

**Runaway & Homeless Youth Training &
Technical Assistance Center:
National Needs Assessment 2021
Final Report**

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December 2021

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Disclaimer

The points of view, analyses, interpretations, and opinions expressed here are solely those of the authors and do not necessarily reflect the position of the U.S. Department of Health and Human Services, Administration for Children and Families, Family and Youth Services Bureau.

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EXECUTIVE SUMMARY

The Runaway and Homeless Youth Training and Technical Assistance Center (RHYTTAC) is the primary source of training and technical assistance (TTA) for organizations that receive funding from the Family and Youth Services Bureau (FYSB) to operate programs serving runaway and homeless youth (RHY). RHYTTAC assists organizations in developing and implementing effective approaches to serve young people experiencing homelessness or at risk of experiencing homelessness.

Youth Collaboratory, with the support and partnership of Chapin Hall at the University of Chicago, is responsible for operating RHYTTAC, including the development, delivery, and evaluation of the TTA events throughout the year. RHYTTAC gathers information on the changing needs and demands of grantees to guide the development of future tools, resources, and trainings. RHYTTAC facilitated the annual 2021 National Needs Assessment (NNA) survey in August 2021 to grantees to help identify grantee organizational strengths and gaps and to understand how RHYTTAC can enhance capacity to support grantees' work in improving youth outcomes.

Method

RHYTTAC administered a 39-item survey to the 337 RHY grantee organizations that receive RHY funding via *REDCap*, a secure online survey platform. The survey asked grantees about grantee organizational characteristics, TTA used last year, FYSB monitoring activities, grantee organizational TTA priorities, serving youth during a pandemic, use of assessments, and evidence-based/informed practices. In total, 142 (42%) grantee organizations completed the survey (the responding grantee organizations hereafter referred to as "grantees").¹ Most responding grantees (78%) reported that they collected input from both executive leadership and direct program and practitioner staff to complete the NNA.

Findings

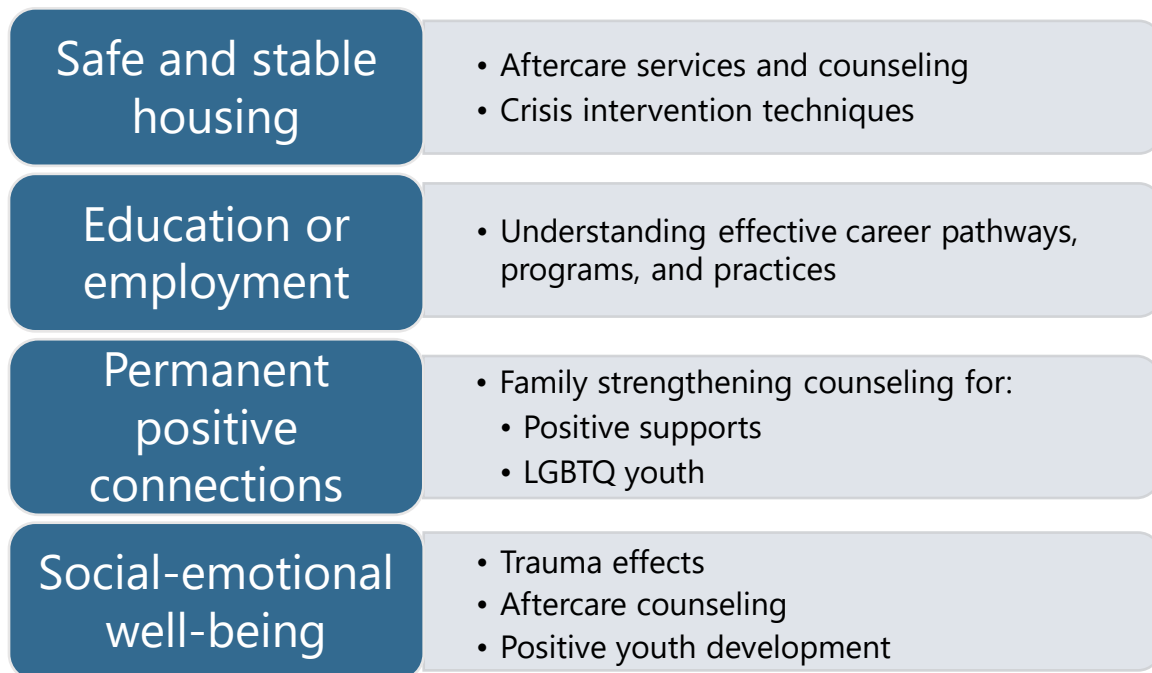
Grantee Characteristics. Grantees from each of the 10 FYSB program regions responded to the survey, but regions 7 and 8 had the highest response rate among their region's grantees (59% and 56%, respectively). More than half of the grantees receive multiple FYSB grants to operate more than one type of RHY program.

TTA Last Year. In the past year, most grantees attended webinars, virtual trainings and regional training events, and the majority agreed they were very useful. Far fewer used TA Cafés (35%) and corrective action plans (22%) for RHYTTAC TTA, but these types were offered much more infrequently and participants in these events rated them as very useful (76% and 89%, respectively).

¹ We use the term grantees throughout report to refer to representatives of organizations who responded to survey. We acknowledge that these findings of this report do not reflect all of FYSB's RHY-funded grantees.

TTA Topics. Grantees identified a series of different training topics for which they would like TTA to improve their outcomes. For leadership and organizational needs, the professional development and training needs of program staff emerged as the highest TTA priority. This priority aligns with grantee requests for TTA in a variety of formats and topics to meet the needs of staff across roles, across shifts, and along other fluctuating working contexts. The survey grouped topics related to program and service delivery by the USICH’s four core outcome areas (“core outcomes”): safe and stable housing, education or employment, permanent positive connections, and social-emotional well-being.² Figure 1 shows the most requested TTA topics within each of these outcome areas.

Figure 1. Most Requested TTA Topics by Core Outcome Area



Pandemic TTA. Operating a RHY program during and emerging from a pandemic created unique TTA needs last year. Specifically, grantees reported that TTA about identifying and engaging youth experiencing homelessness (52%) and connecting youth experiencing homelessness to housing during a pandemic (46%) would help them better serve youth.

Assessments, Screening, and Evidence-Based/Informed Practices. Over 80% of grantees reported that their organization used two or more tools to screen or assess the youth they serve for risk factors that might interfere with youth’s progress on the core outcomes; 8% of grantees reported not using any screening or assessment tool. Nearly two-thirds of grantees (65%) reported that they use formal screening tools to assess youth’s overall functioning or well-being. About three-quarters of grantees reported that

² U.S. Interagency Council on Homelessness. (2013). *Framework to End Youth Homelessness: A Resource Text for Dialogue and Action*. Retrieved from https://www.usich.gov/resources/uploads/asset_library/USICH_Youth_Framework_FINAL_02_13_131.pdf.

their organization could benefit from additional TTA on assessments and screening for trauma and Adverse Childhood Experiences (ACEs; 76%) as well as mental health (75%) and human trafficking (71%).

Grantees also reported a substantial number of evidence-based/informed practices (EBPs) in use at their organizations, with nearly half providing six to nine EBPs. Grantees listed 84 intervention programs that they offer — the most offered programs included PYD and Motivational Interviewing, which 77% of grantees reported providing. Roughly two-thirds (65%) of grantees indicated they needed TTA to support their implementation of the EBPs they provide.

Takeaways and Recommendations

Based on the input provided by grantees throughout the survey, we highlight key takeaways and align them with high-level suggested recommendations for RHYTTAC to continue meeting the needs of grantees in the coming year.

Grantees reported:		Therefore we recommend RHYTTAC:
TTA Content	<p>Consistent overarching TTA priorities. Grantees consistently identified TTA needs in four areas: (1) aftercare services and counseling; (2) family strengthening and counseling; (3) positive youth development; and (4) outcomes measurement.</p>	<ul style="list-style-type: none"> • Prioritize these highly requested topics in developing the scope and sequence for TTA in the 2022 year. • Consider developing TTA series by topic or training modules, targeted to one or more of these topic areas across numerous events.
	<p>High interest in TTA to enhance grantee capacity to support mental health and well-being. Grantees highlighted needs for resources to address trauma among youth and burnout/compassion fatigue among staff.</p>	<ul style="list-style-type: none"> • Develop TTA focused on the mental health needs of youth, including counseling services. • Create a training series for program leadership around staff development, retention, and well-being.
	<p>Need for TTA related to serving youth identifying with specific marginalized populations. Grantees recognized that better understanding challenges commonly confronted by youth identifying with specific marginalized populations could help them advance equitable outcomes for youth.</p>	<ul style="list-style-type: none"> • Engage youth identifying with marginalized populations who have lived expertise to design TTA on understanding young people’s needs and strengths. • Weave issues related to serving youth from marginalized populations into existing TTA to drive an equity-focused agenda across RHY programs.

	Grantees reported:	Therefore we recommend RHYTTAC:
	<p>Uneven adoption and implementation of screening and assessment tools and EBPs across grantees. The number of screening and assessment tools and EBPs that grantees used varied widely, suggesting the opportunity to support grantees to build and sustain their integration of these tools into routine practice.</p>	<ul style="list-style-type: none"> • Use TTA to communicate the benefits of systematic screening and assessments for youth case planning and for program development and sustainability. • Support grantees to engage in quality monitoring of programmatic and assessment practices and develop continuous quality improvement (CQI) processes.
<p>TTA Formats</p>	<p>Value of access to a variety of TTA formats. Grantees identified the need for a variety of formats for TTA delivery to include leadership and program staff in multiple roles, including staff that work different shifts or fluctuating schedules.</p>	<ul style="list-style-type: none"> • Intentionally tailor TTA events to meet the needs of specific groups of grantees. • Adapt TTA to meet grantees' specific needs according to size, location, service delivery, and other considerations. • Consider adding virtual coaching opportunities as technical assistance for executives to access outside of training events.
	<p>Robust interest in TTA formats that foster connections with, and learning from, expert practitioners and other grantees. Grantees reported wanting to spend more time in breakout and similar discussion with peers, as well as opportunities to hear from expert practitioners alongside research or academic experts.</p>	<ul style="list-style-type: none"> • Expand TTA offered in a learning community format. This format can enhance peer engagement and learning, and it can evolve as grantees' needs evolve. • Explicitly incorporate practitioner and youth voice in the majority of TTA events.

INTRODUCTION

Background

The Runaway and Homeless Youth Training and Technical Assistance Center (RHYTTAC) is the primary source of training and technical assistance (TTA) for organizations that receive funding from the Family and Youth Services Bureau (FYSB) to operate programs serving runaway and homeless youth (RHY). FYSB funds four types of RHY programs – street outreach programs, basic center programs, maternity group homes, and transitional living programs – with the aim of supporting youth experiencing homelessness to make a successful transition to adulthood. Each year, FYSB funds about 600 grants to over 300 organizations.

Youth Collaboratory, in partnership and with the support of Chapin Hall at the University of Chicago, is responsible for operating RHYTTAC, including the development, delivery, and evaluation of the TTA events throughout the year. Youth Collaboratory develops research-backed innovative and effective strategies to help youth service providers strengthen outcomes for youth and young adults in high-risk situations. Chapin Hall is a leading social policy research institute combining rigorous research to generate evidence and support for implementation of practices in the field. Chapin Hall provides national leadership on what works to prevent and end youth homelessness, and recently completed the Voices of Youth Count, a comprehensive research and policy initiative illuminating the scope and scale of youth homelessness in the U.S.

FYSB currently funds this partnership to support RHYTTAC, with the established objectives to: 1) develop tools and resources and disseminate them to RHY grantees; 2) provide direct capacity building support for RHY grantees in the form of TTA; and 3) lead a coordinated strategy across the RHY program network. The array of TTA is committed to

What Outcomes Do FYSB’s RHY Programs Focus on to Support Youth and Young Adults Experiencing or at Risk for Homelessness in the Transition to Adulthood?

With its roughly 600 RHY grants, FYSB supports organizations to develop and implement innovative and effective programs that pursue the four core outcomes set in place by the United States Interagency Council on Homelessness (USICH, 2013). These outcome areas encompass the elements most critical to success for youth experiencing homelessness.

USICH’s Four Core Outcomes are: (1) Safe and Stable Housing, (2) Education or Employment, (3) Permanent and Positive Connections, and (4) Social-Emotional Well-Being.*

When organizations develop programs and policies that target these core outcomes and the risk and protective factors related to them, they assist USICH and FYSB in achieving the national goal of ending youth homelessness.

NOTE: We used the USICH Framework’s Core Outcome areas for the 2021 NNA. FYSB’s adaptation of this framework includes a specific reference to both physical and social-emotional well-being, not just the latter, in describing the 4th outcome. Additionally, the connections outcome is “permanent connections”. Future iterations of the NNA will include questions and response options specifically to incorporate physical health screening, assessment, and intervention in alignment with FYSB’s adaptation.

focusing on: 1) research-informed/evidence-based prevention, intervention, and aftercare practices; 2) core competencies of youth workers; and 3) critical issues, demographics, and other characteristics of youth to support culturally relevant, trauma-informed, and accessible services. The RHYTTAC TTA events developed and delivered each year aim to meet the needs of the FYSB RHY grantees.

National Needs Assessment

RHYTTAC assists organizations in developing and implementing effective approaches to serve young people experiencing homelessness or at risk of experiencing homelessness. RHYTTAC gathers information on the changing needs and demands of grantees to guide the development of future tools, resources, and trainings. Providing TTA involves planning and priority identification, and engagement with public and private entities in delivery. As part of TTA planning and priority identification, RHYTTAC facilitates an annual National Needs Assessment (NNA) survey to grantees to help identify grantee organizational strengths and gaps and to understand how RHYTTAC can aide capacity building that will support grantees' work to improve youth outcomes.

The 2021 NNA contained both quantitative and qualitative survey items to illuminate what organizations provide and what they need, as well as to contextualize and provide additional information that could not be shared with quantitative survey items alone. The results of the NNA will advise FYSB and the RHYTTAC on the type, format, frequency, and topics for TTA in the upcoming fiscal year; inform the agenda for the annual RHY National Grantee Training and Regional Training events; and lay the groundwork for incorporating continuous quality improvement principles in RHYTTAC's services in years to come.

The primary research questions guiding the NNA included the following:

- What were the most used and valuable types of TTA RHYTTAC provided last year?
- What TTA topics are of greatest priority to grantees?
- What are the specific TTA needs of grantees?

