CrossMark

# Understanding Organizations Serving Runaway and Homeless Youth: A Multi-setting, Multi-perspective Qualitative Exploration

Marya Gwadz[1] · Robert Freeman[1] · Noelle R. Leonard[1] · Alexandra Kutnick[1] · Elizabeth Silverman[1] · Amanda Ritchie[1] · James Bolas[2] · Charles M. Cleland[1] · Lara Tabac[1] · Margo Hirsch[1] · Jamie Powlovich[2]

## Abstract

Runaway and homeless youth (RHY) are dependent on the specialized settings that locate, engage, and serve them. Yet, little research has focused on the features of effective settings for RHY. The present qualitative study, grounded in the Youth Program Quality Assessment model, explored characteristics of higher quality organizations for RHY and gaps that remain from staff and RHY perspectives. A total of 29 diverse settings serving RHY in New York State were randomly selected for participation, and ranked on a quantitative program quality index. Within settings, we conducted in-depth semi-structured interviews with program administrators ($N = 30$) and other staff ($N = 24$). Focus group interviews were conducted with RHY ($N = 13$ focus groups; $N = 84$ RHY). Data were analyzed using a systematic content analysis approach that was both theory-driven and inductive, comparing higher to lower quality settings. We found all settings provided vital services and experienced challenges, but higher quality settings ameliorated challenges through (1) a youth-centered program philosophy equally understood by staff and RHY; (2) developmentally appropriate relationships between staff and RHY that promoted autonomy; (3) a focus on short- and long-term goals within anticipated crises; and (4) ongoing internal quality assessment procedures. Within lower quality settings we found (1) difficulties retaining effective staff and (2) a primary focus on basic services and managing crises, but less attention to emotional support, exacerbated by (3) funding and other challenges emerging from the larger environment. The present study extends the literature on organizations for RHY by identifying characteristics of higher quality settings, and challenges that remain.

**Keywords** Qualitative · Runaway and homeless youth · Youth Program Quality Assessment · Positive Youth Development · Programs · Services

Runaway and homeless youth (RHY) are the subpopulation of young people in the United States (US) between the ages of 13 and 24 years who have left or been forced to leave their homes. Once out-of-home, RHY reside without parental

✉ Marya Gwadz
  Mg2890@nyu.edu

  Robert Freeman
  rob.freem@gmail.com

  Noelle R. Leonard
  Noelle.leonard@nyu.edu

  Alexandra Kutnick
  alexandra.kutnick@nyu.edu

  Elizabeth Silverman
  liz.silverman@nyu.edu

  Amanda Ritchie
  Amanda.ritchie@nyu.edu

  James Bolas
  bofield8@gmail.com

  Charles M. Cleland
  chuck.cleland@nyu.edu

  Lara Tabac
  larabts@gmail.com

  Margo Hirsch
  margo.hirsch@gmail.com

  Jamie Powlovich
  nychyorg@gmail.com

[1] Center for Drug Use and HIV Research, NYU Meyers College of Nursing, 433 First Avenue, 7th floor, New York, NY 10010, USA

[2] Coalition for Homeless Youth, 460 W 41st St #511, New York, NY 10036, USA

supervision in emergency shelters, places not intended for habitation, or temporary situations (Edidin, Ganim, Hunter, & Karnik, 2012; Levesque, 2011; Raleigh-DuRoff, 2004; United States Interagency Council on Homelessness, 2015). An estimated 500,000 to 2.8 million youth in the US are homeless each year, although estimates vary depending on the age range and population definition used and precise prevalence rates are lacking (Cooper, 2006; National Alliance to End Homelessness, 2012).

## Challenges Faced by RHY

RHY experience a troubling confluence of adverse life experiences combined with few protective factors for mitigating these risks. Leaving home or being forced out-of-home almost always takes place in the context of family distress, driven by poverty and characterized by parental/guardian incarceration, substance use problems, and mental health concerns (Hyde, 2005; Tyler & Schmitz, 2013). It is well-documented that RHY experience high rates of chronic stress, physical and emotional neglect and abuse, including sexual abuse, and other forms of trauma, violence, and victimization in their early lives. Indeed, these adverse experiences are major contributing factors to their leaving or being forced out of their homes (Hyde, 2005; Tyler & Schmitz, 2013). Moreover, experiences of abuse, neglect, and trauma then place RHY at risk for future victimization, involvement with the criminal justice system, engagement in the street economy, including activities such as selling drugs, burglary, or being trafficked/engaging in transactional sex, and physical and mental health problems (Adams, 2014; Feldmann & Middleman, 2003; Whitbeck, 2011).

When out-of-home, RHY have fundamental needs for food, shelter, and clothing. They also have complex psychosocial needs for support, services, and treatment including for mental health distress, physical health problems, substance use issues, and to overcome barriers to educational and vocational advancement (Heinze, Jozefowicz, & Toro, 2010; Slesnick, Dashora, Letcher, Erdem, & Serovich, 2009). African American/Black and Hispanic young people, those with lesbian, gay, bisexual, and queer sexual orientations, and individuals with transgender gender identities are over-represented among RHY compared to their proportions in the general underlying population (Cochran, Stewart, Ginzler, & Cauce, 2002; Keuroghlian, Shtasel, & Bassuk, 2014). These socio-demographic factors influence youths' patterns of risk; for example, related to the larger public policy and structural environment, as well as their specific needs for support, service, and treatment. Importantly, however, in the context of these serious risk factors and problem behaviors, RHY demonstrate resilience. For example, leaving home is a type of coping response, and surviving out-of-home requires resourcefulness and adaptability (Bender, Thompson, McManus, Lantry, & Flynn, 2007; Rew, Taylor-Seehafer, Thomas, & Yockey, 2001).

## The Importance of Specialized Settings for RHY

Over time, youth homelessness leads to geographic fluidity, socialization into the street economy, discomfort with traditional systems such as psychiatric and educational institutions and occupational settings, and distrust of professional adults (Gwadz et al., 2009). Thus, RHY are challenging for social service providers to locate, engage, house, and treat effectively (Aviles & Helfrich, 2004; Kidd, Miner, Walker, & Davidson, 2007). Yet, over the past few decades, a network of specialized settings has developed in the US to serve the population of RHY. We define an RHY setting as an organization providing one or more specific programs for RHY. Nationally, these programs include the Basic Center Program to support short-term shelter services (30 days or less) and two types of longer term programs: Transitional Living Programs (TLPs) and Drop-in Centers (DICs) (New York State Office of Children & Family Services, 2014). TLPs are supported residences where RHY can reside for up to 18 months (Family and Youth Services Bureau, 2016). DICs provide a safe and supportive space that is easy to access, where RHY can gather, interact with peers, and rest. Further, DICs provide tangible services (e.g., showers, laundry, food), as well as counseling, health services, assistance accessing government benefits, and street outreach. Both TLPs and DICs are oriented toward the ultimate goal of preparing RHY for successful future independent living (Holtschneider, 2016).

The importance of these specialized settings in the lives of RHY cannot be overstated (Thompson, Bender, Windsor, Cook, & Williams, 2010). Yet the empirical literature on RHY settings and on RHY settings' effects on RHY's developmental trajectories remains scant (Karabanow & Clement, 2004). Some research has been conducted on single behavioral interventions conducted in RHY settings (Altena, Brilleslijper-Kater, & Wolf, 2010; Slesnick et al., 2016), and other studies have described individual programs or a small number of RHY settings (Altena et al., 2010; Heinze et al., 2010; Leonard et al., 2017; Pollio, Thompson, Tobias, Reid, & Spitznagel, 2006; Woods, Samples, Melchiono, & Harris, 2003). The present qualitative study addresses this gap in the literature by describing a diverse set of RHY settings located in rural, suburban, and urban areas across a large but discrete geographical region, namely, New York State. Specifically, the present qualitative study explores the organizational and program-level characteristics evident in higher quality settings as well as challenges and areas for growth that remain

in lower quality organizations, from the diverse perspectives of RHY, program administrators, and other staff.

## The Positive Youth Development Approach

The Positive Youth Development (PYD) philosophy is the accepted basis of programming in the majority of RHY settings (Heinze et al., 2010). PYD is a strengths-based approach that encourages autonomy and resilience and emphasizes the importance of youths' investment in their own goals (Eccles & Appleton-Gootman, 2002). PYD is a youth-centered model that prioritizes the needs of young people, and seeks to involve them in the design of services, meaningful decision-making roles in programs, and governance of organizations (Eccles & Appleton-Gootman, 2002). RHY settings also commonly integrate a trauma-informed care approach into their service philosophies, along with PYD. The trauma-informed care approach recognizes the widespread impact of trauma and understands potential paths to recovery; appreciates the signs and symptoms of trauma in clients, their families, staff, and others involved with the RHY; responds by fully integrating knowledge about trauma into policies, procedures, and practices; and

seeks to actively resist re-traumatization (Hopper, Bassuk, & Olivet, 2010; McKenzie-Mohr, Coates, & McLeod, 2012).

