolled in school than control group youth.	Edmunds et al. 2012

Appendix Table B.1 (continued)

Program Information					Evidence of Effectiveness		
Program Name	Program Description	Target Population	Outcome/s Targeted	Service Delivery Settings	Study Description	Findings	References
National Guard ChalleNGe*	Primary goal is to improve education, life skills, and employment. Core components include high school completion (diploma or GED); developing leadership, coping, citizenship, and teamwork skills; exploring careers and job skills; and improving physical fitness, health, and hygiene. The program begins with a 22-week residential phase followed by a 12-month mentoring post-residential phase. Each participant is also required to perform a minimum of 40 hours of community service.	Unemployed, drug-free high school dropouts ages 16-18 who have not been involved in the criminal justice system, except for juvenile-status offenses.	Capital development and increased resilience	Residential with one-year mentoring post-residential	Random assignment of about 1,200 youth assigned to either the program or control group. Comprehensive survey at 21 and approximately 36 months after entry.	The program group was much more likely than the control group to obtain a high school diploma or GED, engage in productive activities, and earn college credits at follow-up. The treatment group was also less likely to have been convicted of a crime, or to have engaged in certain delinquent acts at follow-up. The treatment group was more likely to be employed and have higher earnings. There were few differences between groups on physical or mental health and any such differences disappeared by the 21-month follow-up.	Millenky et al. 2010 Millenky et al. 2011
Ohio Learning, Earning, and Parenting* (LEAP)	Promoted academic progress, high school completion (diploma or GED), higher employment, and lower welfare dependence.	Pregnant or custodial teen parents receiving welfare.	Capital development	Community	Youth were randomly assigned to LEAP (3,479 youth) or to a control condition (672 youth). Different data collections occurred at different points in time but ranged from one year post-assignment to four years post-assignment.	Youth assigned to the program increased their school enrollment and attendance, school progress, GED receipt, and work experience over the course of the follow-ups compared to control youth.	Bos and Fellerath 1997
JOBSTART*	JOBSTART provided basic education, job training, support services, and job placement assistance upon program completion. JOBSTART also offered support services, such as childcare and transportation assistance.	17-21-year olds who dropped out of school, read below an 8th-grade level, and met one of the following: (1) were receiving public assistance, (2) had family income at or below the poverty line, or (3) were homeless.	Capital development		Random assignment of 2,312 youth across 13 sites: 1,163 to the intervention group that was offered JOBSTART services and 1,149 to the control group that was not. Surveys were conducted at 12, 24, and 48 months post-randomization.	Among youth who completed the 48-month follow-up survey, JOBSTART youth were more likely to earn a school diploma or GED than control youth. No differences in receipt of public assistance although female teens who were not mothers at the beginning of the study were significantly less likely to receive welfare at follow-ups.	Cave et al. 1993

Appendix Table B.1 (continued)

Program Information					Evidence of Effectiveness		
Program Name	Program Description	Target Population	Outcome/s Targeted	Service Delivery Settings	Study Description	Findings	References
PROMOTING CAREER EXPLORATION							
Career Beginnings*	Collaboration involving local colleges, public secondary schools, and the business community. Provides tutoring, help with college admissions or financial aid, mentoring, career development workshops, career-specific training, summer work experiences, and career fairs.	High school juniors with college potential who would be unlikely to pursue college because of their family backgrounds.	Capital Development	High school, college, and business community	Random assignment of 1,574 youth to either a program or control group. One and two year questionnaire follow-up.	At one and two year follow-up, the program group was more likely to attend college during the first post-high school year. No impact on college retention rate. Youth in the program group reported higher occupational aspirations than those in the control group.	Cave and Quint 1990
Summer Career Exploration Program* (SCEP)	Prepares participants for work; helps them explore career and vocational opportunities in the private sector by placing them in a well-supervised, career-related job, and provides them with adult support throughout their summer employment.	Low-income teens	Capital development	Community	Random assignment: 551 youth were assigned to the control group and 1,157 to the treatment group. Baseline survey, 3 month follow-up interview, one year follow-up interview	At the one year follow-up, SCEP did not have significant impacts on grades, plans to apply to or attend college, school-year employment rates or wages, self-efficacy, or work readiness.	McClanahan et al. 2004
APPROACHES FOR CONNECTING YOUTH TO EMPLOYMENT							
Youth Corps* – formerly Conservation and Youth Service Corps (CYSC), 1993-1996	Provides a combination of education and work experience. Participants engage in short-term community service projects and activities related to work preparedness training, basic education, and life skills.	Out-of-school 17-26 year olds	Capital development	Community	Random assignment evaluation of 626 youth at 4 CYSC sites. Baseline and follow-up interviews at 15 months and 4 years.	At 15 months, treatment group members were more likely to be working for pay, working for more hours, and less likely to have been arrested than the control group. Impacts were particularly strong for African-American males.	Jastrzab et al. 1997
Job Corps*	Federally funded residential education and job training program administered by DOL. Provides services and supports to help youth develop and maintain secure, stable, and high-paying jobs.	Economically-disadvantaged youth ages 16-24	Capital development	Residential	4 year random-assignment evaluation. 5,977 were assigned to the control group, and 9,409 to the treatment group. Survey data (collected at baseline and at 12, 30, and 48 months after random assignment) and review of administrative earnings records.	Relative to the control group, program group youth showed increased receipt of GEDs and vocational certificates, improved functional literacy, and reduced criminal justice system involvement, and short-term gain in earnings. Earning gains persisted over time only for the oldest participants.	Schochet et al. 2008.

Appendix Table B.1 (continued)

Program Information					Evidence of Effectiveness		
Program Name	Program Description	Target Population	Outcome/s Targeted	Service Delivery Settings	Study Description	Findings	References
Career Academies*	Career Academies combine academic and technical curricula around a career theme, are organized as small learning communities to create a more supportive learning environment, and partner with local employers that provide opportunities for work-based learning.	High school students (grades 9-12)	Capital development	School and business community	A ten year random assignment evaluation at nine schools across the U.S. Total of 1,764 youth total were assigned; 959 to Career Academy program at the school and 805 to other high school programs Analysis of post-high school survey data at 15 months and 4 years after program completion.	No impacts were seen on receipt of high school diploma, GED, or postsecondary credentials. Young men assigned to Career Academies had higher wages, hours, and more stable employment than young men who did not attend Career Academy programs.	Kemple and Scott-Clayton 2004
YouthBuild	Alternative education program that offers job training, and opportunities to build practical experience and earn educational credentials (high school diploma or GED)	Youth age 16-24 that have been in the juvenile justice system, aging out of foster care, dropped out of high school, or live in high risk neighborhoods.	Capital development	Community	Nonexperimental descriptive analysis of 177 youth in 5 sites. Comparisons are made to youth in other youth training programs.	Youth attending YouthBuild programs were more likely to earn a GED than youth attending other youth training programs.	Ferguson et al. 1996
YearUp*	Six months of classroom training on the "ABCs" of the workplace – attitude, behavior, and communication. Followed by six months of an internship at a government or corporate organization. Youth are paid a stipend.	18-24 year old youth with a high school diploma or GED	Capital development	Community	Randomized control trial with 135 youth assigned to YearUp, and 60 assigned to a wait list control group).	Youth assigned to YearUp had greater earnings in the second year following randomization than youth assigned to the control group, a finding driven by higher hourly wages. Program group youth YearUp were as likely as control group youth to attend college.	Roder and Elliott 2011

* Study used experimental or quasi-experimental design to evaluate outcomes.

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