Regarding the TTA needs of grantees, the NNA explores topics such as serving youth during a pandemic, improving young people's outcomes in the four core outcome areas, using assessments, and implementing evidence-based/informed programs and practices.

METHOD

Procedure

In the late spring of 2021, RHYTTAC staff designed the 39-item NNA survey. We received feedback on survey content and response options on initial drafts of the survey from Chapin Hall and Youth Collaboratory staff, as well as Administration for Children and Families staff from FYSB and the Office of Planning, Research and Evaluation (OPRE). We also sought approval to survey recipients of federal grants through the Office of Management and Budget (OMB).

After finalizing the survey, RHYTTAC staff programmed the survey into *REDCap*, a secure web-based survey administration. RHYTTAC's marketing and communications plan involved notifying grantees about the survey via email and hosting information about the survey on their website. An email was sent on August 10th to the RHYTTAC Principal Investigator /Program Director (PI/PD) contact for each grantee to introduce the survey, which opened two days later (on August 12th) via email to the same group with the survey link. RHYTTAC hosted a TA Café on August 16th to help orient grantees to the survey and provide guidance on how to complete it. In total, four reminders were sent to the PI/PD list, and two reminders were sent to a larger RHYTTAC email distribution list. Emails to the broader RHYTTAC list did not include the survey link, but rather included information about the survey and asked individuals to connect with their PI/PD or contact RHYTTAC to assess their survey eligibility and receive the survey link, if applicable. Additionally, the Federal Project Officers (FPOs) and Regional Project Managers (RPMs) each received two emails asking them to connect with their grantees about completing the survey. A write-up about the NNA survey was included in the weekly RHYTTAC Roundup, which was sent to the full RHYTTAC distribution list, for three consecutive weeks. The survey was available for five weeks and closed on September 17th, 2021.

This survey received a non-human subjects research determination from the University of Chicago's Crown Family School of Social Work, Policy, and Practice and Chapin Hall Institutional Review Board. As such, the work was reviewed and approved.

Sample

The survey was distributed to 337 FYSB grantee organizations that receive funding for basic center programs, street outreach programs, maternity group homes, and/or transitional living programs. We requested one completed survey for each grantee organization location or office if their organization had more than one funded program at different sites (i.e., different funded programs at a main office and a satellite office). This permitted us to understand the geographic location and distribution of grantee organizations and their needs and strengths.

We also requested that grantee organization staff connect as a group, including leadership and frontline staff, to come to consensus on survey responses and to designate one person to submit the survey webform. In total, 142 representatives of 337 grantee organizations completed the survey (the responding grantee organizations hereafter referred to as

“grantees”).³ This represents a 42% completion rate. Most responding grantees (78%) reported that they collected input from both executive leadership and direct program and practitioner staff to complete the NNA.

Measures

To address the research questions listed above, the survey contained the following sections to glean information about the characteristics of the grantee organization, staff’s engagement in and assessment of last year’s TTA, and the grantee organization’s priorities and needs (see Appendix A for survey items).

Grantee organization characteristics. The survey contained six quantitative items about the name of their grantee organization, the type of community their organization serves, the types of programs the organization provides, the number of RHY they serve annually, and other non-FYSB programs their organization provides. This section also asked about the types of organizational staff who participated in generating responses for the survey.

TTA last year. The survey contained four quantitative questions and one qualitative question about the services RHYTTAC provided last year. Responses included the frequency of staff attendance and usefulness of services provided. Respondents also answered questions about why they did not participate in RHYTTAC services and their perception that RHYTTAC services contribute to improving outcomes for youth and young adults.

FYSB monitoring. The survey included three quantitative questions to capture whether grantees had received a FYSB monitoring visit and what kind of TTA would help prepare grantees for this experience.

Grantee organizational TTA priorities. The survey contained ten quantitative items and seven qualitative items about each grantee organization’s priorities regarding TTA needs. These questions addressed how important TTA is to particular types of staff, the topics of interest to particular types of staff, the need for topics of TTA related to each of the core outcome areas, the need for TTA related to measuring core outcomes, as well as other types and sources of TTA that staff have received, beyond RHYTTAC.

Serving youth during a pandemic. The survey contained one quantitative and one qualitative survey item about TTA topic needs related to serving youth during a pandemic.

Use of assessments. The survey included three quantitative questions and one qualitative question about the types of assessments and screening tools that grantee organizations use and TTA needs around these.

Evidence-based/informed practices. The survey contained two quantitative and two qualitative survey questions to assess the specific evidence-based/informed practices that

³ We use the term grantees throughout report to refer to representatives of organizations who responded to survey. We acknowledge that these findings of this report do not reflect all FYSB RHY-funded grantees.

each grantee organization implements, along with the need for TTA related to the implementation of these practices. This section also asked about evidence-based programs and practices that grantee organizations are considering offering in the future.

Other needs. One final qualitative question permitted respondents to share any additional feedback related to their organization's TTA needs.

Analytic Approach

The aim of this analysis was to present a descriptive picture of the NNA survey's findings. Full tabled results are presented in Appendix B. To analyze the quantitative survey items, we used descriptive analytic techniques, including frequencies and crosstabulations. Crosstabulations illuminate relationships within the data that are not readily evident. A crosstabulation shows the connection between two or more questions. In this case, crosstabs enabled us to examine variability in grantee responses across program type, location, and other organizational characteristics.

We used Chi-Square tests to determine whether any group differences were statistically significant at the $p < 0.05$ level. There was ultimately limited variability in grantees' responses by program type, size, urbanicity, or region location. We highlight select findings throughout the results and present trends in regional differences in Appendix C. To analyze the qualitative survey responses, we conducted a thematic analysis on respondents' answers to each item, and in some cases, produced a frequency table of emergent themes.

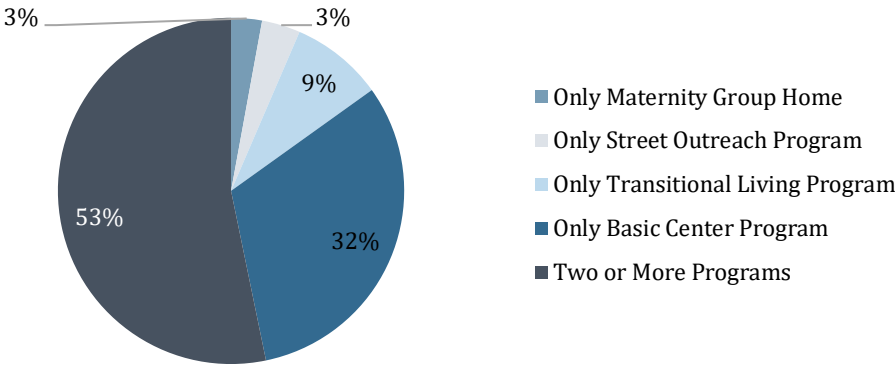
FINDINGS

Responding Grantee Agency Characteristics

Approximately half of responding grantees received two or more FYSB-funded RHY grants. Responding grantees represented all 10 FYSB program regions.

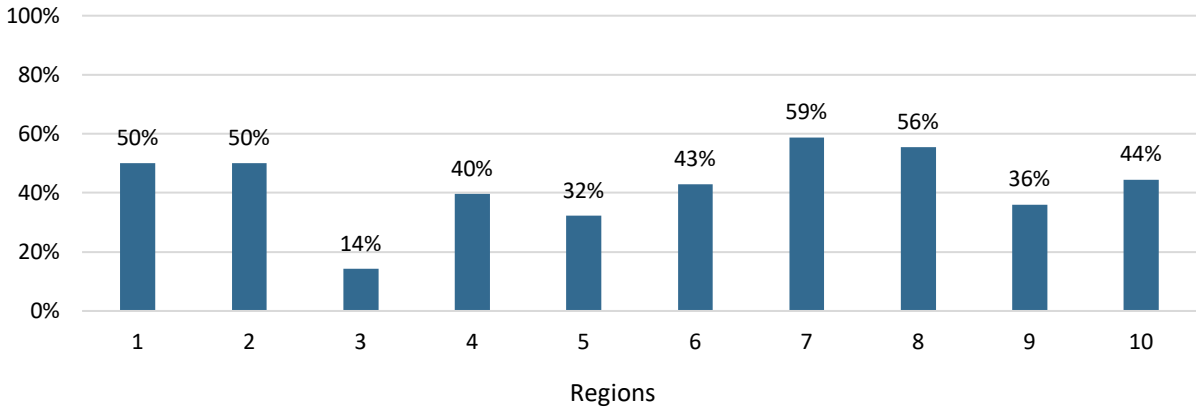
More than half (53%) of grantees reported that their agencies received two or more FYSB-funded RHY grants (Figure 2). Three in four grantees (76%) who responded to the survey reported operating a Basic Center Program with a FYSB grant.

Figure 2. FYSB-Funded Grant Types Among Grantees (n = 139)



Grantees represented all ten FYSB program regions. Regions 7 and 8 had the highest response rates, with 59% of grantees in Region 7 and 56% of grantees in Region 8 responding to the National Needs Assessment survey (Figure 3). Almost half of grantees (47%) said that they served youth living in urban and suburban areas, followed by primarily urban/suburban with rural service locations (29%). Only 24% of grantees served youth in rural or primarily rural areas.

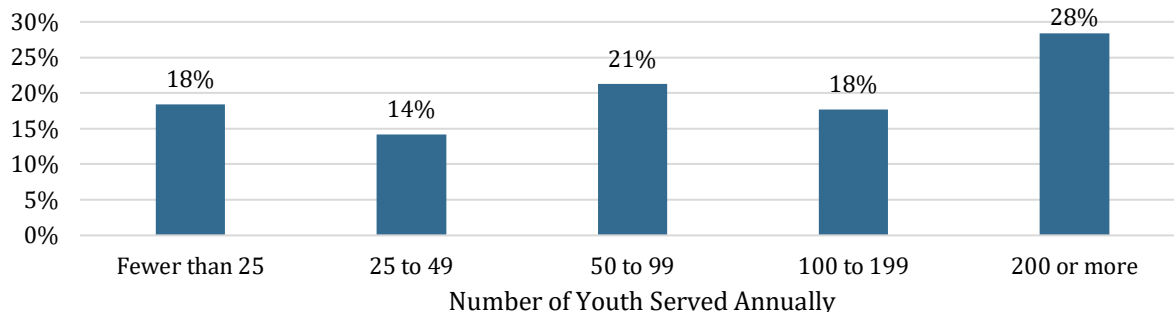
Figure 3. Response Rate Per Region (n = 136)



Note. Region 1 = CT, ME, MA, NH, RI, VT; Region 2 = NJ, NY, PR; Region 3 = DE, DC, MD, PA, VA, WV; Region 4 = AL, FL, GA, KY, MS, NC, SC, TN; Region 5 = IL, IN, MI, MN, OH, WI; Region 6 = AK, LA, NM, OK, TX; Region 7 = IA, KS, MS, NE; Region 8 = CO, MT, ND, SD, UT, WY; Region 9 = Am. Samoa; AZ, CA, Guam, HI, NV; Region 10 = AK, ID, OR, WA.

There was a range of program sizes across the grantees. Almost half (46%) of grantees said that they served 100 or more youth annually through their FYSB-funded RHY programs (Figure 4).

Figure 4. Grantee Program Size (n = 141)

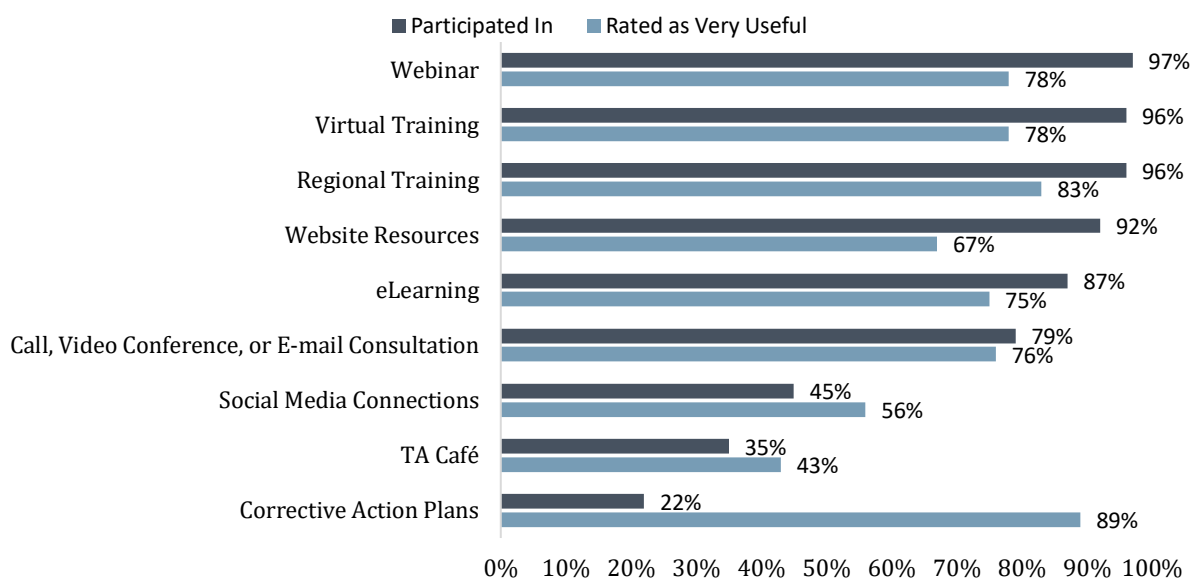


RHYTTAC Training and Technical Assistance Last Year

Almost all responding grantees utilized RHYTTAC webinars, virtual trainings, and regional training events in the past year. Grantees consistently rated these TTA opportunities as “very useful.”

The survey asked grantees to indicate which type of TTA their organization participated in at least once in the past year. Last year, the most used types of TTA included webinars, which 97% of grantees said members of their organization attended (Figure 5). Virtual trainings (96%) and the regional training events (96%) were the other types of TTA offered last year that nearly every responding grantee reported attending.

Figure 5. Types and Usefulness of TTA that Grantees Participated in Last Year (n = 142)



Note. Grantees had to indicate that they participated in a training to rate its usefulness. This figure includes only those TTA types that Youth Collaboratory offered as the RHYTTAC operator. Certain event types were not offered, however several respondents indicated participating in these types of events. We recognize there may be recall bias in both what TA grantees received and how RHYTTAC categorized the types of TA they joined.