## The Youth Program Quality Assessment (YPQA) Model

The YPQA model (Yohalem, Wilson-Ahlstrom, Fischer, & Shinn, 2009), shown in Fig. 1, is grounded in PYD and provides a framework for conceptualizing and assessing non-academic settings designed to promote young people's positive development. The YPQA model examines setting quality in two broad categories: offering-level and organization-level characteristics. Offering-level characteristics refer to the interactions and social processes youth experience when engaged in the setting (e.g., the extent to which the environment fosters a sense of belonging in the setting). Organization-level characteristics include expectations, policies, practices, and accessibility that support high quality youth experiences (e.g., whether the setting has a clear and consistent structure, and the extent of youth governance or input in settings). The two domains correspond to the structure of a typical youth-serving organization: offerings provided by an organization. In a recent quantitative study,
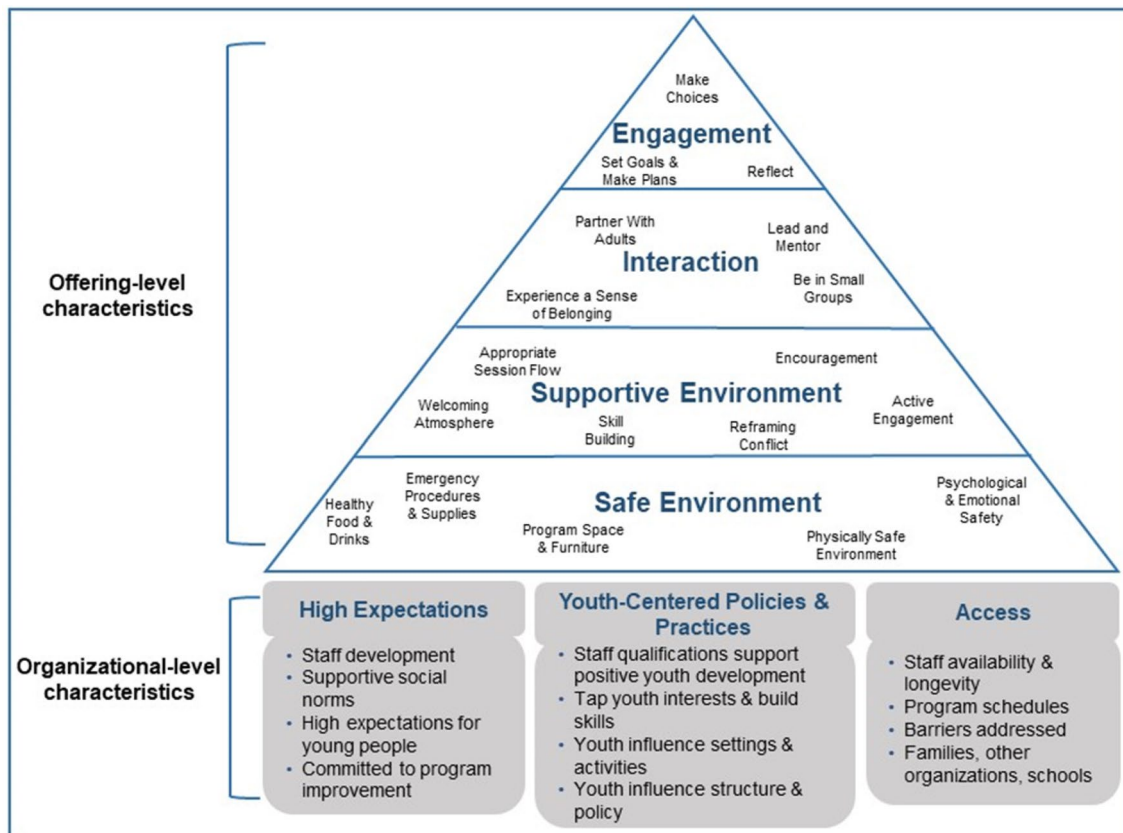


**Fig. 1** YPQA model (Yohalem et al., 2009)

we used the YPQA model to describe settings serving RHY across New York State, including settings located in rural, suburban, and urban regions (Gwadz et al., 2017). Using the YPQA, we found settings evidenced satisfactory-to-high quality on a quantitative scale, with some variability. RHY clients in higher quality settings were more likely to report the setting assisted them in engaging in school/job training/work, reducing or managing substance use, and avoiding the street economy. Moreover, RHY in higher quality settings evidenced greater perceived resilience.

## Goals of the Present Study

We now extend our research on understanding settings for RHY and the existing literature on these settings, as described above. The present study took a qualitative descriptive approach to address two complementary research questions. First, we sought to identify and describe the specific characteristics of higher quality settings for RHY, including their underlying organizational philosophies, specific treatment/service provision approaches, and best practices, from the perspectives of RHY, program administrators, and front-line and mid-level staff. Second, we described the main challenges faced by lower quality settings and the factors that drive or influence those challenges.

The present study is descriptive but was guided by a set of underlying primary assumptions, grounded in the PYD approach and YPQA model. By comparing and contrasting higher and lower quality settings, the present study was designed to uncover the factors driving variability in organizational-level characteristics. As shown in Fig. 1, offering-level characteristics theoretically form a hierarchy, suggesting that characteristics at the lower end of the model, such as safe environment, would be more common than and provide a foundation for characteristics at higher points. We expected that RHY setting characteristics would be consistent with this model—most settings would evidence safety, but higher order characteristics such as engagement would be less common, and offering-level characteristics would be strong only when organization-level characteristics evidenced high quality. With respect to organization-level characteristics, we expected that youth-centered policies and practices, including youth governance, would be associated with higher quality RHY settings and linked to other vital offering- and organization-level characteristics supportive of higher setting quality. We further anticipated that all settings would adopt youth-centered policies and practices in theory, but that settings would vary in their capacity and skill in implementing a robust youth-centered approach. We also anticipated the study would uncover emergent themes pertaining to factors that drive quality in RHY-specific settings. Study findings will be of interest to RHY service providers, policymakers, and other stakeholders in the RHY community.

## Methods

### Overview and Design

This cross-sectional qualitative study drew on qualitative data collected in 29 diverse RHY settings. Study procedures were approved by Institutional Review Boards at New York University and Solutions IRB.

As described in more detail elsewhere (Gwadz et al., 2017), in previous research we created a multi-perspective quantitative setting quality score which was used for the present study. This overall setting quality score was comprised of the average of three quantitative assessment instruments. The first instrument was the Supports and Opportunities Scale (SOS) (Youth Development Strategies Inc., 2016), which assessed RHY's perspectives on setting quality. The SOS is a 45-item scale comprised of four domains that correspond to the YPQA: safety, supportive relationships, youth involvement, and skill building. The second instrument was the YPQA Form A, comprised of coded observations of the offering-level characteristics of programs in settings, namely, safe environment, supportive environment, interaction, and engagement, following standard procedures for YPQA administration. The third instrument was the YPQA Form B, conducted with program administrators and assessing the following organizational-level characteristics: high expectations for youth and staff, youth-centered policies and practices, and access. A score for overall setting quality was created by averaging these 11 subscale scores across the three assessment instruments. The overall setting quality score could range from 0 to 4, with higher values indicating better setting quality. The overall setting score was reliable ($\alpha = 0.78$). The 29 settings were rank-ordered using the overall setting quality score. Setting quality values from 2.0 to 3.5 were observed among the 29 settings studied. Thus all settings fell either at or above the middle of the scale (a score of 2.0 or higher), with 44.8% of settings scoring 3.0 or higher (Gwadz et al., 2017).

In the present study, settings in the top half of the ranking (called higher quality settings) were compared to those in the bottom half of the ranking (called lower quality settings) as a type of natural contrast. Emphasis was placed on settings that included information from RHY as well as staff and program administrators ($N = 13/29$ settings) and those with the highest and lowest overall setting quality scores. As shown in Fig. 2, across the 29 settings, we conducted 30 interviews with program administrators at 29 settings, 24 in-depth semi-structured interviews with front-line and
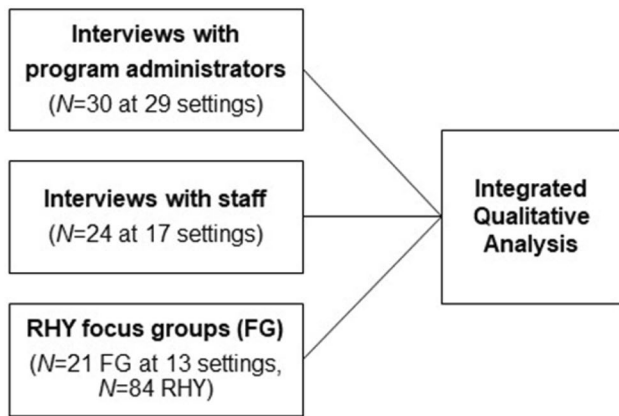
**Fig. 2** Sources of qualitative data

mid-level staff at 17 select settings, and 21 focus group interviews with RHY in a randomly selected subsample of 13 settings.

## Description of Settings

The study focused on settings in New York State, which has > 50 organizations serving RHY, located "upstate," comprised up of urban, suburban, and rural areas, and "downstate," comprised of the densely populated New York City urban metropolitan area. To select the settings for the study and to capture diversity in setting types (TLP only, DIC only, dual/multi-program) and their geographical locations (suburban [upstate only], rural [upstate only], and urban areas [upstate and downstate]), we carried out a stratified, multistage random sampling approach. Sampling was carried out by the study's principal biostatistician. From a total of 50 settings, 29 settings that varied in type and geographical location were randomly selected for inclusion in the present study.

## Procedures

Study activities were carried out by a team of experienced master's and doctoral level researchers with expertise in RHY, qualitative methods, and organizational structures. These researchers were drawn from diverse disciplines, including social work, sociology, anthropology, and psychology. In 2014–2015, two to three research team members visited each of the 29 RHY settings for 2 or 3 days each. Qualitative and quantitative data were collected in the same visit. Quantitative data collection procedures are described in more detail elsewhere (Gwadz et al., 2017). The setting's main program administrator served as the liaison to the research team. At a subset of settings, the program administrator nominated representative staff members for in-depth interviews (1–3 staff who had been employed in the

setting for at least 6 months and were knowledgeable about and experienced with its offerings and program philosophy). The program administrator also developed RHY focus group recruitment procedures appropriate for the setting, designed to provide youth with equitable access to the focus group interview. Individual and focus group interviews lasted 60–90 min each. Two separate focus group interviews were conducted at 13 randomly selected settings. Two trained researchers moderated each small focus group of 4–6 RHY. In-depth individual and focus group interviews were guided by separate semi-structured interview guides consisting of open-ended questions, sub-questions, and prompts grounded in the YPQA model. Each in-depth and focus group interview was audio-recorded and professionally transcribed verbatim. We attended to the methodological rigor of the data collection process through periodic review of transcripts and process memos written at the time of each setting visit to maintain fidelity to the interview guides, promote data quality, and ensure consistency across interviewers. Further, the senior team members conducted regular debriefing sessions with the research field team, and a review of transcripts was conducted by an expert in RHY settings (Morse, Barrett, Mayan, Olson, & Spiers, 2002).

## Consent/Assent

Staff gave verbal informed consent for participation in in-depth qualitative interviews. RHY age 18 years or older gave signed informed consent for participation in focus group interviews. For RHY 16 or 17 years old, we obtained a waiver of parental consent from the Institutional Review Board. RHY aged 16 or 17 years provided signed informed assent and, in addition, we elicited the approval of a child advocate (a staff member in the setting with knowledge of the young person), in the form of a signature on the assent form, prior to RHY participation.

## Eligibility Criteria

Inclusion criteria for RHY participants were (1) age 16–21 years, to focus on the majority of RHY in settings, and reduce variability related to age and developmental level, (2) active client of the setting, i.e., completed an intake at least 1 month ago and attended a program at the setting at least twice in the past month or resided there for at least 2 weeks, (3) approval of an appropriate child advocate if aged 16 or 17 years, and (4) not currently in foster care, because youth in foster care cannot participate in research without the consent of the department of social services. Note that youth enrolled in foster care are not commonly found in settings for RHY.

## Compensation

RHY were compensated $25 for their participation in the focus group interviews. Program administrators were compensated $150 for participating in interviews, staff received $40, and each setting received a site fee to compensate them for time and inconvenience ($1000).

## Measures

### In-Depth Interviews With Program Administrators

The semi-structured interview guide explored the following: the program's philosophy or theoretical approach, if any, including PYD (Eccles & Appleton-Gootman, 2002) and/or trauma-informed care (Hopper et al., 2010; McKenzie-Mohr et al., 2012); a description of the setting's "best practices;" unique aspects of the setting; staff training and development; barriers to and facilitators of program quality and efficacy, including aspects of the larger organization, local and federal policy, funding and economic concerns, and other factors.

### In-Depth Interviews With Staff

The interview guide elicited staff perspectives on organizational-level characteristics of the setting including the main goals of the setting; program philosophies, if any; the setting's best practices; congruence of staff skill and RHY's needs; the extent to which practices are youth-centered and geared toward RHY; staff support and staffing plans; the setting's expectations for RHY; internal program evaluation procedures, if any; aspects of the larger context that affect the setting; and barriers to and facilitators of RHY accessing the setting. It also explored offering-level characteristics such as the extent to which the setting promoted safety, created a supportive environment, and fostered youth interaction and engagement.

### Focus Group Interviews With RHY

The interview guide elicited RHY perspectives on offering-level characteristics such as safety; perspectives on the setting's goals for youth; policies and practices that promote setting efficacy (e.g., "What helps young people the most here at [SETTING]?"); relationships with staff members; barriers to setting efficacy (e.g., "What kinds of things at [SETTING] get in the way of your achieving your goals or doing better?"); suggestions for improving the setting; and organization-level issues such as challenges that racial/ethnic and other minorities (e.g., lesbian/gay/

bisexual/queer/other sexual minority youth, transgender youth) face to accessing settings.

## Data Analysis

Qualitative data were analyzed using an approach that was both theory-informed and inductive using the Dedoose platform (Dedoose Version 7.0.23, 2016). RHY and program administrator/staff data were analyzed separately using a systematic content analysis approach (Graneheim & Lundman, 2004). First, team members created an initial code list— a "start list," based on broad categories derived from the literature, the research questions, and the YPQA model (Miles & Huberman, 1994). Codes consisted of labels or tags containing one to several words assigned to sections of text (words, sentences, paragraphs) that were described by that code. A main analyst read through 2–4 interviews, applied the start list codes to segments of text, and created new codes based on emergent themes relevant to the main research questions or repeated in the transcript. A second coder then independently coded a selection of excerpts already coded by the main coder. The two coders met regularly to discuss inter-coder reliability and to resolve discrepancies by consensus. Through this grounded, inductive approach, additional codes emerged, and the codebook was further elaborated and refined (Corbin & Strauss, 2008). Once consensus was reached on a consolidated and final list of relevant codes and their definitions, the main analyst coded the remaining transcripts and reviewed interview transcripts coded at the beginning of the analysis to incorporate the final list of codes. When coding was complete, emphasis shifted to identifying the most common and resonant codes, and the larger analytic team (data analysts and senior researchers; i.e., the "interpretive community"), shifted to an iterative analysis process. The analysis process was comprised of regular meetings to discuss the most frequent and resonant codes, relationships among codes, and their explicit and latent meanings, which were combined to form primary themes. Codes and themes were deemed primary when they were introduced or discussed by numerous youth/staff within a setting or when they resonated with youth or staff across multiple settings. In this stage of the analytic process, the data analysts compared results from higher and lower quality settings using a visual matrix, and this contrast served to elucidate the characteristics of higher quality settings and reveal gaps found in lower quality settings. Thus, data were triangulated from two or more sources that described the same concept or domain, but from different perspectives. Methodological rigor of the analysis was maintained through an audit trail of process and analytic memos and periodic debriefing with the larger research team (Wolf, 2003).

## Description of Settings and Participants Within Settings

The location, geographical distribution, and services provided at the RHY settings are described in Table 1. TLP settings were more likely to be located in rural environments, and DIC and dual/multi-program settings were less likely to be located in rural and suburban locations. More settings were located upstate than downstate for each setting type. Youth in DIC settings were less likely to be living in a TLP and to receive shower and laundry services. Youth in settings with two or more program components were more likely to receive job training and placement assistance.

With respect to staff participants, program administrators and other staff were diverse with respect to age, sex, and race/ethnicity. RHY in focus group interviews ($N = 84$ RHY) were 19.3 years old, on average (SD = 1.5 years; range 16–21 years), and 60.3% were female. With respect to race/ethnicity, 45.2% were African American/Black, 23.8% were Hispanic/Latino, 16.7% were White, and 14.3% were bi- or multi-racial or some other race. A total of 33.3% were lesbian/gay/bisexual/queer, and 10.3% had a transgender gender identity. The average time youth were enrolled in the setting was 13.7 months (SD = 14.9 months).

## Results

### Overview of Results

We found all RHY settings experienced challenges with respect to maintaining stable funding, staffing, articulating organizational practices, and adapting to changes in the local economy. Yet some settings were better able than others to overcome these challenges and provide high-quality, effective programs for RHY. We found higher quality settings overcame challenges via: (1) a youth-centered program philosophy equally understood by staff and clients, (2) developmentally appropriate relationships between staff and youth that promoted autonomy, (3) a focus on short- and long-term goals within anticipated setbacks and crises, and (4) and ongoing internal quality assessment procedures. These four characteristics of higher quality settings functioned synergistically to foster RHY engagement, retain quality staff, and create strong relationships among staff, between staff and RHY, and among RHY. From the perspectives of staff and RHY, these setting-level characteristics in turn served as positive influences on RHY's psychosocial functioning and behavioral outcomes. The adverse effects of structural factors such as a lack of job opportunities in the local economy