Grantees were queried on the usefulness of each type of TTA that grantee organization staff members attended. Most grantees also said that the regional training (83%), virtual trainings (78%), and webinars (78%), were very useful. While 20 grantees said they received TTA on Corrective Action Plans and a high percentage (89%) said this training was very useful, in fact only two grantees received Action Plans during the prior year (see note in Figure 5 for more information). **In general, the majority (80%) of grantees agreed or strongly agreed that RHYTTAC's TTA helps organizations to improve outcomes for youth.**

Grantees also reported diverse preferences for TTA formats in open-ended comments ($n = 8$). They emphasized the importance of online offerings while also looking forward to the return of in-person training opportunities. Several stressed the importance of eLearning for ensuring that staff working non-traditional hours have access to training opportunities. They also wished to see additional recorded trainings made available for basic topics required by FYSB. Others emphasized the benefits of live presentations and peer learning opportunities. For example, a grantee commented, "eLearning topics can be a bit dry and lengthy. We usually train on core topics with live presentations that have examples and stories tied to our community. A TEDTalk format might be more engaging." Grantees also noted that peer learning opportunities that were differentiated by staff roles or the type of program staff work within would be beneficial.

Very few grantees ($n = 15$) reported reasons for not using RHYTTAC's TTA last year. The most common reasons were that organizations used other sources of TTA ($n = 12$), that it was difficult to find staff coverage to support participation ($n = 10$), and that grantees were too busy or did not have enough time ($n = 9$). Non-RHYTTAC TTA used by grantees addressed topics related to trauma and ACEs, homelessness, trafficking, crisis prevention and management, equity, youth development, and EBP-specific TTA (e.g., Crisis Prevention Intervention, Mental Health First Aid, Motivational Interviewing, and the Transition to Independence Process). Grantees also reported participating in TTA offered through the Department of Housing and Urban Development (HUD) community workshops and TTA from Youth Homelessness Demonstration Project (YHDP) providers, health-focused online learning platforms, and specific consultants.

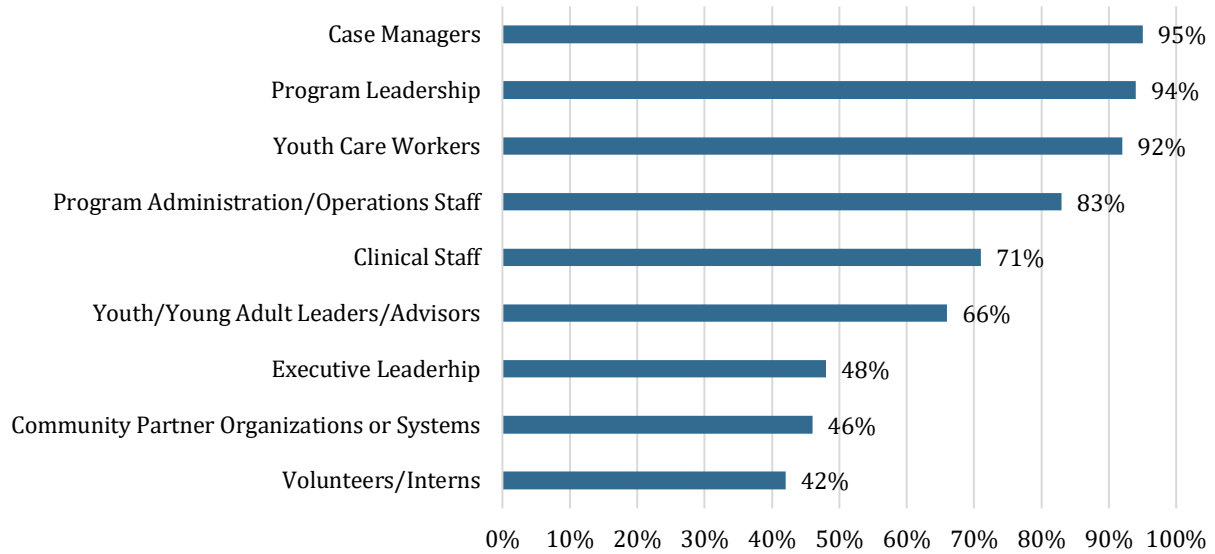
Grantee Training and Technical Assistance Topic Priorities

Responding grantees prioritized program staff as key audiences for TTA, particularly case managers, program leadership, and youth care workers. Most requested TTA topics in each outcome area included: aftercare services or counseling (housing); effective youth employment/career pathways, programs and practices (education or employment); family strengthening and counseling for positive supports (permanent and positive connections); and trauma and the effects of trauma on youth (social-emotional well-being).

The survey inquired about the staff positions to which RHYTTAC should target TTA. Nearly all grantees reported that it was important or very important for case managers (95%) and

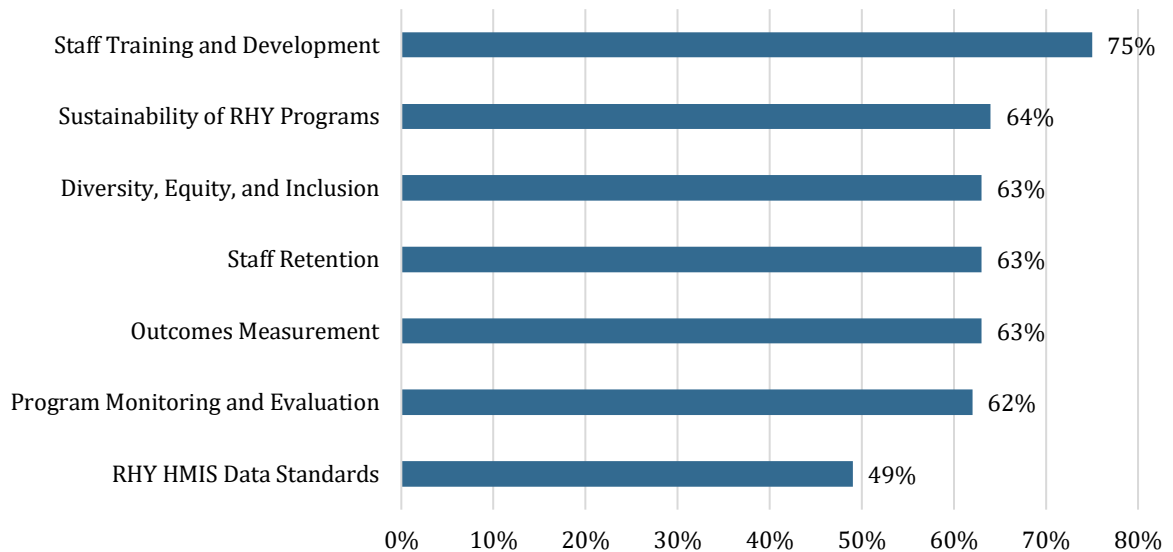
program leads (94%) to participate in TTA, followed by youth care workers (92%; Figure 6).

Figure 6. Most Important Staff to Participate in TTA (n = 142)



Grantees also identified priority TTA topics for program leadership and organizational needs. Professional development and training for program staff (78%) and sustainability of RHY programs (64%) received the most endorsements from grantees (Figure 7). They also highlighted diversity, equity, and inclusion (63%), outcomes measurement (63%), and staff retention (63%) as critical TTA topics for leadership.

Figure 7. Leadership and Organizational TTA Priorities (n = 142)



Note. Other options included staff recruitment; staff safety; disaster or pandemic preparedness/response; engaging community support; program management; advocacy and public policy; HUD systems and continuums of care; succession planning; contract management; fiscal management; volunteer recruitment; board development; and background checks.

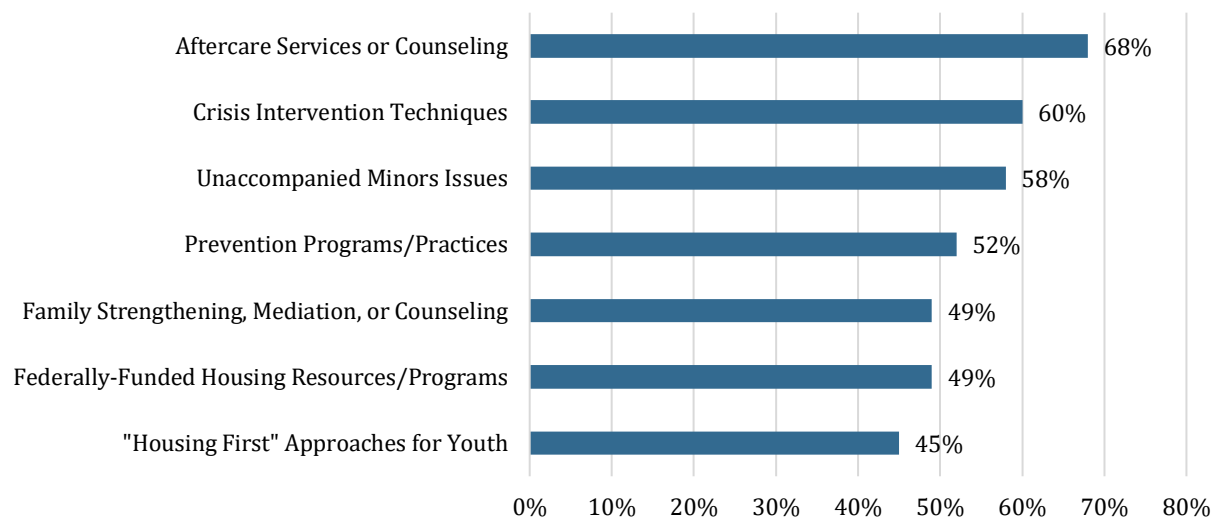
Questions about TTA topic priorities related to program and service delivery were grouped in five sections that aligned with the core outcomes: housing, education/employment, positive social connections, and social-emotional well-being. The survey also asked about cross-cutting TTA topics that grantees should prioritize.

At least 60% of grantees reported needing TTA on measuring all of the core outcomes. Positive social connections (82%) and social-emotional well-being (80%) were the two outcomes on which most grantees wanted TTA to enhance their understanding of measurement issues and practices related to measuring outcomes.

Safe and Stable Housing

Aftercare (68%), crisis intervention (60%), unaccompanied minors (58%), and prevention programs and practices (52%) were the most cited program and service delivery TTA priorities related to safe and stable housing (Figure 8). In open-ended comments, grantees also offered specific suggestions within these top priorities. For example, a grantee suggested TTA on aftercare-focused communication tools and guidance to support developing the sustained engagement of supportive adults. Grantees also suggested conflict resolution and harm reduction as needs related to crisis intervention-focused TTA and addressing barriers specific to youth engagement and coordinated entry for youth under age 18 as TTA needs related to unaccompanied minors.

Figure 8. TTA Priorities Related to Safe and Stable Housing (n = 142)



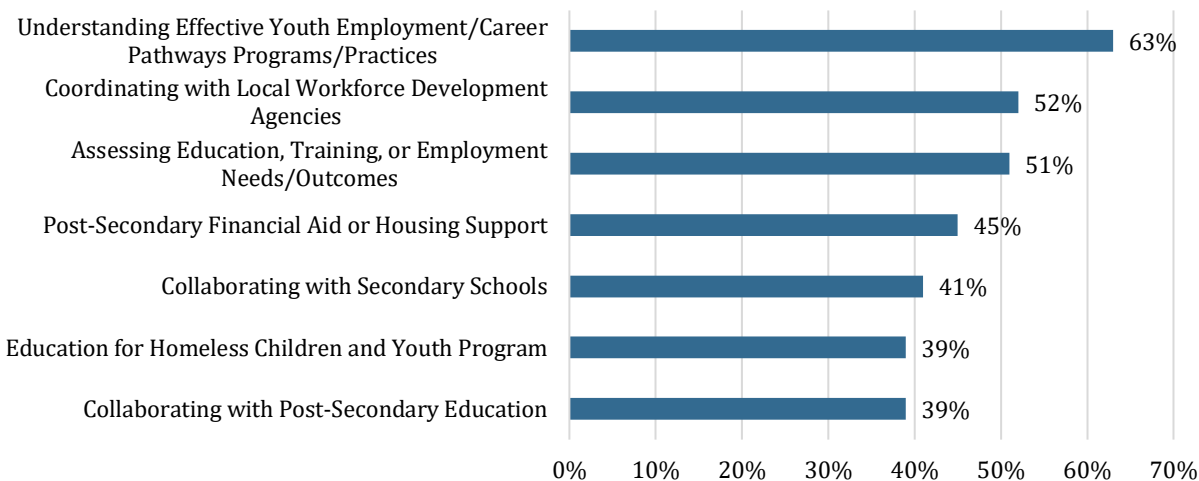
Note. Other options included direct financial assistance for youth; shelter to housing transition supports; landlord engagement; assessing housing/homelessness needs or outcomes; outreach to youth; transitional living programs/maternity group homes; rental assistance with services/rapid rehousing; collaborating with continuums of care; housing navigation; coordinated assessments and coordinated entry systems; host home or natural supports.

Education or Employment

Grantees reported that understanding effective youth employment/career pathways, programs, and practices (63%), coordinating with local workforce development agencies (52%), and assessing education, training, or employment needs or outcomes (51%) were critical TTA priorities related to education and employment (Figure 9). In open-ended

comments, grantees' specific suggestions included: emancipation and individualized education plans, increasing awareness at colleges and universities of laws in place to support homeless students, supporting mental health, and supporting youth's FAFSA completion.