**Table 1** Description of settings (%)

| | DIC (N = 9) | TLP (N = 11) | Dual or multi-program (N = 9) | Total (N = 29 settings) |
|---|---|---|---|---|
| Geographical location | | | | |
| Rural | 11.11 | 45.45 | 11.11 | 24.14 |
| Suburban | 11.11 | 18.18 | 22.22 | 17.24 |
| Urban | 77.78 | 36.36 | 66.67 | 58.62 |
| Type of location | | | | |
| Upstate | 55.56 | 63.64 | 55.56 | 58.62 |
| Downstate | 44.44 | 36.36 | 44.44 | 41.38 |
| Services received by surveyed youth | | | | |
| Housing—TLP | 13.67 | 86.01 | 51.03 | 52.71* |
| Housing—crisis shelter | 21.31 | 9.38 | 17.74 | 15.68 |
| Case management | 56.45 | 73.99 | 63.60 | 65.32 |
| Showers | 36.60 | 94.17 | 57.08 | 64.79* |
| Laundry | 38.10 | 85.45 | 47.08 | 58.84* |
| Food pantry | 42.96 | 75.70 | 44.41 | 55.83 |
| Outreach services | 48.73 | 20.37 | 41.55 | 35.74 |
| Health education | 29.33 | 53.70 | 37.14 | 41.00 |
| Support groups | 40.60 | 32.86 | 32.65 | 35.20 |
| Job training | 32.51 | 31.25 | 44.43 | 35.74* |
| Health care | 18.99 | 39.50 | 19.89 | 27.05 |
| Mental health counseling | 25.34 | 33.33 | 25.16 | 28.32 |
| Job placement assistance | 13.55 | 24.01 | 35.46 | 24.33* |
| Substance use counseling | 8.15 | 7.95 | 13.04 | 9.59 |

*$p \le .05$

and difficulties maintaining consistent funding and, there-fore, a stable staff, were more apparent to participants in the lower quality settings. We found lower quality settings evidenced positive effects on RHY's wellbeing and functioning, despite gaps in services and program quality experienced by RHY and staff. Within lower quality settings, these gains were typically found in more concrete domains such as housing, job placement, and the provision of basic necessities like food, showers, and clean clothes, and less commonly in social, psychological, and emotional spheres. Within lower quality settings we found three main inter-related factors impeding program efficacy: (1) difficulties locating, supporting, and retaining effective staff members, (2) a heavy focus on basic services and managing crises, but less attention on the "higher order" aspects of the YPQA model, including an under-emphasis on emotional support and youth input in the course of programming and service provision. Further, these first two gaps were generally tied to or exacerbated by (3) funding constraints and other challenges that emerged from the larger environment. In the quotes below, identifying details have been changed or omitted to protect the confidentiality of settings and individual staff and RHY participants. We describe each of these four main findings in detail in the following sections.

## Part I: Characteristics of Higher Quality Settings

### A Youth-Centered Program Philosophy Equally Understood by Staff and Clients

The presence of a clearly articulated, overarching program philosophy was a feature commonly identified among higher quality RHY settings. These program philosophies were notable in that they were both realistic and flexible enough to meet the ever-changing needs of youth clients and also consistent and clear enough to provide the setting with a suitably structured environment. Typically, these philosophies were informed by the PYD and/or trauma-informed care frameworks (Eccles & Appleton-Gootman, 2002; Taylor-Seeharfer, 2004; The Administration for Children and Families, 2008). Further, we found in many cases that the settings' philosophies integrated complementary evidence-based approaches such as harm reduction (Marlatt & Witkiewitz, 2002) and/or the motivational interviewing counseling method (Altena et al., 2010; Baer, Garrett, Beadnell, Wells, & Peterson, 2007), which are client-centered approaches to individualized care, consistent with PYD. Thus, program philosophies in higher quality settings were youth-focused, appropriate for the characteristics of the client population, and evidence-based. Notably, and in contrast to lower quality settings, both RHY and staff were aware of the higher quality settings' overarching organizational philosophy, which highlights both the success of these settings in achieving

clarity regarding their main approaches and also their skill in communicating the settings' intended mission, vision, and values across all levels of the organization.

In particular, consistent with youth-centered approaches to PYD, higher quality RHY settings emphasized the importance of youths' own goals and expectations as "driving" the process of development and growth. One program director described her program's approach as follows:

> I want them to feel like this is their life, and they're in control of it and we're here to help. I think a lot of them come in and they've been other places, or if they've come from other institutions, or if they were in foster care, they have no sense of control over their own life. A lot of them had said, like they feel "everyone's always trying to make decisions for me," and really, we want to stay within our guidelines, and our regulations, but we really want them to feel like they have say in what's happening to them.

Because RHY generally develop along an atypical path, face frequent serious crises, and experience numerous risks to health and wellbeing from the larger context, focusing on RHY's own goals, rather than a program's goals for them, presents settings with a challenge. In fact, many higher quality RHY settings evidenced what the above program director referred to as a delicate "balancing act," namely, managing tension between the program's mission to foster a RHY client's sense of personal autonomy by eliciting and respecting his or her personal goals, while also encouraging pro-social change and maintaining appropriate boundaries between staff and RHY clients. Despite the emphasis on youth autonomy by participants in the present study, evidence of actual youth governance in study settings (an important aspect of the YPQA model), was scant.

As noted above, one important characteristic of higher quality RHY programs was evidence that RHY's understanding of the program's overarching philosophy and goals was consistent with that of the staff. As one youth in a setting that the program administrator described as being guided by a PYD approach explains,

> I feel like they allow us to set our own expectations for ourselves and I want to—I don't want to say 'allow' (us to set our own goals), because I know I can do whatever I want without anybody telling me. But as far as them, I think that whatever our expectation for ourselves, they just want to support us with…us meeting our goals and us…doing what we think we're capable of.

Thus, higher quality settings were typically characterized by a robust understanding of the program's goals and philosophy and a high level of adherence to these goals and philosophies across all levels of the organization, including

among administrative, frontline, and volunteer staff, as well as RHY themselves. We found this shared vision commonly co-occurred with a cooperative environment in settings, within which RHY and staff worked together towards achieving their shared goals.

## Developmentally Appropriate Relationships Between Staff and Youth That Promoted Autonomy

RHY in higher quality settings described their experiences in these settings as essential to their psychosocial development. In other words, RHY experienced themselves as having a set of unique needs and viewed staff at RHY settings as understanding and striving to meet these needs. Notably, RHY emphasized the importance of meaningful, emotionally supportive relationships with staff, noting that these, in turn, provided a sense of physical and emotional security they experienced in RHY settings, but less commonly elsewhere. This sense of safety further allowed RHY to openly and honestly address longstanding problems and concerns such as substance abuse, trauma, emotional insecurity, and identity formation. For instance, one youth described the program he attended as follows:

> They give that support that you would need if you had an abusive family or like something going on in your household that you couldn't talk to the people in your household. They would be the one that could be the support to help you get through that… I use it just for basically helping me get on my own. Cause I really don't got family and I need the extra support to help me out.

Indeed, we found that a cornerstone of staff members' ability to foster developmentally appropriate relationships with RHY was the ability to link instrumental support such as assistance with housing, food, education, and employment directly to the provision of emotional support through individualized attention and counseling. More specifically, we found higher quality settings emphasized and prioritized internal policies and practices to foster appropriately supportive emotional relationships within the context of their day-to-day case management and other tangible services. A staff member from a TLP located in a major metropolitan area articulated the utility of synergistically providing instrumental and emotional support as follows:

> We give them a little more than (tangible services)— because (the program is) small, and it's intimate, and you can. You get to know this person. You get to dig deep, and really help them… You see the progress. You know, and we give them what they really need, and if this young person needs to go to the birth certificate place, I go with them.

This type of relationship was particularly significant for RHY who, for the most part, had not had positive experiences with parents in the past. Settings, and the staff within settings, filled the role of a parent in the lives of RHY who may not have trusted or valued their parents, but who nonetheless generally wanted or needed a parental figure. One young man described the role of a program in which he was engaged as providing emotional support, including encouragement and appreciation, within the context of navigating the often-daunting bureaucracy of social services:

> You've got some kids who really don't have anybody in their corner, to like give them constructive criticism, or even to motivate them to do anything to make them feel good about themselves. (Staff will) give you appreciation, like show you gratitude. Like you would tell them something you did, like say if you needed to get Medicaid or food stamps or something, and they'll be happy. Like, "I'm proud for you."

Moreover, by providing emotional support synergistically with instrumental support, the higher quality settings effectively created an environment where autonomy was promoted so that RHY clients were able to build skills to function independently as they transitioned out-of-homelessness to living on their own. For instance, one youth described how staff had encouraged him to develop an increased sense of personal autonomy:

> I'm 21. Like I'm more of an adult. Like I'm ready for life on my own. (This program) has helped with that. They are part of it. Like people care, they're giving us the motivation, (to) build my own confidence and now I'm ready for the world.

Indeed, in higher quality settings, we found RHY were able to internalize the genuine and consistent support and care provided by staff, which fostered self-confidence, a greater sense of autonomy, and an ability to set and reach goals. This in turn increased RHY's motivation to gain the skills to transition out-of-homelessness and into independent living. In fact, there was awareness in higher quality settings that the relationships between staff and RHY provided benefits to young people on multiple levels, within the context of almost constant struggles and crises that are faced by RHY. As a staff member succinctly described it:

"(We) got to move them from crisis to (self-assurance). So, I think the hope is that collectively, as a staff, that we help a young person move on in this world."

However, supporting and maintaining a well-trained, capable, and motivated staff and preventing staff burnout were continual challenges for RHY settings, which generally operated on limited budgets, as we describe below.

## A Focus on Short and Long Term Goals Within Anticipated Setbacks and Crises

By using client-centered approaches such as harm reduction and motivational interviewing, as noted above, higher quality settings fostered PYD by encouraging RHY to develop both short- and long-term goals tailored to their individual needs. This "balancing act" was challenging, however, because of the primacy of RHY's crises, which presented very real and immediate challenges to staff and young people. However, if settings consistently defer attending to long-term goals, RHY may not progress toward independent living. Moreover, as described above, the psychosocial challenges faced by RHY were numerous, and therefore RHY's short- and long-term goals varied substantially depending on the developmental stage of the youth, where he/she was located in his/her trajectory from homelessness to independence, and the primary barriers he/she faced, including mental health or substance use problems. One staff member articulated the importance of addressing both short- and long-term goals for RHY and emphasized the need for these goals to be individualized and manageable, as follows:

> We have formal goal plans (for RHY clients). So, when youth are first applying (to enter the TLP), it's part of their application actually. Like, where do you want to be? Like, what do you want to do? What are your big goals for yourself? So, we kind of look at the big ones, like, where do you want to be when you leave here? And then we break it down into what we're going to do every month to get you to where you want to be. For some youth that is really hard because they get here and they're finally safe and they kind of shut down. Like, now is the time, it's safe to be depressed, it's safe to process whatever it was that you just went through. So, we stall for a few months, which is important, because you have to get through that stuff. Other youth, I guess they never realized what stability could help them gain, so they get six months into the program and they're like, well, why would I want that to be my goal, if I'm doing so much better than that? Why shouldn't I shoot for this? So, it's very, very, individualized.

Further, we found higher quality settings worked to ensure that RHY have the autonomy and intrinsic motivation to set their own individual goals and that they can count on staff to work with them to achieve these personalized goals, while not necessarily experiencing the staff as "handholding," as one young person described:

> If you ask for services, you are expected to actually want the services. Like you have to be willing to go out and look for a job, and learn how to make your resume, and learn how to apply to schools, and you

have to have the drive to want to do something. You can't ask the help and then just sit here and sleep all day.

In addition, results indicated higher quality settings recognized that achieving goals, large or small, is critical for RHY to feel a sense of accomplishment. One youth described his awareness that achieving his goals is about more than the particular tasks; rather, he noted there is great value in experiencing esteem from accomplishing a goal.

"To me, the whole goal system, it's more like you're personally rewarding yourself, because then you complete your goal—you feel a little better about yourself."

Moreover, when helping youth to develop short- and long-term goals, the staff at higher quality settings was realistic about the extent of their potential impact on youth given the magnitude of challenges RHY face. To prevent staff burnout, we found it was important for settings to maintain a realistic position regarding the extent to which RHY can be helped within the context of what staff described as chronically limited programmatic resources, the developmental difficulties RHY experience (including those related to trauma), and the depressed local economies in which many settings operated, particularly in rural areas. For example, not all RHY could be provided with stable housing, and RHY with ambitious education and occupational goals faced a long process with inevitable obstacles. Certainly, staff members working with RHY were dedicated to their work, but they did not always see measurable improvements in the lives of the RHY with whom they worked. Thus, we found having realistic expectations was essential for staff satisfaction and motivation and to prevent staff burnout. Generally, these realistic goals reflected an emphasis on youth autonomy, as well as a harm reduction approach in many cases. As one staff member noted:

> We're not there to, like, you know, sweep them all up and save them. That's not the goal. The goal is whatever they choose to help them be safe in whatever they choose. So, if somebody does decide to go back out (on the streets), we at least can provide them with a phone to make sure that if they ever need anything or if they ever decide that they do want help, they can always call us.

## Ongoing Internal Quality Assessment Procedures

Higher quality settings were characterized by having established mechanisms for continuous internal quality assessment, program improvement, and staff support, which included evaluation of youth outcomes. In addition, higher quality programs also typically engaged in informal, ongoing reflection, as was described by one program director:

How do we work (program quality improvement processes) in? We have weekly group (meetings). Where we, as a group, as a team, always meet with our supervisors once a week. Every program does this and during that time we talk about what's working, what's not working, what can we change, what can we do, what issues have we had? Do we notice anything that's a little different?

One key aspect of a continual assessment and improvement process was the ability to hire, develop, and retain a consistent, dedicated staff. Common among RHY settings were the myriad challenges inherent in providing direct services to RHY clients. Consequently, the ability to maintain a high-quality and motivated staff and prevent and manage staff burnout was seen as vital. Higher quality settings achieved this in part by creating a cooperative and supportive environment amongst staff members, a necessary component of preventing high turnover rates which tend to translate into instability for the youth. As a staff member noted,

One thing I can tell you about this place, we have a lot of support as far as mental health. They don't burn out the staff... It can get overwhelming, don't get me wrong. But, I think (this setting) does a really good job of making you feel supported. If you need a mental health day, they give it to you. If you know, just call out, it's just what it is. I don't really know how to describe it any other way. I've never not felt supported here. Strangely enough. Never not felt that.

Similarly, one program administrator explained the importance of mutual support among staff as follows:

I have a great team... I think that's a huge thing. I think you can tell when everybody is getting tired or whatever, and I think those are the times where it's like, oh, come on, push yourself. Get through this week it will be okay. But I think my supervisor, and working with (my program director) and being so in tune with each other, and (with) what we each need to be successful, it makes it worthwhile.

Indeed, as described above, higher quality settings were able to ameliorate risk in the lives of RHY by having staff provide both emotional and instrumental support within the context of developmentally appropriate relationships between staff and youth. Thus, mechanisms put in place by the settings' leadership to support staff and to elicit suggestions for improvement in setting policies and practices were vital components of settings' overall functioning.

## Part II: Gaps and Challenges in Lower Quality Settings

### Difficulties Locating, Supporting, and Retaining Effective Staff Members

Lower quality settings experienced a number of difficulties related to staffing, including being chronically under-staffed, difficulty hiring and retaining well-trained and effective staff, and staff burnout. We found proactive and robust measures to prevent staff burnout were seen as essential to retaining staff, but these often could not be or were not implemented in many settings. Furthermore, in some settings, this lack of attention to staff members' wellbeing caused difficult or strained relationships among staff members and between youth and staff. For example, in one program, a mid-level staff member described a sense of feeling under-appreciated, particularly given the enormity and difficulty of her work:

You know, when HR (Human Resources) calls me and says, so and so forgot to punch out eight times last week, or whatever. I'm like, yeah, you know why? Because that (staff) person's running out the [obscenity] door to save themselves because they've been here in the trenches, you know?

Moreover, we found youth were highly attuned to what they perceived to be organizational dysfunction, particularly as it related to staff they viewed as dissatisfied with their jobs and unsupportive of youth and the struggles they faced in their daily lives. Youth, as well as staff, recognized the pervasiveness of staff burnout in the lower quality settings. One young woman enrolled in the setting mentioned above echoed staff and other youth, observing,

I feel like some of the caseworkers also help us, the ones that actually, truly care about us… Because you have some caseworkers that don't even give a fuck if I call out. Some of them, I just be like, 'Why do you work here?' and they be like, "Okay, next?" Can we have somebody that actually like motivates a person to what they got to do so they could get stuff done and you wouldn't be out on the street?

There was consensus that staff obtained jobs in RHY settings because they desired to foster youth development. However, in some cases, characteristics of the settings, such as a lack of appropriate levels of support or resources to prevent staff burnout, undermined staff members' abilities to remain engaged with their work. In some lower quality settings, staff and RHY agreed that staff was just "there just for the paycheck," provided lower quality services, were not sensitive to youth struggles, and contributed to a sense of negativity and dissatisfaction in these settings. However, youth commonly understood that some staff, at least, were

poorly paid and struggling in similar ways to the RHY they served. As one youth noted, "(working in the setting) is not their only job. They have a day job too, so they come from their day job and they come here. And then they're tired, they get mad at us."

### A Heavy Focus on Basic Services and Managing Crises, But Less Attention on the "Higher Order" Aspects of the YPQA Model

Despite expressing appreciation for the services RHY programs provided, RHY commonly expressed a feeling that not all staff members were able to strike the appropriate balance in providing both instrumental and emotional support, particularly in settings with high staff turnover. We found in lower quality settings youth experienced organizations as over-emphasizing the provision of instrumental support, that is, practical and tangible services, often to the detriment of providing appropriate emotional support. Within TLPs in particular, this under-emphasis on emotional support manifested itself as an overall feeling of institutionalization, which was evident in descriptions of programs as resembling a "homeless shelter" or "a group home," more than as a living space designed to promote sense of belonging in the setting, one of the pillars of the PYD approach. This experience of institutionalization was described not only in terms of the physical space itself, but also in terms of the perceived quality of interactions between residents and staff. As one young woman described the situation,

"It's like we might as well either [go] to the food pantry or next door to the Salvation Army because at least you don't get an attitude and they don't give you trouble about it."

Moreover, RHY reported their autonomy was not generally supported, and relationships between youth and staff were antagonistic as a result of a lack of transparency with regard to rules, regulations, and the everyday goings-on of RHY programs. RHY reported that this inhibited their autonomy and created antagonistic relationships between youth and staff. In one focus group with young women from a setting where access to the kitchen and laundry facilities were dependent on the presence of a staff member, youth repeatedly noted, "They don't realize that this is our home," and "They don't let us be adults." Another youth commented,

And also, like it's really annoying because like if we live here, they're supposed to make you feel like home. When you're home in your own home, you don't have a lock on your kitchen door, and have to have somebody come down with you (to the kitchen) and you can't go in your kitchen after certain hours. That's very, very frustrating.