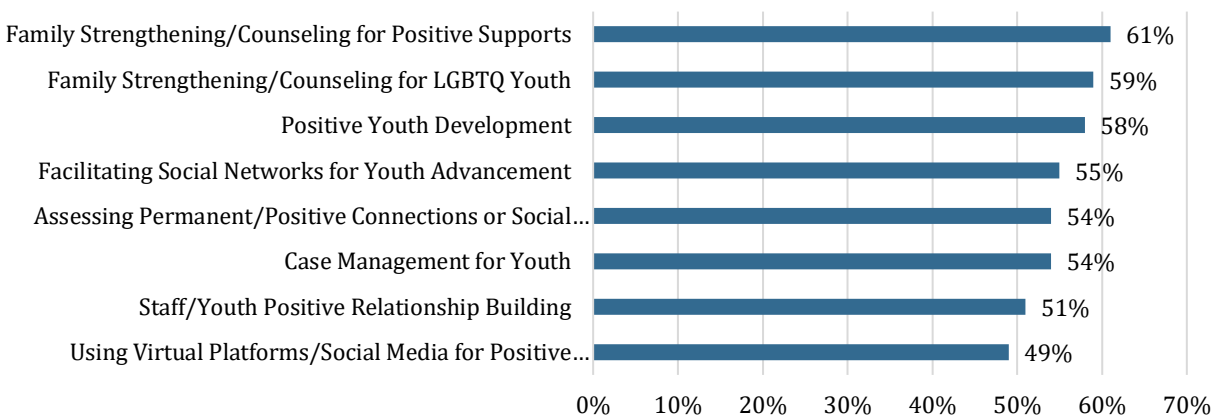
Figure 9. TTA Priorities Related to Education or Employment (n = 142)



Permanent and Positive Connections

The most common TTA priorities related to permanent and positive connections included family strengthening and counseling for positive supports (61%) and LGBTQ youth (59%) (Figure 10). Other program and service delivery TTA priorities in this domain included positive youth development (58%) and facilitating social networks for youth advancement (55%). In open-ended comments, grantees' specific suggestions included: healthy relationships, emancipation, and models for engaging youth via social media during aftercare and long-term.

Figure 10. TTA Priorities Related to Permanent and Positive Connections (n = 142)

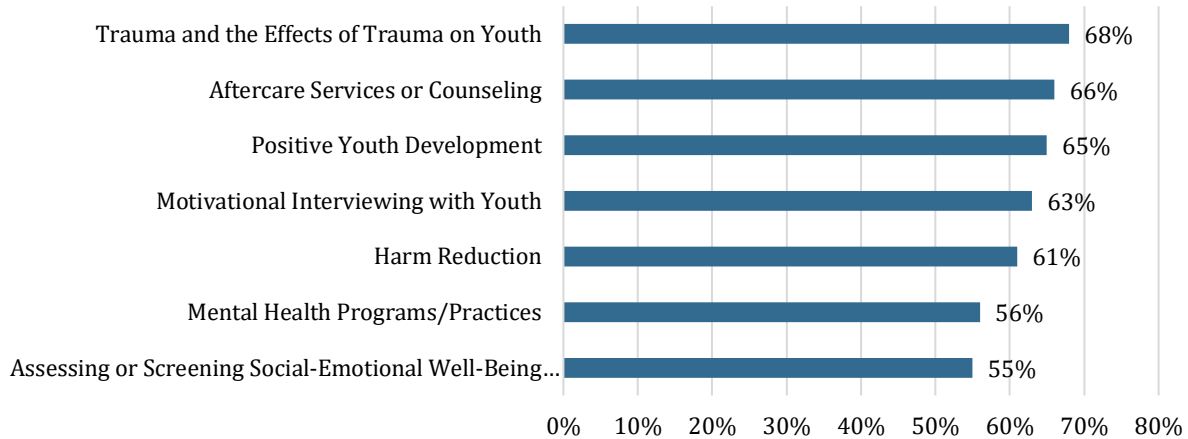


Note. Other options included using virtual platforms/social media for positive supports; mentoring for youth; identifying and leveraging natural supports; peer supports or peer support program models; building partnerships with other community-based service providers; and host home programming.

Social-Emotional Well-Being

Trauma and the effects of trauma on youth (68%), aftercare services or counseling (66%), positive youth development (65%), and motivational interviewing with youth (63%) were the most cited program and service delivery TTA priorities related to improving youth’s social-emotional well-being outcomes (Figure 11). In open-ended comments, grantees’ specific suggestions included: building community partnerships to connect youth to additional supports, mental health support strategies (particularly where a caregiver/guardian is not available), and restorative practices.

Figure 11. TTA Priorities Related to Social-Emotional Well-Being (n = 142)



Note. Other options included substance use programs/practices; virtual programming/counseling for youth well-being; peer support or peer support program models; sexual and reproductive health needs; public benefit/government programs; and pregnant/parenting youth needs (and their children).

Cross Cutting

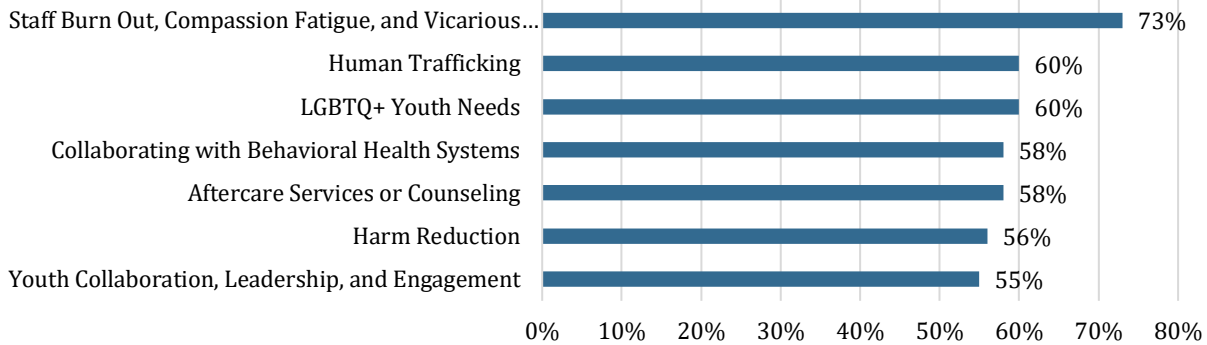
Grantees reported on cross-cutting TTA priorities that would support program and service delivery. Nearly three-quarters of grantees (73%) requested TTA on staff burn out, compassion fatigue, and vicarious trauma (Figure 12). Other cross-cutting TTA topic priorities that grantees highlighted included human trafficking (60%), LGBTQ+ needs (60%), collaborating with behavioral health systems (58%), and aftercare services or counseling (58%). In open-ended comments, grantees’ specific suggestions included: self-care strategies for staff, crisis management, and data collection practices (including coordination with their local CoC and cross-training with other agencies).

Which TTA Priorities Did Grantees Identify?

Across the four core outcome domains and the cross-cutting TTA topics section, grantees consistently identified a select set of TTA priorities. Each of these priorities emerged as one of the top five most common responses in at least two of the five subsections (i.e., core outcomes and cross-cutting issues). These priorities included:

- Aftercare services & counseling
- Family strengthening & counseling
- Positive youth development
- Outcomes measurement

Figure 12. Cross-Cutting TTA Priorities (n = 142)



Note. Other options included best practices for conducting screening/assessment; diversity, equity, and inclusion in service delivery; unaccompanied minors issues; positive youth development; needs of youth transitioning out of foster care; collaborating with law enforcement or juvenile justice; using/finding evidence-based programs/practices; immigrant/refugee youth issues; collaborating with child welfare systems; outreach to youth; gangs and gang-involved youth; RHY HMIS systems; pandemic responses; pregnant/parenting youth needs (/their children's), and confidentiality policies and protocols.

How Did Grantee TTA Priorities Differ?

Our analysis included crosstabulations that analyzed whether grantees' responses differed across each of the research questions based on program type, size, urbanicity, and region. Grantees' responses did not differ substantially across most items on the survey. However, there were some differences that emerged on the question of TTA topics for RHYTTAC to prioritize in the upcoming year.

Some of the differences across program types included:

- A larger proportion of grantees with Transitional Living Programs reported that crisis intervention (related to housing); employment pathways (related to education and employment); youth trauma and positive youth development (related to social-emotional well-being); and collaborations with behavioral health systems (related to cross-cutting issues) were TTA priorities, compared to all other programs.
- A larger proportion of grantees with Street Outreach Programs indicated a desire or need for TTA on measuring education and social-emotional outcomes, compared to all other programs.
- A larger proportion of grantees with Basic Center Programs reported that TTA for program leadership was important or very important, compared to all other programs.

A few differences also emerged by program urbanicity, including the following:

- A smaller proportion of grantees serving rural regions identified educational connections and human trafficking at TTA priorities, compared to programs serving urban/suburban areas.
- A larger proportion of grantees serving urban/suburban areas (and those with some rural service regions) identified staff burnout and collaborations with behavioral health systems as TTA priorities, compared to programs primarily serving rural areas.

Note. Differences by program type are not mutually exclusive. More than half of grantees received two or more RHY grants to operate different types of programs (e.g., Basic Center Programs and Street Outreach Programs). Data analysis did not reveal any statistically significant differences between regions. Please see Appendix C, which shows emerging regional trends.

Grantee-Identified Training and Technical Assistance Needs

Monitoring

Approximately half of responding grantees participated in a FYSB monitoring visit during their grant period. Most grantees emphasized the value of monitoring TTA related to preparing for the visit (85%) and understanding the Corrective Action Plan (85%).

Fifty-seven percent of grantees reported that their organization previously had a FYSB monitoring visit. Monitoring visits occurred more frequently among grantees operating TLPs, 65% of which had received a monitoring visit since the receipt of their RHY grant, compared to 48% of grantees with other program types.⁴ The monitoring TTA that grantees most strongly endorsed included knowing how to prepare for the visit (85%) and understanding the Corrective Action Plan (85%). In open-ended comments, grantees requested TTA to prepare for monitoring visits specific to documentation requirements, protocols, and timelines.

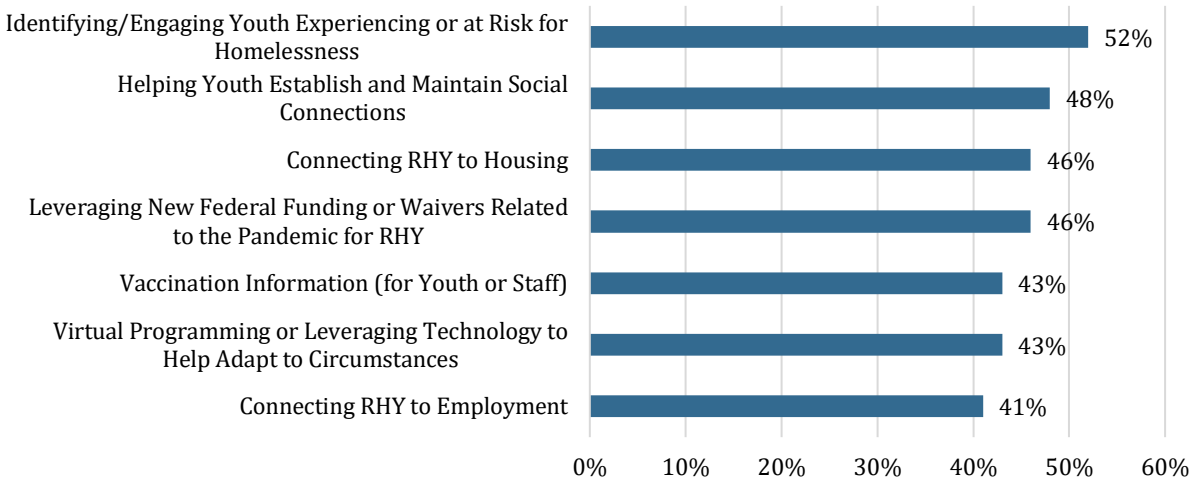
Pandemic TTA

Top TTA priorities for serving youth during a pandemic included: identifying and engaging youth experiencing homelessness; and connecting youth experiencing homelessness to housing during a pandemic.

The NNA also asked grantees to indicate their most significant TTA needs related to serving youth during a pandemic and/or in a post-pandemic environment. About half of grantees said that identifying and engaging youth experiencing homelessness (52%) was a TTA priority, and 46% of grantees reported that TTA on connecting youth experiencing homelessness to housing during a pandemic would help them better serve youth (Figure 13). Other critical pandemic-related TTA topics included helping youth establish and maintain social connections (48%) and leveraging new federal funding or waivers related to the pandemic for youth (46%). In open-ended comments, grantees requested TTA related to safety, resources and information to offer youth, vaccination information, and self-care for staff as priorities to serve youth during and after a pandemic. One grantee recommended TTA addressing how to sustain effective practices developed during the pandemic, rather than revert back to prior practices.

⁴ Differences by program type are not mutually exclusive. More than half of grantees received two or more RHY grants to operate different types of programs (e.g., basic center programs and street outreach programs).

Figure 13. Most Common Pandemic TTA Priorities (n = 142)



Note. Other options included adapting housing, shelter, or service delivery models; supporting youth's educational engagement; direct cash/financial assistance to youth; providing youth with timely and accurate COVID-19 information; creating/refining an emergency preparedness plan; and advocating for youth at risk for COVID-19.

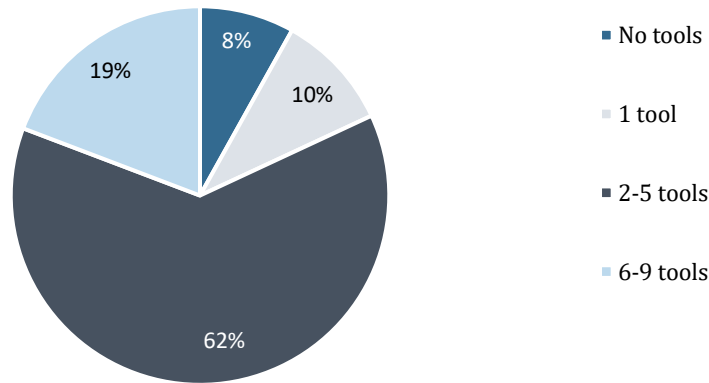
There were a few differences that emerged across programs regarding pandemic-related TTA. Specifically, grantees operating Basic Center Programs were more likely than grantees operating other programs to say they wanted TTA on identifying and engaging youth experiencing homelessness. Grantees with TLPs were more likely than grantees providing other programs to indicate that they wanted TTA on housing for RHY, while grantees with programs serving between 50 and 200 youth annually were *less* likely than both smaller and larger programs to report wanting TTA on housing for RHY.

Assessments & Screening Tools

Most responding grantees (81%) use two or more assessment or screening tools with youth. A majority of grantees (65%) use formal screening tools to assess overall functioning and well-being.

Over 80% of grantees reported that their organization used two or more assessment or screening tools with youth (Figure 14). Ten percent of grantees indicated that they use only one screening or assessment tool, and 8% of grantees said that they do not use any formal or informal screening or assessment tools.

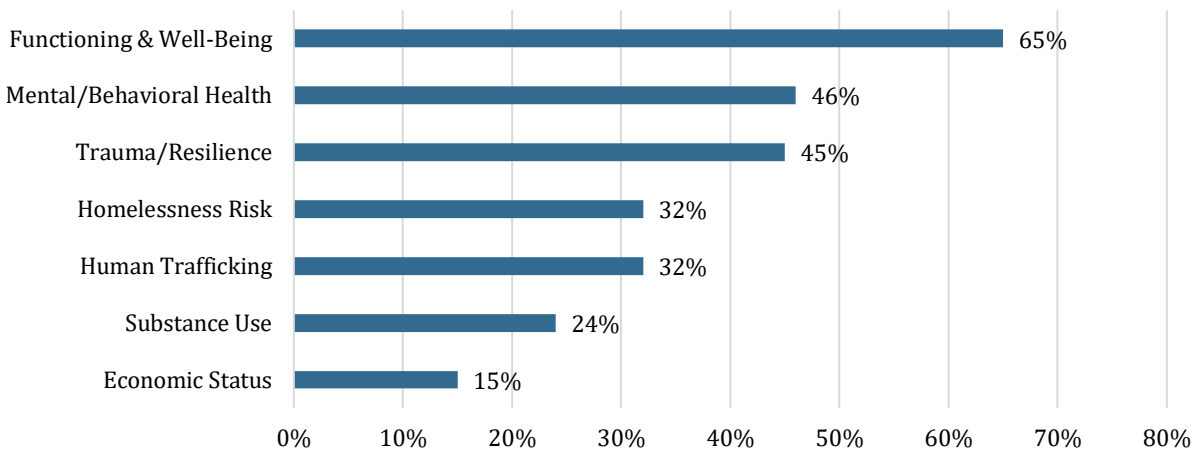
Figure 14. Count of Screening and Assessment Tools that Grantees Use (n = 137)



Note. We excluded 5 cases that contained incomplete data from this analysis.

Nearly two-thirds of grantees (65%) reported that they use formal screening tools to assess youth’s overall functioning or well-being. Almost half of grantees used tools that measured mental/behavioral health (46%) and trauma or resilience (45%; Figure 15). The most used assessment or screening tool was the Ansell-Casey Life Skills Assessment, which 51% of grantees reported using. In addition, 42% of grantees reported using an Adverse Child Experiences (ACEs) screener, and 29% reported using the Transition Age Youth – Vulnerability Index – Service Prioritization Decision Making Tool (TAY-VI-SPDAT).

Figure 15. Types of Screening or Assessment Tools Grantees Use (n = 142)



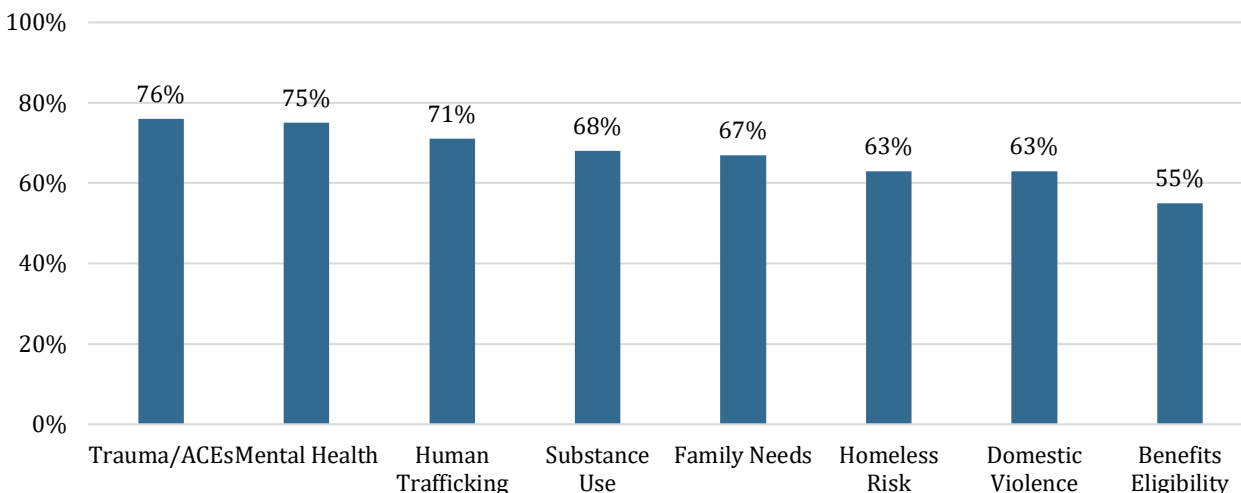
Note. This figure is limited to the types of assessments that at least 5 grantees reported using.

There was substantial variability in how grantees assessed or screened for particular domains of youth well-being. For instance, grantees reported using 16 different assessment or screening tools to capture mental and behavioral health and 8 different tools to measure general functioning and well-being. They also used 6 tools to screen for substance use.

About three-quarters of grantees reported that their organization could benefit from additional TTA on assessments and screening for trauma and ACEs (76%) as well as mental health (75%; Figure 16). Grantees also highlighted human trafficking (71%) and substance

use (68%) as important topics on which to receive TTA related to assessment and screening.

Figure 16. Topics on Which TTA is Needed for Assessment and Screening (n = 142)



Evidence-Based/Informed Practices (EBPs)

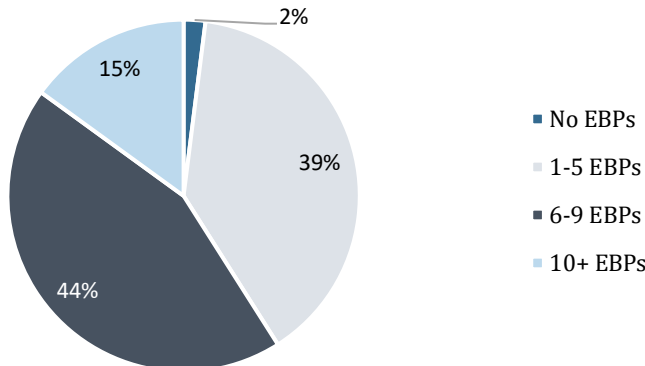
More than half of responding grantees (59%) reported using at least six EBPs. Two thirds of grantees (65%) indicated that they need TTA to support their implementation of the EBPs they provide.

The survey also asked grantees to identify the EBPs⁵ for youth their organization provides from a pre-determined list of EBPs, and to write in any EBPs (according to the grantee) they provide not part of the list. In total, grantees listed 84 intervention programs that their organization offers, some of which would not meet the basic criteria to be considered an EBP. More than half of grantees (59%) reported that their organization provides at least six EBPs (Figure 17). In fact, 15% of grantees offer at least 10 EBPs, whereas 2% of grantees indicated that their organization does not offer any EBPs.

The most offered EBPs included Positive Youth Development and Motivational Interviewing, which 77% of grantees reported providing. Other practices grantees commonly offered included Trauma Informed Care (74%) and Harm Reduction (64%).

⁵ According to the [California Evidence-Based Clearinghouse for Child Welfare](#) (CEBC), “evidence-based practices are those that have empirical research supporting their efficacy.” The CEBC is one of many evidence-based clearinghouses that reviews existing evidence on specific practices and rates each practice on the strength of its evidence. On the NNA, some grantees reported providing programs that do not currently meet the standards to be designated as EBPs.

Figure 17. Count of EBPs that Grantees Offer (n = 137)



Note. We excluded 5 cases that contained incomplete data from this analysis.

Overall, 65% of grantees indicated that they need TTA to support their implementation of the EBPs they provide. Among the programs that at least 30 grantees provided, the most common programs for which grantees wanted TTA for implementation included Positive Youth Development (77%), Trauma-Focused Cognitive Behavioral Therapy (77%), Cognitive Behavioral Therapy (76%), and Wraparound (76%).

Additional TTA Strengths and Opportunities

Responding grantees emphasized the importance of continuing to align future TTA with the goals and requirements set forth by FYSB and the overall value of having access to services provided by RHYTTAC.

Sample of Grantees' Feedback on the Strengths of RHYTTAC TTA

"[I] appreciate having access to 'quality over quantity' information vs. just a clearinghouse of items to sift through, when many are not quality examples."

"[The] access to excellent trainings and information [to] help us best serve our youth, work with community partners and retain our staff."

"We appreciate the continued support for RHYTTAC. Our staff find the trainings, webinars, and other resources beneficial for serving our youth [and] professional development."

Finally, grantees described specific additional TTA opportunities they recognized for RHYTTAC and highlighted valuable strengths on which RHYTTAC can build. Grantees highlighted the importance of ensuring that trainings are strongly aligned with the goals and requirements set forth by FYSB for RHY grantees, and to further develop the RHYTTAC website to be more user-friendly, interactive, and simple to navigate for grantee organization staff. Grantees

also suggested extending current TTA with a focus on deepening existing practice (rather than basic introductions) and featuring practitioner experts. They noted critical opportunities to strengthen collaboration across HUD and RHY-funded programs. In terms of current strengths, grantees emphasized that the TTA opportunities RHYTTAC provided have been invaluable to their organizations. Others simply used this opportunity to express

gratitude for RHYTTAC TTA: “We are excited about the future for RHYTTAC.” One grantee commented, “I appreciate the support we receive from RHYTTAC...We feel that the support through trainings and workshops was extremely beneficial during the pandemic.” Another grantee observed, “RHYTTAC will truly assist our organization in a foundational restructure to get [us to] where we need to be in order to meet the need of RHY and expand our programs.” Together, these examples highlight the positive reception of RHYTTAC’s services from grantees, which advances the work that their organizations do on behalf of youth at risk of or experiencing homelessness.

DISCUSSION

RHYTTAC is responsible for delivering tools, resources, and training to RHY grantees that expand their capacity to serve young people experiencing homelessness. To optimize effectiveness in this endeavor, RHYTTAC must understand grantees': 1) needs to meet their program and funding requirements; 2) staff and leadership needs to improve their service delivery; and 3) organizational needs to improve the outcomes of the young people they serve. The 2021 NNA survey generated evidence from grantees that highlights these three areas of need. The results are critical to informing RHYTTAC's development of future TTA and National Training events. We highlight the six key takeaways from the survey and share high-level recommendations for RHYTTAC to continue meeting the needs of grantees in the upcoming year.

Grantees consistently identified four topics as high-priority needs and considerations. Across the different core outcome areas and cross-cutting topics, grantees reported some consensus around the importance of certain TTA topics. Specifically, grantees identified the following four topics as critical to enhancing the services their organization provides to young people: aftercare services and counseling, family strengthening and counseling, positive youth development, and outcomes measurement.

Findings from the 2021 National Needs Assessment and the 2021 Events Feedback Annual Report Were Aligned

Chapin Hall recently submitted a report to FYSB that evaluated RHYTTAC's events feedback between March and September 2021 (Schlecht et al., 2021). During this time, RHYTTAC offered 25 events, including webinars, regional trainings, virtual trainings, and a TA Café.

The Events Feedback Annual Report revealed that grantees felt that RHYTTAC's TTA was timely and relevant, and they overwhelmingly agreed that the trainings were helpful and presented in ways that were enjoyable and at times that were convenient to grantee organization staff. Further, this report mirrors the findings of the Events Feedback Annual Report in demonstrating grantees' interests in learning more about certain EBPs, such as Positive Youth Development and Motivational Interviewing, in becoming better equipped to identify and engage youth, and in improving their abilities to support youth who identify as LGBTQ+.

Taken together, the Events Feedback Annual Report and the findings from the NNA describe grantees' general satisfaction with the approaches to presentation and the content of RHYTTAC's TTA offerings. Both reports further underscore opportunities for better alignment between grantee organization staff role and types and topics of TTA, as well as attention to regional and grant type differences that warrant TTA on specific topics for specific groups of staff or programs.

Mental health and well-being considerations are critical for youth and staff. The COVID-19 pandemic has impacted all stakeholders in this work – from the staff of each grantee organization to the young people they serve. Mental health and well-being

emerged as a critical issue among grantees. Grantees expressed concern about staff burnout and fatigue and wanted to educate staff about self-care strategies. Grantees were similarly concerned about youth mental health during this time. Four out of five grantees indicated that they need TTA to improve their understanding and practices around measuring social-emotional well-being of youth. Further, identifying and engaging youth during the pandemic has been a challenge for grantees. In the coming year, organizations will likely begin to operate in a hybrid virtual/in-person service delivery environment and their efforts to identify and engage youth at risk for or experiencing homelessness will shift. In response, RHYTTAC will need to adjust TTA to meet this need.

Grantees want TTA on supporting youth from specific marginalized subpopulations.

In light of 2020's racial reckoning and the disproportionate impact of the pandemic on people of color (including young people; Morton & Daniels, 2021), it is not surprising that grantees communicated through the NNA survey that their organization recognizes the unique challenges to youth facing marginalization. Grantees further expressed their commitment to advancing the well-being of youth of color, youth identifying as LGBTQ+, and youth who have been commercially sexually exploited, among others, to achieve equitable outcomes.

Specifically, grantees honored the need for TTA that focuses on better understanding the challenges many young people face and equips grantees to meet their needs.

Approximately two-thirds of grantees requested diversity, equity, and inclusion (DEI) training for leadership and operations (third most common response) and about 60% requested TTA on family strengthening and counseling for LGBTQ+ youth (second most common response). In the section asking about cross-cutting issues, nearly 60% of providers identified increased opportunities for TTA on each of the following topics: human trafficking, LGBTQ+ needs, collaborating with behavioral health systems, and aftercare services or counseling. These findings underscore the broad commitment to supporting young people from marginalized subpopulations and those who have survived violence, and a need to better understand resources that both address their most pressing needs and facilitate their transitions to adulthood.

Grantees need guidance to use screening and assessment tools and implement EBPs.

The NNA revealed insufficient use and understanding of screening and assessment tools among grantees across the country. While most grantees reported using multiple screening and/or assessment tools and implementing more than five EBPs in their programs, the results presented in this report raise concerns about grantees' approaches to screening/assessment and EBP implementation. First, one in twelve grantees do not use a single specific tool to screen or assess the youth they serve for any of the core outcomes or risk factors that might interfere with youth's progress on the core outcomes. Additionally, these data show a significant gap in terms of what TTA grantees need to support screening/assessment practices, and what tools they are currently using. Two-thirds of grantees requested TTA on screening/assessment tools for substance use, and less than one-quarter reported using a substance use screening tool. Similar patterns emerged for mental/behavioral health and human trafficking, with many providers requesting TTA on

screening/assessing these topics, and only a small proportion currently using tools to measure these domains.