Although youth recognized the challenges settings faced in supporting them, they noted that they were highly dependent on the programs and appreciative of the services that were provided. In many cases, the organization was youths' only source of support, as noted by one female participant in a setting that is known for its exceptional housing program but where only "some" but not all of the staff were described as "actually, truly (caring) about us." Speaking to the other RHY clients in a focus group, she noted,

But I guarantee y'all if [the setting] was to shut down right now where the hell would half of us go?... Can I go back home? Can I go to [another setting] because [that setting] puts you in housing? Can the dope put you in housing? No. You be all coming to [this setting] for a reason. Yeah, we may have (complaints about the setting) but at the end of the day, (this setting) is the only option we have.

Thus, for lower quality settings, the lack of resources and frequent staff turnover limited their ability to provide an environment that nurtured youth on multiple layers and in developmentally appropriate ways, in line with PYD principles. As described above, staff who felt supported by the setting administration was better able to establish genuine relationships with youth, foster an environment that promoted psychological and physical safety and a sense of belonging, and value youth as individuals with individual needs and desires. When these dimensions were lacking, youth were unable to internalize feelings of support and validation, which then limited their sense of mattering, autonomy, and self-efficacy in their ability to attain skills for the successful transition out-of-homelessness.

### Funding Constraints and Other Challenges That Emerged From the Larger Environment

We found an overwhelming consensus that urban, suburban, and rural settings faced significant structural barriers to providing high-quality services. These included grossly inadequate funding; lack of housing options for youth; inappropriate age restrictions on some funding mechanisms and resources; difficulties interacting with other systems RHY encounter, such as child protective, the police, and criminal justice services and limited employment opportunities for youth in the larger community. In particular, rural programs reported strains related to a dearth of available resources in the larger community. In discussing a client who had recently gained employment in an adjacent town, one program administrator in a rural setting noted how funding had decreased over the years, resulting in a "shoestring budget" that made it impossible to provide even the most basic needs:

But we can't send (the client) deodorant and a toothbrush and toothpaste. We used to have all that stuff here. We used to have bus passes, but we don't have that anymore. We don't even have business cards.

Similarly, staff at other lower quality settings described themselves as being under-funded and expressed frustration over how the lack of resources often resulted in an inability to provide the long-term support needed for RHY to transition out-of-homelessness. As one long-time staff member noted,

"It's really like hard, I think, in that aspect where, after a while it just feels like you're just kind of like, I guess putting Band-Aids on the situation."

Because RHY settings were embedded in their local economies, the global recession beginning in 2008 increased the challenges that such settings faced in maintaining stable funding for their programs, much of which was provided from state or local sources. Further, the recession reduced RHY settings' abilities to link their clients with employment or housing.

## Discussion

The aims of the present qualitative study were to uncover and explore the characteristics of higher quality settings for RHY, the mechanisms by which they achieve good quality, and the difficulties and gaps evident in lower quality settings. Importantly, we found all settings, regardless of quality, evidenced strengths and provided vital services to RHY. Further, all settings in the present study experienced challenges, yet we found a number of mechanisms by which higher quality settings in particular managed to overcome these challenges to function efficiently, retain staff, and provide useful services to RHY.

Past research on organizations serving RHY has relied primarily on discrete interventions, single settings, or a small number of settings. The present study extends the research by focusing on a set of 29 randomly selected, varied organizations in a large but discrete geographical area made up of rural, suburban, and urban regions. Further, the present study integrates the perspectives of RHY, front-line and mid-line staff, and program administrators. We found this diversity of perspectives within and across settings bolstered the richness and complexity of findings and also supported their validity by fostering triangulation and, we surmise, reducing social desirability and other possible biases.

Study findings highlight the challenges inherent in providing programs for RHY. Indeed, RHY are among the most vulnerable young people in the US and are difficult to locate, engage, and treat effectively, as described above. Recently, a confluence of increasing numbers of RHY, constrained funding, and an economic downturn places great strain on settings for RHY and complicates their efforts to positively impact the functioning and developmental trajectories of RHY. Yet, we identified a number of strategies and policies by which higher quality settings in particular overcame such challenges.

A well-articulated youth-centered program philosophy is central in higher quality settings, consistent with study expectations. Importantly, in higher quality settings, the program philosophy is known to and lived out by staff at all levels in the organization and by RHY. Conversely, in lower quality settings, youth and staff do not typically have a shared understanding of the overall purpose and goals of the setting or scope of the services available to RHY, and this lack of clarity appears to create tension in these organizations. Indeed, Slesnick, Kang, Bonomi, and Prestopnik (2008) highlight the importance of a program philosophy in guiding all aspects of program development in a paper describing procedures for opening a DIC. Further, this finding on the importance of a shared philosophy resonates with the literature from organizational psychology on the vital role of organizational culture; that is, the values, beliefs, customs, purpose, norms, and behaviours shared by a social group (Nelson & Quick, 2011). Indeed, organizational cultures have powerful effects on the overall efficiency and effectiveness of settings. Further, the central youth-centered approach played a role in other favorable setting characteristics. However, contrary to expectations, we did not find evidence for substantial youth governance in settings, despite the emphasis on youth input in the YPQA model.

In higher quality settings, the overarching philosophies and resultant programs and practices are guided mainly by PYD. In fact, funding regulations generally require or recommend that RHY settings use PYD, and we found this recommendation has been followed, particularly in higher quality settings, with positive results. In particular, we found the components of PYD resonate with RHY's needs for autonomy and individual goal setting. In fact, we found both RHY and staff see supporting RHY's autonomy as fundamental, in part because it serves to foster RHY's engagement in the setting and intrinsic motivation among RHY to set and achieve goals.

Yet as Staller and Kirk noted (1997), identifying the parameters of RHY's autonomy is an acute problem in settings, largely because RHY face developmental challenges as well as social, academic, emotional, and behavioral deficits (Staller & Kirk, 1997). Further, RHY have difficulties getting close to and trusting others (Staller & Kirk, 1997). Thus, similar to settings for more typically developing adolescents, RHY settings must balance needs for autonomy and support in their work with RHY (Boykin McElhaney & Allen, 2001). We found higher quality settings are better able to carefully manage youths' needs for autonomy

because the staff and administrators have a deep, developmentally informed understanding of RHYs' non-linear and challenging trajectories. The higher quality settings therefore anticipate that RHY may make autonomous decisions that do not necessarily support youths' goals or best interests, and among staff, there is an emotional and cognitive acceptance this is a normative feature of RHYs' progress toward stabilizing their lives. Thus, crises are seen as normative, and planning for such crises is embedded in the developmentally informed, individualized approach high-quality settings take toward youth.

We found higher quality settings make an institutional commitment at every level of the organization to deliver developmentally and individually tailored services to RHY in order to promote PYD principles, including a sense of belonging, and thereby serve as a surrogate family. Simultaneously, higher quality settings appear to make this same commitment to their staff, understanding that staff's ability to genuinely engage with youth is highly dependent upon their feeling supported by the institution. In contrast, RHY in lower quality settings appreciated the services offered but did not necessarily experience the setting as a home or like family, suggesting that their tangible needs are well met, but their emotional needs may not be. Consistent with study expectations, all RHY settings meet the critical but fairly lower order requirements of safety and providing basic services. The present study identifies the means by which some settings move beyond these lower order offerings to engage youth in longer term planning and to focus beyond present crises.

Stawar and Griffiths (1989) present a model for developing an organizational philosophy in a social service agency and highlight the importance of mechanisms to assimilate new ideas into the setting's philosophy, as changes to the environment will naturally occur with time and will affect the organization (Stawar & Griffiths, 1989; Thompson, McManus, Lantry, Windsor, & Flynn, 2006). In keeping with the importance of a flexible and evolving program philosophy, we found higher quality settings engaged in continuous quality improvement activities, both formally and informally. This is one mechanism by which the setting's core philosophy and organizational culture are communicated, supported, and transmitted across the setting (Donabedian, 1996; Shojania & Grimshaw, 2005). Yet, as the present study highlighted, maintaining a focus on aspects of the organizational climate is challenging in the context of serving youth in crisis with scarce resources. To foster higher quality and optimal functioning among youth-serving settings, Yohalem et al. (2009) summarized a number of tools being used in the field, including the YPQA used in the present study, and described how they can be applied to drive systemic quality improvement. Thus, although bringing about organizational change is challenging, successful

models and tools can be found (Rivard, 2004; Williams, Lindsey, Kurtz, & Jarvis, 2001).

The present study highlights both the importance of and difficulties inherent in hiring and retaining a motivated and well-trained workforce within settings. In particular, risk for staff burnout was seen as high. This was related to staff's work with challenging young people in crisis with insufficient resources, including limited resources to help youth stabilize and move toward independence. In fact, as Vivian and Hormann (2015) have noted, mission-driven work such as in RHY settings can be persistently traumatizing for staff, as they address trauma among clients. Indeed, as reviewed by Kidd et al. (2007), a substantial literature focuses on the problem of social service staff burnout. Risk of burnout is associated with factors such as insufficient pay, feeling a lack of accomplishment, lack of opportunities for advancement (Hagen & Hutchison, 1988), difficulty finding a balance regarding youth versus staff responsibility for client progress (Morse et al., 1996), and constraining and/or conflicting policies (Kidd et al., 2007). Conversely, protective factors include feelings of control, effective supervision, and social support (Lloyd, King, & Chenoweth, 2002). Consistent with this literature, we found higher quality settings in the present study had plans in place to hire appropriate staff and develop and support them, with a view toward retaining them over time, preventing burnout, and providing high-quality services to RHY. Results suggest the four main characteristics of higher quality settings we identified in the present study work synergistically to overcome the challenges that all settings face and improve setting quality. We surmise, in turn, these characteristics improve settings' positive effects on RHY's wellbeing and developmental outcomes. Thus, our findings do not suggest that one of the four characteristics is more important than the others. Nonetheless, results do suggest that for lower quality settings, articulating a program philosophy is a natural starting point.