Similarly, grantees reported a substantial number of EBPs in use at their organizations, with over 90% providing two or more EBPs. However, the fact that even 2% of grantees do not provide any EBPs is problematic. It is critical that grantees have the support they need to offer practices and programs that rigorous research studies have found to promote youth well-being and growth in the four core outcome domains – housing, education/employment, permanent connections, and social-emotional well-being – given their integral link with positive transitions to adulthood and sustainable exits from homelessness.

Clearly, no single EBP can address the comprehensive and diverse needs of young people interacting with RHY programs, so it is essential to better understand what grantees need in terms of TTA to promote the use of multiple EBPs. Grantees who are both looking to start providing new EBPs as well as those currently offering specific programs requested a need for TTA on EBP implementation. Indeed, two-thirds requested TTA to support or improve the implementation of the EBPs they do provide, and three-quarters of grantees providing the four most offered programs reported wanting additional TTA to support their implementation.

Grantees recognized the importance of having access to TTA in various formats to meet the diverse needs of grantee staff. Almost all responding grantees utilized RHYTTAC various types of TTA, including webinars, virtual trainings, and regional training events in the past year. Grantees consistently rated these TTA opportunities as “very useful.” Most grantees also agreed they would attend RHYTTAC TTA focused on the high-priority topics grantees were interested in better understanding. However, NNA results demonstrated that it is also important to prioritize *how* and *to whom* specific TTA should be delivered as part of planning in order to effectively support grantees. Different audiences need different TTA. For example, grantees requested further TTA on staff professional development and retention as well as strategies to support the sustainability of their RHY programs for their leadership and operational needs. At the same time, more than 90% of grantees agree RHYTTAC should target their events to case managers and youth care workers. Grantees expressed appreciation for both the live and asynchronous TTA events, which afford opportunities to all staff to access events regardless of their schedules. Further, there were slight differences in priorities across program type and community urbanicity that warrant careful investigation to ensure that RHYTTAC is, for example, providing TTA that reflect the stated needs of grantees based on the programs and areas they serve.

Grantees desire TTA that help to promote connections and engagement with expert practitioners and peer grantee organizations. Additionally, grantees expressed a desire for TTA that deepens existing practice and features practitioner experts that can offer their applied and lived experience in navigating challenges and strengthening practice. They reported wanting to spend more time in breakout groups and having discussions with

peers, and they said that their practice could benefit from more sustained engagement with expert practitioners, academic experts, and youth with lived expertise.

Recommendations

Based on the input from the grantees throughout the survey, we present the following recommendations for RHYTTAC and FYSB to consider for the upcoming year.

Address prioritized topics. Grantees consistently identified a set of topics – aftercare services and counseling, family strengthening and counseling, positive youth development, and outcomes measurement – that RHYTTAC should prioritize during the development of the scope and sequence of 2022’s TTA calendar. Potential approaches to addressing these topics in depth is to design a TTA series for each topic, or to create a set of training modules that highlight one or more of these topic areas spread across various TTA events.

Provide more TTA on topics that promote youth and staff mental health, such as counseling services. Aftercare, counseling, and family strengthening services were frequently cited as important topics on which grantees would like more TTA. In many jurisdictions, behavioral and mental health services are siloed from other social services, so accessing these resources can be challenging. Further, issues like healthcare coverage and time and transportation are frequent impediments to the receipt of counseling services among youth and their families. Providing TTA on these topics may help grantees to better understand their local public health or social service systems, develop relationships with organizations or clinics that provide these services, or gain the confidence and the capacity to implement EBPs that permit grantees to provide these services on site to youth and families. Similarly, RHYTTAC should host a training series around staff development, retention, and well-being for grantee leadership and individual staff members, as grantees expressed a need to focus on the well-being and professional development needs of their staff.

Develop TTA to better equip grantees to address the challenges and promote the assets of youth from marginalized populations. Grantees expressed a desire to learn more about how to promote the well-being of youth from marginalized populations. The best way to address this need is to listen to what youth with lived expertise have to say. As such, RHYTTAC can contract with young people who identify with marginalized groups (e.g., Black, Indigenous, People of Color; lesbian, gay, bisexual, transgender, questioning, etc.) to design TTA on youth’s needs and strengths. This type of program would help grantees to better understand what challenges young people face and how to eliminate barriers to young people’s advancement. There is also a valuable opportunity in this request to strategically highlight the needs and strengths of youth from marginalized populations into all existing TTA. This approach, as opposed to single trainings focused on specific youth populations, is essential to driving an equity-focused agenda across FYSB-funded RHY programs.

Support grantees to understand the utility, and undertaking, of screening and assessments. Screening and assessment is critical among youth who enroll in RHY programs, who are either at risk or currently experiencing homelessness. Inclusive of these

experiences is likely a myriad set of factors, including early family instability, family conflict, or transitions out of the foster care or juvenile justice systems, among other life transitions or traumatic experiences (Samuels et al., 2018). As such, understanding the strengths and assets that youth have, as well as the needs that they have, are critical to facilitating their sustainable exits from homelessness, their reunification with their families, or a successful transition to independent living. The results of the NNA revealed much variability in the screening and assessment tools that grantees use, with many requesting TTA to assess domains of well-being that they do not currently measure. These disparities highlight a clear need for RHYTTAC to provide specific TTA on screening and assessment across several key domains, including the core outcome domains and others. Providing guidance and support around this task will better position grantees to build on youth's strengths and connect them with the services they need to achieve stability.

Design TTA that supports grantees to implement quality monitoring of programmatic and assessment practices and develop continuous quality improvement (CQI) activities. Since many organizations requested support to improve how they implement EBPs, there is a clear need for RHYTTAC to consider providing TTA around the development of CQI activities involving quality monitoring and the use of fidelity tools to assess EBP implementation. Expert and practical guidance on the development of a quality assurance process for EBPs will further promote the use of validated assessment and screening tools and strengthen their use in practice. RHY grantees can most effectively promote the well-being of young people using evidence-based approaches, which should be more accessible once grantees have received practical training on EBPs, such as how to select the best fit programs for their organization and the populations they serve. Additionally, RHYTTAC can further support implementation and create opportunities to learn about the CQI successes of other grantees by organizing peer to peer learning communities where grantees can select into peer communities with others that are implementing the same or similar practices and programs. This type of TTA would facilitate shared learning and reveal important insights for other grantees in their implementation and monitoring processes.

Increase delivery of TTA types most useful to all RHY grantees, while tailoring certain events to meet needs of specific groups of grantees. Overall, grantees reported that the most attended types of TTA (e.g., webinars, virtual trainings) were also very useful. However, it is important to note that some of the other types of training that fewer grantees participated in were found to be equally useful, such as Community Guided Trainings. Other types of TTA that were well-received despite a smaller audience included Peer to Peer Learning and Site-based Trainings. Grantees indicated that both synchronous and asynchronous events are important for meeting the needs of a diverse group of staff, and they emphasized the need for TTA that is tailored to specific groups of grantees based on staff role, size, location, and service delivery, among other considerations. Another approach to promoting TTA that meets the needs of all staff is virtual coaching opportunities that organizational leadership can participate in outside of more general training events and TTA focused on best practices for frontline staff.

Create more TTA opportunities for grantees to learn from expert practitioners and peer grantees. As previously noted, grantees highly regarded trainings that had small audiences last year, including Peer to Peer Learning and Site-based Trainings. These might be valuable formats for more targeted, intimate trainings that grantees requested that can enhance peer engagement and learning. TTA presented in a learning community format can also explicitly incorporate expert practitioner and youth voice to ensure that grantee staff incorporate lessons from the field into their work. Further, focusing these types of TTA on a host of specific topics would permit grantee organization staff to deepen their practice and better serve youth at risk of or experiencing homelessness.

Limitations & Next Steps

There are of course limitations to the NNA that we must acknowledge. First, there were challenges related to communicating about the survey, given that many staff responsible for submitting the survey were not the direct contacts listed in Grant Solutions for the grantee organization. Second, RHYTTAC requested that the survey responses reflect the grantee organization and advised that staff convene to discuss, which may have been time-consuming and burdensome during a stressful period of time, as some jurisdictions were actively adapting their services to reflect rapid increases in COVID infection rates in their communities. These two issues likely contributed to the low survey response rate, which was below 50%. This means that less than half of FYSB-funded RHY grantees completed the survey. In short, the lessons presented in this report for the next year reflect only the needs and priorities among grantees who participated in the survey and may not be representative of all RHY grantees.

Next year, RHYTTAC will seek to address this year's challenges by developing a process to annually confirm the correct primary contact for RHYTTAC communications, drawing on Federal Program Officers and other FYSB regional staff as influencers to motivate survey participation, exploring the offer of an incentive for survey completion, and identifying other strategies to make the survey less burdensome for grantee agency staff. We will also strategically introducing the NNA well in advance of the survey launch which will include discussing this year's findings and RHYTTAC's initial and planned response to the findings to showcase the importance of completion to reflect the needs of all RHY grantees.

REFERENCES

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APPENDICES

Appendix A. National Needs Assessment Survey

Runaway and Homeless Youth Program 2021 National Needs and Capacity Assessment

The Family and Youth Services Bureau (FYSB) and the Runaway and Homeless Youth Training and Technical Assistance Center (RHYTTAC) have developed the *National Needs and Capacity Assessment* survey as a tool for gathering feedback from Runaway and Homeless (RHY) grantees to support the development and delivery of training and technical assistance that is responsive to the needs of grantees operating various RHY-funded programs. Your feedback is valuable in accomplishing this goal. This assessment is voluntary and takes about 20-30 minutes to complete. The information provided will be kept confidential and will not be used to make funding decisions, or other grantee-specific decisions.

Instructions for Completing the Assessment

This survey is structured to gather organization-level feedback. **We encourage organizations to designate a representative to coordinate discussion and gather feedback internally on your organization's preferences and training and technical assistance needs and submit one survey on behalf of your organization.** An editable PDF document version of this survey tool is available to share and discuss with your colleagues. Please contact Dr. Melissa Kull, mkull@chapinhall.org, with any other questions about the survey.

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13). Public reporting burden for this collection of information is estimated to average 20-30 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The control number is [insert control number]. The control number expires on May 31, 2022.

Section 1. Background

BAC_1 Please provide the name of your organization. **[Open Text Field – limit to 100 characters]**

BAC_2 Which answer best describes the community(ies) served by your RHY program(s)? *Please select one.*

1. Rural
2. Urban/suburban
3. Primarily rural with urban/suburban area access
4. Primarily urban/suburban with rural service locations
5. Tribal grantee of reservation

BAC_3 Which of the following FYSB-funded RHY grants does your organization **currently** have? *Select all that apply.*

1. Street Outreach Program (SOP)
2. Basic Center Program (BCP)
3. Transitional Living Program (TLP)
4. Maternity Group Home (MGH)

BAC_4 Which category **best** describes the number of runaway and homeless youth served directly by your FYSB-funded RHY program(s) each year? *Please include only youth who are served with FYSB funding. If you operate more than one program, please provide the total number of youths served by all programs funded by FYSB.*

1. Fewer than 25
2. 25 to 49
3. 50 to 99
4. 100 to 199
5. 200 or more

BAC_5 Which of the following types of *non-FYSB funded* programs does your organization provide for runaway and homeless youth (those funded through other sources)? *Select all that apply.*

1. Basic Center (or other short-term crisis shelter)
2. Drop-in Center
3. Host Homes
4. Maternity Group Home
5. Permanent Supportive Housing
6. Rapid Rehousing
7. Street Outreach
8. Transitional Living or Independent Living
9. None

BAC_6 Do your organization's responses to this survey include direct inputs from executive leadership staff, direct program/practitioner staff, or both?

1. Executive leadership staff
2. Direct program/practitioner staff
3. Both executive leadership and direct program/practitioner staff

Section 2. RHYTTAC Utilization & Experiences

RUT_1 To the best of your knowledge, how many times have you or others in your organization used each of the following types of RHYTTAC training and technical assistance (TTA) in the last 12 months?

	None (1)	Once (2)	More than once (3)
TA Café			

	None (1)	Once (2)	More than once (3)
Webinar			
Peer to Peer Learning Community			
Guided Training Series			
Virtual Training			
Regional Training			
Call, video conference, or e-mail consultation			
Corrective Action Plans following monitoring			
eLearning (self-directed learning on website)			
Site-based training			
Social media connections			
Website Resources			

RUT_2 Please indicate the **usefulness** of each type of RHYTTAC training or technical assistance used by you or your organization. *Response options will populate based on answers to the previous question.*

	Not useful (1)	Somewhat useful (2)	Very useful (3)	Not applicable (99)
TA Café				
Webinar				
Peer to Peer Learning Community				
Guided Training Series				
Virtual Training				
Regional Training				
Call, video conference, or e-mail consultation				
Corrective Action Plans following monitoring				
eLearning (self-directed learning on website)				
Site-based training				
Social media connections				
Website Resources				

RUT_3 Please select the option that best reflects your level of agreement with this statement: In the last 12 months, knowledge, resources, and/or tips received from RHYTTAC training or technical assistance services have helped my organization to **improve outcomes for youth/young adults**.

1. Strongly disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly agree
6. Don't know

RUT_4 If your organization did not use RHYTTAC services (i.e. training or technical assistance) in the last 12 months, please indicate the reason(s) why. *Select all that apply.*

1. Too busy or not enough time.
2. It is difficult to find staff coverage to support participation in training and technical assistance activities.
3. Unaware of the RHYTTAC services available.
4. Did not know how to access RHYTTAC services.

5. Did not find content that fits training needs.
6. Concerns about the quality of RHYTTAC services.
7. Used other (non-RHYTTAC) sources of training and technical assistance to meet needs.
8. Other (please specify) **(go to RUT_5)**
9. N/A

RUT_5 Please list other reason(s) your organization did not use RHYTTAC services in the last 12 months.
[Open text field]

Section 3. FYSB Monitoring

MON_1 Within your grant’s project period (up to 3 years), have you had a monitoring visit for one of more of your FYSB-funded RHY grants?

1. Yes
2. No

MON_2 What technical assistance would be helpful in preparing for monitoring visits?

1. Knowing what to expect for the monitoring visit
2. Knowing how to prepare for the monitoring visit
3. Understanding Corrective Action Plans
4. Creating responses to Corrective Action Plans
5. Other (please specify) **(Go to MON_3)**

MON_3 Please list what other technical assistance would be helpful in preparing for monitoring visits.
(Open Text)

Section 4. Training Needs

TND_1 Now we would like your organization’s input on prioritizing audiences/groups for RHYTTAC training and technical assistance in general (then we will ask about prioritizing training topics). Thinking of your organization’s needs, how *important* would it be for RHYTTAC training and technical assistance to focus on each of the following **audiences/groups**:

	Not important (0)	Somewhat important (1)	Important (2)	Very important (3)
Executive leadership				
Program leadership				
Program administration/ operations staff				
Clinical staff				
Case managers				
Youth care workers				
Volunteers/interns				
Youth/young adult leaders/advisors				
Community partner organizations or systems				

TND_2 Please select which training topic(s) your organization believes RHYTTAC should make a priority to support your organization’s **leadership and operations’** needs. Please only select those topics for which someone from your organization would likely attend a TTA event. *Select all that apply.*

1. Advocacy and public policy
2. Background checks
3. Board development
4. Contract management

5. Disaster or pandemic preparedness and response (including for COVID-19 or other public health crises, natural disasters, etc.)
6. Diversity, equity, and inclusion
7. Engaging community support
8. Fiscal management
9. HUD systems and Continuums of Care (CoCs)
10. Outcomes measurement
11. Program monitoring and evaluation
12. Program management
13. RHY-HMIS (Runaway and Homeless Youth – Homeless Management Information System) Repository/Data Standards
14. Staff recruitment
15. Staff retention
16. Staff safety
17. Staff training and development
18. Succession planning
19. Sustainability of RHY Programs
20. Volunteer recruitment/management
21. Other (please specify) (If selected, go to TND_3; otherwise go to TND_4)

TND_3 Please identify the other training topic(s). **(Open text)**

Section 5. Training Needs, outcome areas

Now we have several questions about the training topics your organization believes RHYTTAC should make a priority to support your organization’s **practice and service delivery** needs. We will ask you about training needs related to each of FYSB’s **four core outcome areas** for youth experiencing homelessness, and then we will ask about cross-cutting training needs that are not specific to an outcome area.

TND_4 What training and technical assistance topic(s) would most help your organization improve young people’s **safe and stable housing outcomes**? Please only select those topics for which someone from your organization would likely attend a TTA event. *Select all that apply.*

1. Aftercare (post-program exit) services or counseling
2. Assessing housing/homelessness needs or outcomes
3. Collaborating with Continuums of Care
4. Coordinated assessments and coordinated entry systems
5. Crisis intervention techniques
6. Direct financial assistance to youth
7. Family strengthening, mediation, or counseling for housing stability
8. Federally funded housing resources/programs for youth (non-FYSB resources)
9. Host Homes or natural supports for housing stability
10. “Housing First” approaches for youth
11. Housing navigation
12. Landlord engagement
13. Outreach to youth
14. Prevention programs/practices (preventing youth homelessness/running away from occurring in the first place)
15. Rental assistance with services/rapid rehousing
16. Shelter-to-housing transition supports (from BCP/TLP/MGH)
17. Transitional Living Program/Maternity Group Home retention
18. Unaccompanied minors issues (legal, services, etc.)
19. Other (please specify) (If TND_4= Other, TND_5 appears)

TND_5 Please specify other training topic(s) that would be helpful to your organization. **(Open text field)**

TND_6 What training and technical assistance topic(s) would most help your organization improve young people's **education or employment outcomes**? Please only select those topics for which someone from your organization would likely attend a TTA event. *Select all that apply.*

1. Assessing education, training, or employment needs or outcomes
2. Collaborating with secondary schools or supporting youth while in middle or high school
3. Collaborating with post-secondary education or supporting youth while in post-secondary education
4. Coordinating with local workforce development agencies
5. Education for Homeless Children and Youth (EHCY) Program (federal law and resources)
6. Post-secondary financial aid for youth or post-secondary education housing support
7. Understanding effective youth employment/career pathways programs/practices
8. Other (please specify) (If TND_6= Other, TND_7 appears)

TND_7 Please specify other training topics that would be helpful to your organization. **(Open text field)**

TND_8 What training and technical assistance topic(s) would most help your organization improve young people's **permanent/positive connections outcomes**? Please only select those topics for which someone from your organization would likely attend a TTA event. *Select all that apply.*

1. Assessing permanent/positive connections or social capital needs or outcomes
2. Building partnerships with other community-based groups or organizations
3. Case management for youth
4. Facilitating social networks for youth advancement (to community resources, career opportunities, etc.)
5. Family strengthening/counseling for positive supports
6. Family strengthening/counseling for LGBTQ+ youth
7. Host Home programming
8. Identifying and leveraging natural supports
9. Mentoring for youth
10. Peer supports or peer support program models
11. Positive youth development
12. Staff-youth positive relationship building
13. Using virtual platforms/social media for positive connections
14. Other (please specify) **(If TND_8= Other, TND_9 appears)**

TND_9 Please specify other training topics that would be helpful to your organization. **(Open text field)**

TND_10 What training and technical assistance topic(s) would most help your organization improve young people's **social-emotional wellbeing outcomes**? Please only select those topics for which someone from your organization would likely attend a TTA event. *Select all that apply.*

1. Aftercare (post-program exit) services or counseling
2. Assessing or screening social-emotional wellbeing needs or outcomes
3. Harm reduction
4. Mental health programs/practices
5. Motivational interviewing with youth
6. Peer supports or peer support program models
7. Positive youth development/youth empowerment
8. Pregnant/parenting youth needs (and their children's)
9. Public benefits/government programs (e.g., Medicaid, Supplemental Nutrition Assistance Program (SNAP), cash assistance, etc.)
10. Sexual and reproductive health needs
11. Substance use and abuse programs/practices
12. Trauma and the effects of trauma on youth
13. Virtual programming/counseling for youth well-being
14. Other (please specify) **(If TND_10= Other, TND_11 appears)**

TND_11 Please specify other training topics that would be helpful to your organization. **(Open text field)**

TND_12 What **cross-cutting** training and technical assistance topic(s) would most help your organization improve young people’s **outcomes**? Please only select those topics for which someone from your organization would likely attend a TTA event. *Select all that apply.*

1. Aftercare (post-program exit) services or counseling
2. Collaborating with law enforcement or juvenile/criminal justice systems
3. Collaborating with child welfare systems
4. Collaborating with behavioral health systems
5. Confidentiality policies and protocols
6. Conducting screening/assessment – best practices
7. Diversity, equity, and inclusion in service delivery
8. RHY-HMIS (program set up, data entry, data extraction)
9. Using/finding evidence-based/evidence-informed programs/practices
10. Gangs and gang-involved youth
11. Harm reduction
12. Human trafficking and exploitation
13. Immigrant/refugee youth issues (legal, services, etc.)
14. LGBTQ+ youth needs
15. Needs of youth transitioning out of foster care
16. Outreach to youth
17. Pandemic response and/or preparedness (including COVID-19)
18. Pregnant/parenting youth needs (and their children’s)
19. Staff burn-out, compassion fatigue, and vicarious trauma
20. Unaccompanied minors issues (legal, services, etc.)
21. Youth collaboration, leadership, and engagement
22. Other (please specify) **(If TND_12= Other, TND_13 appears)**

TND_13 Please specify other training topics that would be helpful to your organization. **(Open text field)**

Section 6. Training Needs, outcomes measurement

TND_14 Which response best describes your organization’s technical assistance needs for **outcomes measurement** in each of the following four core outcome areas that FYSB has prioritized for preventing and ending youth homelessness?

	We DON'T NEED technical assistance on measuring this outcome (i.e. we are satisfied with our measure(s)/measurement practices (0)	We would like SOME technical assistance (i.e. we have measure(s)/measurement practices that are okay for this outcome) (1)	We ESPECIALLY NEED technical assistance (i.e. we struggle with identifying good measure(s)/measurement practice(s) for this outcome) (2)
Outcomes measurement			
Safe and stable housing			
Education/training			
Employment/career/earnings			
Permanent/positive connections or social capital			
Social-emotional well-being			

TND_15 Has any of your organization’s staff participated in training or technical assistance **outside of RHYTTAC** that you think would be especially useful for FYSB RHY program grantees?

1. Yes
2. No **(Skip next question)**
99. Don't know **(Skip next question)**

TND_16 Please briefly list the **topic** of this training or technical assistance. If you remember, you can also list the **name or organization** of the presenter or technical assistance provider. **(Open text field – limited to 100 characters)**

TND_17 If your organization could participate in a Peer to Peer Learning Community or ongoing technical assistance to strengthen skills or learn approaches on **one topic**, what would that topic be? *Please briefly just name or list the topic. Leave blank if you don't know.* **(Open text field – limited to 75 characters)**

Section 7. Training Needs During and Transitioning from a Pandemic

PAN_1 What TTA topic(s) would be most helpful to your organization as you deliver services to youth during the COVID-19 pandemic and/or in a post-pandemic environment? Please only select those topics for which someone from your organization would likely attend a TTA event. *Select all that apply.*

1. Adapting housing, shelter, or service delivery models
2. Advocating for youth most at-risk for COVID-19
3. Connecting youth to employment during a pandemic
4. Connecting youth to housing during a pandemic
5. Creating/refining an emergency preparedness plan
6. Direct cash/financial assistance to youth
7. Helping youth establish and maintain social connections
8. Identifying and engaging youth experiencing/at-risk for homelessness in a pandemic
9. Leveraging new federal funding or waivers related to the pandemic for supporting RHY
10. Providing youth with timely and accurate COVID-19 information and resources
11. Supporting youth's educational engagement
12. Vaccination information (for youth or staff)
13. Virtual programming or leveraging technology to help adapt to circumstances
14. Other (please specify) (If PAN_1= Other, PAN_2 appears)

PAN_2 Other than those listed above, what **other** TTA topic(s) would most help your organization as you deliver services to youth during the COVID-19 pandemic and/or in a post-pandemic environment?

Section 8. Assessments

In this section, we would like to learn what assessment and screening tools your program(s) use, which can help RHYTTAC understand the types and focus of TTA topics related to screening and assessment that grantees most need in the coming year.

AST_1 Does your organization use any formal screening or assessment tools with youth?

1. Yes
2. No **(Go to AST_4)**
99. Don't know **(Go to AST_4)**

AST_2 What formal screening or assessment tool(s) do(es) your RHY program(s) use?

This includes tools for **triaging youth** (e.g., the Service Prioritization Decision Assistance Tool for Transition Age Youth), tools for **understanding a youth's experiences** (e.g., Adverse Childhood Experience Questionnaire), and tools for **measuring outcomes** (e.g., Brief Symptom Inventory). *Select all that apply.*

1. Adverse Childhood Experience Questionnaire (ACE)
2. Alcohol, Smoking and Substance Involvement Screening Test (ASSIST or NIDA-ASSIST)
3. Alcohol Use Disorders Identification Test (AUDIT)

4. Ansell-Casey Life Skills Assessments (ACLSA)
5. Beck Scales (BYI, BAI, BDI, BSS, BHS)
6. Behavioral and Emotional Rating Scale (BERS)
7. Brief Symptom Inventory (BSI)
8. Child Abuse and Neglect Screening (CANS)
9. Child and Adolescent Service Intensity Instrument (CASII)
10. Child Behavior Check List (CBCL)
11. Child and Family Assessment Scale (CAFAS)
12. Childhood Severity of Psychiatric Illness (CSPI)
13. Children's Depression Inventory (CDI)
14. Columbia-Suicide Severity Rating Scale (C-SSRS)
15. Comprehensive Human Trafficking Assessment Tool (NHTRC)
16. Conner-Davidson Resilience Scale (CD-RISC)
17. Coping Self-Efficacy Scale (CSE)
18. CRAFFT Screening Tool for Adolescent Substance Abuse
19. Daniel Memorial Assessments (Independent Living Skills, Employment Inventories)
20. Drug Abuse Screening Test (DAST-10)
21. Fast Alcohol Screening Test (FAST)
22. General Self-Efficacy Scale (GSES)
23. Global Appraisal of Individual Needs (GAIN)
24. Human Trafficking Screening Tool (HTST or HTST-Short Form)
25. Individual Protective Factor Index
26. Kessler Psychological Distress Scale (K6/K10)
27. Massachusetts Youth Screening Instrument (MAYSI)
28. Mental Health Inventory (MHI)
29. Multidimensional Anxiety Scale for Children (MASC)
30. Outcome Rating Scale (ORS)
31. Patient Health Questionnaire (PHQ)
32. Problem Oriented Screening Instrument for Teenagers (POSIT)
33. Self Sufficiency Matrix (SSM)
34. Service Prioritization Decision Assistance Tool for Transition Age Youth (TAY-VI-SPDAT)/Next Step Tool for Homeless Youth
35. Strengths and Difficulties Questionnaire (SDQ)
36. Substance Abuse Subtle Screening Inventory (SASSI)
37. Suicide Probability Scale (SPS)
38. The Treatment Outcome Package (TOP)
39. Trafficking Victim Identification Tool (TVIT)
40. Trauma Symptom Inventory (TSI)
41. Traumatic Events Screening Inventory (TESI)
42. UCLA Child/Adolescent PTSD Reaction Index or Child and Adolescent Trauma Screen (CATS)
43. World Health Organization Disability Assessment Schedule (WHODAS)
44. Youth Assessment Screening Instrument (YASI)
45. Youth Thrive measures (by the Center for the Study of Social Policy, CSSP)
46. Other (please specify) (If AST_2=Other, go to AST_3)

AST_3Please list the other screening or assessment tools your program(s) use(s). **(Open text field)**

AST_4Thinking about your organization's needs over the coming year, how important would it be for RHYTTAC to provide training or technical assistance on **screening or assessment**, in each of the following areas?