## Limitations

As noted above, African American/Black and Hispanic young people, those with lesbian, gay, bisexual, or queer sexual orientations, and those with transgender gender identities are over-represented among RHY compared to the general population (Cochran et al., 2002; Keuroghlian et al., 2014). Study limitations include a lack of themes that emerged related to race/ethnicity, sexual orientation, and gender identity, although participants were typically queried about such issues. This suggests study materials did not sufficiently address issues related to these characteristics, participants experienced barriers to exploring issues related to these characteristics in this study, and/or that innovative methods are needed to elicit findings related to race, ethnicity, and other socio-demographic characteristics. Future

research will attend to RHY, staff, and program administrators' perspectives on issues specific to racial/ethnic minority, sexual minority, and transgender RHY, as well issues shared with their heterosexual, cisgender, and white peers. The non-random sampling methods within settings was an additional limitation, as it has the potential to introduce social desirability and other biases; for example, if program administrators nominated only staff members with more positive views of the setting. The triangulation of findings across youth and staff perspectives within settings was used as a strategy to reduce such biases.

## Implications

The study has a number of implications for social work policy and practice, and for the larger community of RHY providers and stakeholders. Indeed, ensuring healthy development for all youth and ending homelessness are among the Grand Challenges for Social Work set out by the American Academy of Social Work and Social Welfare (Fong, Lubben, & Barth, 2017). As noted above, youth homelessness is a problem of families and of society. A community needs assessment can be a vital first step to addressing, or preventing, youth homelessness (Isaac, 2015). In particular, as part of a needs assessment RHY themselves can help identify local sources of support and gaps that remain. Further, social work has a leadership role to play in preventing youth leaving or being forced to leave home, since social workers are the primary interface between distressed families and the social welfare system. Indeed, the child welfare system has historically sought to support families and prevent youth leaving home or being forced out-of-home by implementing early intervention and prevention services through a range of programs such as in-home counseling, parenting skill courses, group counseling, substance use outpatient treatment, and family preservation services (National Alliance to End Homelessness, 2009). Family-level interventions such as Multisystemic Therapy, Functional Family Therapy, and Intensive Family Preservation Services show promise to prevent youth homelessness or help RHY reunite with families, but to date have not been brought to scale (National Alliance to End Homelessness, 2009). The National Alliance to End Homelessness (2009) has highlighted that child welfare systems are well-positioned to assess whether family preservation services are accessible to families with teenagers and whether they are able to competently serve older adolescents. Further, to improve services for older RHY, child welfare systems may also consider partnerships with nonprofit organizations to deliver services, such as RHY settings. Last, supportive youth housing programs are vital when family reunification is not an option (National Alliance to End Homelessness, 2009), but as the present study highlights, the supply of such housing programs rarely meets demand.

The present study underscores RHY settings' needs for networking, training, and technical assistance to continue to bolster the efficacy of the programs and services they provide. Consistent with our expectations, we found the quality of offering-level characteristics is strongly associated with the quality of organization-level characteristics. This suggests high-quality organization-level characteristics are necessary for successful program offerings that positively affect the lives of RHY. Not surprisingly, settings report the need for stable funding at increased levels to foster staff retention and prevent burnout, provide effective services, and expand programs, including housing initiatives. Further, the present study highlights specific characteristics evident in higher quality settings for RHY, and as such, study results can serve as a resource to RHY settings nationally. Future research on the cost-effectiveness of services provided is needed.

## Conclusions

In the absence of family and other protective systems, RHY are reliant on a set of specialized settings to prevent or ameliorate a host of grave adverse health, mental health, and behavioral outcomes (Edidin et al., 2012) and even early mortality (O'Connell, 2005). The present study provides further evidence for the importance of the specialized settings that serve RHY, as well as the salience of the PYD model in RHY settings. Moreover, it extends the literature on these vital organizations by identifying and exploring the characteristics of higher quality settings for RHY, the mechanisms by which they achieve good quality, and the difficulties and gaps evident in lower quality settings.

## Compliance with Ethical Standards

**Conflict of interest** The authors declare that they have no conflicts of interest.

## References

Adams, L. (2014). 'Criminalising' homelessness: Motivations, impacts and alternatives. *Parity, 27*(9), 6–8.

Altena, A. M., Brilleslijper-Kater, S. N., & Wolf, J. L. (2010). Effective interventions for homeless youth: A systematic review. *American Journal of Preventive Medicine, 38*(6), 637–645. https://doi.org/10.1016/j.amepre.2010.02.017.

Aviles, A., & Helfrich, C. (2004). Life skill service needs: Perspectives of homeless youth. *Journal of Youth and Adolescence, 33*(4), 331–338. https://doi.org/10.1023/B:Joyo.0000032641.82942.22.

Baer, J. S., Garrett, S. B., Beadnell, B., Wells, E. A., & Peterson, P. L. (2007). Brief motivational intervention with homeless adolescents: Evaluating effects on substance use and service utilization. *Psychology of Addictive Behaviors, 21*(4), 582–586. https://doi.org/10.1037/0893-164X.21.4.582.

Bender, K., Thompson, S. J., McManus, H., Lantry, J., & Flynn, P. M. (2007). Capacity for survival: Exploring strengths of homeless street youth. *Child and Youth Care Forum, 36*(1), 25–42. https://doi.org/10.1007/s10566-006-9029-4.

Boykin McElhaney, K., & Allen, J. P. (2001). Autonomy and adolescent social functioning: The moderating effect of risk. *Child Development, 72*(1), 220–235.

Cochran, B. N., Stewart, A. J., Ginzler, J. A., & Cauce, A. M. (2002). Challenges faced by homeless sexual minorities: Comparison of gay, lesbian, bisexual, and transgender homeless adolescents with their heterosexual counterparts. *American Journal of Public Health, 92*(5), 773–777.

Cooper, E. F. (2006). The runaway and homeless youth program: Administration, funding, and legislative actions. Retrieved from https://digital.library.unt.edu/ark:/67531/metacrs9962/m1/1/high_res_d/RL31933_2006Mar23.pdf.

Corbin, J., & Strauss, A. (2008). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (3rd ed.). Thousand Oaks: Sage Publications.

Donabedian, A. (1996). The effectiveness of quality assurance. *International Journal of Quality Health Care, 8*(4), 401–407.

Eccles, J., & Appleton-Gootman, J. (Eds.). (2002). *Community programs to promote positive youth development*. Washington, DC: National Academy Press.

Edidin, J. P., Ganim, Z., Hunter, S. J., & Karnik, N. S. (2012). The mental and physical health of homeless youth: A literature review. *Child Psychiatry and Human Development, 43*(3), 354–375.

Family and Youth Services Bureau. (2016). Transitional living program fact sheet. Retrieved from http://www.acf.hhs.gov/fysb/resource/tlp-fact-sheet.

Feldmann, J., & Middleman, A. B. (2003). Homeless adolescents: Common clinical concerns. *Seminars in Pediatric Infectious Diseases, 14*(1), 6–11. https://doi.org/10.1053/spid.2003.127211.

Fong, R., Lubben, J., & Barth, R. P. (2017). *Grand challenges for social work and society*. New York: Oxford University Press.

Graneheim, U. H., & Lundman, B. (2004). Qualitative content analysis in nursing research: Concepts, procedures and measures to achieve trustworthiness. *Nurse Education Today, 24*(2), 105–112. https://doi.org/10.1016/j.nedt.2003.10.001.

Gwadz, M., Cleland, C., Leonard, N., Bolas, J., Ritchie, A., Tabac, L., … Hirsh, M. (2017). Organizations serving runaway and homeless youth: Understanding their characteristics and effectiveness. *Children and Youth Services Review, 73*, 398–410. https://doi.org/10.1016/j.childyouth.2017.01.016.

Gwadz, M. V., Gostnell, K., Smolenski, C., Willis, B., Nish, D., Nolan, T. C., … Ritchie, A. S. (2009). The initiation of homeless youth into the street economy. *Journal of Adolescence, 32*(2), 357–377.

Hagen, J. L., & Hutchison, E. (1988). Who's serving the homeless? *Journal of Contemporary Social Work, 69*(8), 491–497.

Heinze, H. J., Jozefowicz, D. M. H., & Toro, P. A. (2010). Taking the youth perspective: Assessment of program characteristics that promote positive development in homeless and at-risk youth. *Children and Youth Services Review, 32*(10), 1365–1372. https://doi.org/10.1016/j.childyouth.2010.06.004.

Holtschneider, C. (2016). From independence to interdependence: Redefining outcomes for transitional living programs for youth experiencing homelessness. *Families in Society: The Journal of Contemporary Social Services, 97*(3), 160–170.

Hopper, E. K., Bassuk, E. L., & Olivet, J. (2010). Shelter from the storm: Trauma-informed care in homelessness services settings. *The Open Health Services and Policy Journal, 3*, 80–100.

Hyde, J. (2005). From home to street: Understanding young people's transitions into homelessness. *Journal of Adolescence, 28*(2), 171–183. https://doi.org/10.1016/j.adolescence.2005.02.001.

Isaac, L. (2015). Addressing the issue of homeless youth as a society. Retrieved from http://www.socialjusticesolutions.org/2015/05/14/addressing-issue-homeless-youth-society/.

Karabanow, J., & Clement, P. (2004). Interventions with street youth: A commentary on the practice-based research literature. *Brief Treatment and Crisis Intervention, 4*(1), 93–108. https://doi.org/10.1093/brief-treatment/mhh007.

Keuroghlian, A. S., Shtasel, D., & Bassuk, E. L. (2014). Out on the street: A public health and policy agenda for lesbian, gay, bisexual, and transgender youth who are homeless. *American Journal of Orthopsychiatry, 84*(1), 66–72. https://doi.org/10.1037/h0098852.

Kidd, S. A., Miner, S., Walker, D., & Davidson, L. (2007). Stories of working with homeless youth: On being "mind-boggling. *Children and Youth Services Review, 29*(1), 16–34.

Leonard, N. R., Freeman, R., Ritchie, A. S., Gwadz, M. V., Tabac, L., Dickson, V. V., … Hirsh, M. (2017). "Coming from the place of walking with the youth- that feeds everything": A mixed methods case study of a runaway and homeless youth organization. *Child and Adolescent Social Work Journal, 34*(5), 443–459. https://doi.org/10.1007/s10560-016-0483-z.

Levesque, R. J. R. (2011). Runaway and homeless youth act. In R. J. R. Levesque (Ed.), *Encyclopedia of adolescence*. New York: Springer.

Lloyd, C., King, R., & Chenoweth, L. (2002). Social work, stress and burnout: A review. *Journal of Mental Health, 11*(3), 255–265. https://doi.org/10.1080/09638230020023642.

Marlatt, G. A., & Witkiewitz, K. (2002). Harm reduction approaches to alcohol use: Health promotion, prevention, and treatment. *Addictive Behaviours, 27*(6), 867–886.

McKenzie-Mohr, S., Coates, J., & McLeod, H. (2012). Responding to the needs of youth who are homeless: Calling for politicized trauma-informed intervention. *Children and Youth Services Review, 34*(1), 136–143. https://doi.org/10.1016/j.childyouth.2011.09.008.

Miles, M. B., & Huberman, A. M. (Eds.). (1994). *Qualitative data analysis: An expanded sourcebook* (2nd ed.). Thousand Oaks: Sage Publications.

Morse, G. A., Calsyn, R. J., Miller, J., Rosenberg, P., West, L., & Gilliland, J. (1996). Outreach to homeless mentally ill people: Conceptual and clinical considerations. *Community Mental Health Journal, 32*(3), 261–274.

Morse, J. M., Barrett, M., Mayan, M., Olson, K., & Spiers, J. (2002). Verification strategies for establishing reliability and validity in

qualitative research. *International Journal of Qualitative Methods, 1*(2), 13–22.

National Alliance to End Homelessness. (2009). Ending youth homelessness before it begins: Prevention and early intervention services for older adolescents. Retrieved from https://b.3cdn.net/naeh/5a3c6b2bf975ee8989_1bm6bhh9y.pdf.

National Alliance to End Homelessness. (2012). An emerging framework for ending unaccompanied youth homelessness. Retrieved from http://www.endhomelessness.org/library/entry/an-emerging-framework-for-ending-unaccompanied-youth-homelessness.

Nelson, D. L., & Quick, J. C. (2011). *Understanding organizational behavior*. Belmont: Cengage South-Western.

New York State Office of Children & Family Services. (2014). Runaway and homeless youth annual report. Retrieved from: https://ocfs.ny.gov/main/reports/RHYA%20Final%20Report%202014.pdf.

O'Connell, J. J. (2005). *Premature mortality in homeless populations: A review of the literature*. Nashville: National Health Care for the Homeless Council.

Pollio, D. E., Thompson, S. J., Tobias, L., Reid, D., & Spitznagel, E. (2006). Longitudinal outcomes for youth receiving runaway/homeless shelter services. *Journal of Youth and Adolescence, 35*(5), 859–866. https://doi.org/10.1007/s10964-006-9098-6.

Raleigh-DuRoff, C. (2004). Factors that influence homeless adolescents to leave or stay living on the street. *Child and Adolescent Social Work Journal, 21*(6), 561–571.

Rew, L., Taylor-Seahafer, M., Thomas, N. Y., & Yockey, R. D. (2001). Correlates of resilience in homeless adolescents. *Journal of Nursing Scholarship, 33*(1), 33–40. https://doi.org/10.1111/j.1547-5069.2001.00033.x.

Rivard, S. (2004). *Information technology and organizational transformation: Solving the management puzzle*. Oxford: Elsevier.

Shojania, K. G., & Grimshaw, J. M. (2005). Evidence-based quality improvement: The state of the science. *Health Affairs, 24*(1), 138–150. https://doi.org/10.1377/hlthaff.24.1.138.

Slesnick, N., Dashora, P., Letcher, A., Erdem, G., & Serovich, J. (2009). A review of services and interventions for runaway and homeless youth: Moving forward. *Children and Youth Services Review, 31*(7), 732–742. https://doi.org/10.1016/j.childyouth.2009.01.006.

Slesnick, N., Feng, X., Guo, X., Brakenhoff, B., Carmona, J., Murnan, A., … McRee, A. L. (2016). A test of outreach and drop-in linkage versus shelter linkage for connecting homeless youth to services. *Prevention Science, 17*(4), 450–460. https://doi.org/10.1007/s11121-015-0630-3.

Slesnick, N., Kang, M. J., Bonomi, A. E., & Prestopnik, J. L. (2008). Six- and twelve-month outcomes among homeless youth accessing therapy and case management services through an urban drop-in center. *Health Services Research, 43*(1), 211–229. https://doi.org/10.1111/j.1475-6773.2007.00755.x.

Staller, K. M., & Kirk, S. A. (1997). Unjust freedom: The ethics of client self-determination in runaway youth shelters. *Child and Adolescent Social Work Journal, 14*(3), 223–242. https://doi.org/10.1023/a:1024521720170.

Stawar, T. L., & Griffiths, S. C. (1989). The development of a corporate philosophy in a mental health organization. *Journal of Mental Health Administration, 16*(2), 91–96.

Taylor-Seeharfer, M. A. (2004). Positive youth development: Reducing the health risks of homeless youth. *The American Journal of Maternal/Child Nursing, 29*, 36–40.

The Administration for Children and Families. (2008). The runaway and homeless youth act. Retrieved from http://www.acf.hhs.gov/fysb/resource/rhy-act.

Thompson, S. J., Bender, K., Windsor, L., Cook, M. S., & Williams, T. (2010). Homeless youth: Characteristics, contributing factors, and service options. *Journal of Human Behavior in the Social Environment, 20*(2), 193–217. https://doi.org/10.1080/10911350903269831.

Thompson, S. J., McManus, H., Lantry, J., Windsor, L., & Flynn, P. M. (2006). Insights from the street: Perceptions of services and providers by homeless young adults. *Evaluation and Program Planning, 29*(1), 34–43.

Tyler, K. A., & Schmitz, R. M. (2013). Family histories and multiple transitions among homeless young adults: Pathways to homelessness. *Children and Youth Services Review, 35*(10), 1719–1726. https://doi.org/10.1016/j.childyouth.2013.07.014.

United States Interagency Council on Homelessness. (2015). Opening doors: Federal strategic plan to prevent and end homelessness. Retrieved from https://www.usich.gov/resources/uploads/asset_library/USICH_OpeningDoors_Amendment2015_FINAL.pdf.

Vivian, P., & Hormann, S. (2015). Persistent traumatization in non-profit organizations. *Organizational Development Practitioners, 47*(1), 25.

Whitbeck, L. B. (2011). *Mental health and emerging adulthood among homeless young people*. New York: Taylor & Francis Group.

Williams, N. R., Lindsey, E. W., Kurtz, P. D., & Jarvis, S. (2001). From trauma to resiliency: Lessons from former runaway and homeless youth. *Journal of Youth Studies, 4*(2), 233–253. https://doi.org/10.1080/13676260123589.

Wolf, Z. R. (2003). Exploring the audit trail for qualitative investigations. *Nurse Educator, 28*(4), 175–178.

Woods, E. R., Samples, C. L., Melchiono, M. W., & Harris, S. K. (2003). Boston HAPPENS program: HIV-positive, homeless, and at-risk youth can access care through youth-oriented HIV services. *Seminars in Pediatric Infectious Disease, 14*(1), 43–53. https://doi.org/10.1053/spid.2003.127217.

Yohalem, N., Wilson-Ahlstrom, A., Fischer, S., & Shinn, M. (2009). *Measuring youth program quality: A guide to assessment tools* (2nd ed.). Washington, D.C.: The Forum for Youth Investment.

Youth Development Strategies Inc. (2016). Supports and opportunities scales. Retrieved from http://www.ydsi.org/ydsi/measuring/index.html.