	Not important (0)	Somewhat important (1)	Important (2)	Very important (3)
Screening/assessment				

Risk for homelessness or reoccurring homelessness				
Mental health				
Substance use				
Human trafficking or exploitation				
Domestic violence				
Trauma/adverse childhood experiences				
Family needs				
Benefits eligibility				

Section 9. Evidence-Based and Evidence-Informed Practices

EBP_1 What evidence-based practices (EBPs) or evidence-informed practices (EIPs) do your RHY program(s) utilize? *Select all that apply. If none to your knowledge, please leave blank.*

1. Adolescent Community Reinforcement Approach (A-CRA)
2. Aggression Replacement Training (ART)
3. Aggressor, Victim, Bystander
4. AWARE
5. Be Proud! Be Responsible!
6. Botvin Life-Skills Training
7. Brief Strategic Family Therapy
8. Cognitive Processing Therapy
9. Cognitive Behavioral Therapy (CBT)
10. Dialectical Behavioral Therapy (DBT)
11. Family Finding
12. Family Group Decision Making
13. Functional Family Therapy
14. Harm Reduction
15. Life Space Crisis Intervention
16. Making Proud Choices!
17. Mindfulness-Based Cognitive Behavioral Therapy
18. Mode Deactivation Therapy (MDT)
19. Motivational Interviewing
20. Multimodal Substance Abuse Prevention (MSAP)
21. Multi-Systemic Therapy
22. NRS's Let's Talk: Runaway Prevention
23. Nurturing Parent Program
24. Positive Action
25. Positive Youth Development
26. Power Through Choices
27. Prolonged Exposure Therapy for Adolescents
28. SafeCare
29. Safe Dates
30. Safety, Mentoring, Advocacy, Recovery and Treatment (SMART)
31. Sanctuary Model
32. Say It Straight
33. Seeking Safety
34. SiHLE
35. Street Smart
36. Structured Decision Making
37. Teaching Family Model
38. Therapeutic Crisis Intervention
39. Trauma-Focused Cognitive Behavioral Therapy
40. Trauma-Focused Coping

- 41. Trauma-Informed Care
- 42. Trauma Systems Therapy (TST)
- 43. Trust-Based Relational Intervention
- 44. Wahine Talk
- 45. Wraparound
- 46. Wyman’s Teen Outreach Program
- 47. Other (please specify) **(If EBP_1=Other, show EBP_2)**

EBP_2 Please list the other evidence-based or evidence-informed practices your RHY program(s) utilize. Next to each, please indicate whether your organization needs or does not need technical assistance to support or improve the implementation of each practice. **(Open text field)**

EBP_3 At the start of this section, you selected the list of practices that your organization provides. Please select which one(s) your organization would participate in TA to support or improve its implementation. **(Only include the responses chosen in EBP_1)**

Evidence-based/ Evidence-informed Practice	Yes, our organization needs TA for this practice (1)	No, our organization does not need TA around this practice (0)

EBP_4 Please list the evidence-based and evidence-informed practices your organization is currently **not** using, but the organization is interested in offering and needs TA to aide implementation. **(Open text field)**

Section 10. Overall Feedback

OVF_1 Please share any additional comments about how RHYTTAC can best help your organization achieve your goals in supporting and serving youth who runaway or experience homelessness. **(Open text field; limit to 250 characters)**

Appendix B. Full Tabled Results

Appendix Table B-1. Characteristics of FYSB Grantee Agencies

Grantee Agency Characteristics	N	%
Community Type		
Rural	19	13%
Urban/suburban	66	47%
Primarily rural with urban/suburban area access	15	11%
Primarily urban/suburban with rural service locations	41	29%
Tribal grantee of reservation	0	0%
Region [^]		
Region 1	9	50%
Region 2	16	50%
Region 3	*	-
Region 4	21	40%
Region 5	19	32%
Region 6	18	43%
Region 7	10	59%
Region 8	10	56%
Region 9	18	36%
Region 10	12	44%
FYSB-Funded RHY Grants Agency Currently Holds		
Street outreach program	50	-
Basic center program	108	-
Transitional living program	74	-
Maternity group home	28	-
Youth Caseload Size		
< 25	26	18%
25-49	20	14%
50-99	30	21%
100-199	25	18%
200+	40	28%
Non-FYSB Funded Program Agency Currently Operates		
Basic center program	68	48%
Drop-in center	60	42%
Host homes	13	9%
Maternity group home	7	5%
Permanent supportive housing	33	24%
Rapid Rehousing	55	39%
Street outreach program	56	39%
Transitional living program	48	34%
None	*	-
Organization's Survey Participants		
Executive leadership staff	11	8%
Direct program/practitioner staff	19	14%
Both executive leadership and direct program/practitioner staff	106	100%

Note. [^] Represents percent of grantees in each region represented in NNA * Suppressed due to small cell size.

Appendix Table B-2. Types of TTA RHYTTAC Provided Last Year

Types of TTA	None		At Least Once	
	N	%	N	%
Webinar	4	3%	134	97%
Virtual Training	6	4%	131	96%
Regional Training	6	4%	133	96%
Website Resources	11	8%	126	92%
eLearning	18	13%	119	87%
Call, video conference, or e-mail consultation	29	21%	108	79%
Peer to Peer Learning Community	59	45%	72	55%
Community Guided Training Series	62	47%	71	53%
Social media connections	73	55%	59	45%
TA Café	83	65%	45	35%
Site-based training	98	74%	35	26%
Corrective Action Plans following monitoring	103	78%	29	22%

Note. Categories are not mutually exclusive.

Appendix Table B-3. Usefulness of Types of TTA RHYTTAC Provided Last Year (Among Grantees Who Reported Attending Each Type of TTA At Least Once)

Types of TTA	Not useful		Somewhat useful		Very useful	
	N	%	N	%	N	%
TA Café	*	-	21	50%	18	43%
Webinar	*	-	27	22%	97	78%
Peer to Peer Learning Community	*	-	27	39%	42	60%
Community Guided Training Series	*	-	15	22%	52	76%
Virtual Training	0	0%	28	22%	100	78%
Regional Training	0	0%	22	17%	109	83%
Call, video conference, or e-mail consultation	*	-	24	23%	80	76%
Corrective Action Plans following monitoring	0	0%	9	31%	20	89%
eLearning (self-directed learning on website)	*	-	25	22%	86	75%
Site-based training	0	0%	8	25%	24	75%
Social media connections	*	-	22	40%	31	56%
Website Resources	*	-	37	30%	83	67%

Note. Categories are not mutually exclusive. * Suppressed due to small cell sizes.

Appendix Table B-4. Providers' Agreement with the Statement: *In the last 12 months, knowledge, resources, and/or tips received from RHYTTAC training or technical assistance services have helped my organization to improve outcomes for youth/young adults.*

Responses	N	%
Strongly disagree	5	4%
Disagree	*	-
Neutral	21	15%
Agree	79	57%
Strongly agree	31	22%

Note. * Suppressed due to small cell size.

Appendix Table B-5. Why Organization Did Not Use RHYTTAC's TTA Last Year

Reasons for Not Using RHYTTAC's TTA	N	%
Too busy or not enough time.	9	6%
It is difficult to find staff coverage to support participation in training and technical assistance activities.	10	7%
Unaware of the RHYTTAC services available.	*	-
Did not know how to access RHYTTAC services.	*	-
Did not find content that fits training needs.	5	4%
Concerns about the quality of RHYTTAC services.	*	-
Used other (non-RHYTTAC) sources of training and technical assistance to meet needs.	12	8%
Other ^a	*	-

*Note. Categories are not mutually exclusive. * Suppressed due to small cell size. ^a Open-ended responses addressed provider challenges with website Flash technology and lacking time to become more familiar with RHYTTAC/Youth Collaboratory during COVID-19.*

Appendix Table B-6. Grantee Agencies Received a Monitoring Visit for FYSB-Funded RHY Grant Since Project Period Began

Responses	N	%
Yes	79	57%
No	59	43%
Total	138	100%

Appendix Table B-7. TTA Services Agencies Need Regarding FYSB Monitoring

TTA Needed for FYSB Monitoring	N	%
Knowing how to prepare for the monitoring visit	121	85%
Understanding Corrective Action Plans	121	85%
Knowing what to expect for the monitoring visit	79	57%
Creating responses to Corrective Action Plans	66	46%
Other ^a	11	8%

Note. Categories are not mutually exclusive. ^a Open-ended responses discussed specific needs related to FYSB monitoring, such as documentation requirements, protocols for the visits, and timelines.

Appendix Table B-8. Importance of RHYTTAC TTA Services for Specific Staff Positions

Staff Positions	Not important or somewhat important	Important or very important
Case managers	5%	95%
Program leadership	6%	94%
Youth care workers	8%	92%
Program administration/ operations staff	17%	83%
Clinical staff	29%	71%
Youth/young adult leaders/advisors	34%	66%
Executive leadership	52%	48%
Community partner organizations or systems	64%	46%
Volunteers/interns	58%	42%

Note. Categories are not mutually exclusive.

Appendix Table B-9. TTA Topics to Support Organization’s Leadership and Operations Needs

TTA Topics for Leadership and Operations	N	%
Staff training and development	107	75%
Sustainability of RHY Programs	91	64%
Diversity, equity, and inclusion	90	63%
Outcomes measurement	90	63%
Staff retention	90	63%
Program monitoring and evaluation	88	62%
RHY-HMIS Repository/Data Standards	70	49%
Staff recruitment	67	47%
Staff safety	63	44%
Disaster or pandemic preparedness and response (e.g., for COVID-19, other public health crises, natural disasters, etc.)	58	41%
Engaging community support	58	41%
Program management	57	40%
Advocacy and public policy	49	35%
HUD systems and Continuums of Care (CoCs)	43	30%
Succession planning	37	26%
Contract management	33	23%
Fiscal management	30	21%
Volunteer recruitment/management	26	18%
Board development	19	13%
Background checks	17	12%
Other ^a	8	6%

Note. ^a Open-ended responses addressed strategies to support staff and implementation guidance, including guidance related to child welfare and juvenile justice systems.

Appendix Table B-10. TTA Topics to Help Organization Improve Young People’s Safe and Stable Housing Outcomes

TTA Topics Related to Housing	N	%
Aftercare services or counseling	97	68%
Crisis intervention techniques	85	60%
Unaccompanied minors issues	83	58%
Prevention programs/practices	74	52%
Family strengthening, mediation, or counseling	70	49%
Federally-funded housing resources/programs	69	49%
"Housing first" approaches for youth	64	45%
Direct financial assistance to youth	63	44%
Shelter to housing transition supports	59	42%
Assessing housing/homelessness needs or outcomes	58	41%
Landlord engagement	58	41%
Outreach to youth	57	40%
Transitional living programs/maternity group home retention	51	36%
Rental assistance with services/rapid rehousing	45	32%
Collaborating with continuums of care	42	30%
Housing navigation	42	30%
Coordinated assessments and coordinated entry system	36	25%
Host homes or natural supports	34	24%
Other ^a	11	8%

^a Open-ended responses also emphasized the need for TTA related to aftercare, crisis intervention techniques, and unaccompanied minors.

Appendix Table B-11. TTA Topics to Help Grantees Improve Young People’s Education & Employment Outcomes

TTA Topics Related to Education & Employment	N	%
Understanding effective youth employment/career pathways programs/practices	89	63%
Coordinating with local workforce development agencies	74	52%
Assessing education, training, or employment needs or outcomes	73	51%
Post-secondary financial aid for youth or post-secondary education housing support	64	45%
Collaborating with secondary schools or supporting youth while in middle or high school	58	41%
Education for Homeless Children and Youth (EHCY) Program (federal law and resources)	56	39%
Collaborating with post-secondary education or supporting youth while in post-secondary education	55	39%
Other ^a	6	4%

Note. Categories are not mutually exclusive. ^a Open-ended responses addressed emancipation and individualized education plans, increasing awareness at colleges and universities of laws in place to support homeless students, supporting mental health, and supporting youth’s FAFSA completion.

Appendix Table B-12. TTA Topics to Help Grantees Improve Young People’s Permanent & Positive Connections Outcomes

TTA Topics Related to Permanent & Positive Connections	N	%
Family strengthening/counseling for positive supports	86	61%
Family strengthening/counseling for LGBTQ+ youth	84	59%
Positive youth development	83	58%
Facilitating social networks for youth advancement (to community resources, career opportunities, etc.)	78	55%
Assessing permanent/positive connections or social capital needs or outcomes	77	54%
Case management for youth	77	54%
Staff-youth positive relationship building	73	51%
Using virtual platforms/social media for positive connections	70	49%
Mentoring for youth	68	48%
Identifying and leveraging natural supports	67	47%
Peer supports or peer support program models	66	46%
Building partnerships with other community-based groups or organizations	58	41%
Host Home programming	32	23%
Other	*	-

Note. Categories are not mutually exclusive.

Appendix Table B-13. TTA Topics to Help Grantees Improve Young People’s Social-Emotional Well-Being Outcomes

TTA Topics Related to Social-Emotional Well-Being	N	%
Trauma and the effects of trauma on youth	97	68%
Aftercare (post-program exit) services or counseling	94	66%
Positive youth development/youth empowerment	92	65%
Motivational interviewing with youth	90	63%
Harm reduction	87	61%
Mental health programs/practices	79	56%
Assessing or screening social-emotional wellbeing needs or outcomes	78	55%

Substance use and abuse programs/practices	75	53%
Virtual programming/counseling for youth well-being	60	42%
Sexual and reproductive health needs	59	42%
Peer supports or peer support program models	59	42%
Public benefits/government programs (e.g., Medicaid, Supplemental Nutrition Assistance Program (SNAP), cash assistance, etc.)	53	37%
Pregnant/parenting youth needs (and their children's)	48	34%
Other ^a	*	-

Note. Categories are not mutually exclusive. ^a Open-ended comments addressed building community partnerships to connect youth to additional supports, mental health support strategies (particularly where a caregiver/guardian is not available), and restorative practices.

Appendix Table B-14. Cross-Cutting TTA Topics to Help Grantees Improve Young People's Outcomes

Cross-Cutting TTA Topics	N	%
Staff burn-out, compassion fatigue, and vicarious trauma	103	73%
Human trafficking and exploitation	85	60%
LGBTQ+ youth needs	85	60%
Collaborating with behavioral health systems	83	58%
Aftercare (post-program exit) services or counseling	82	58%
Harm reduction	79	56%
Youth collaboration, leadership, and engagement	78	55%
Conducting screening/assessment – best practices	72	51%
Diversity, equity, and inclusion in service delivery	72	51%
Unaccompanied minors issues (legal, services, etc.)	71	50%
Needs of youth transitioning out of foster care	65	46%
Collaborating with law enforcement or juvenile/criminal justice systems	63	44%
Using/finding evidence-based/evidence-informed programs/practices	59	42%
Collaborating with child welfare systems	58	41%
Immigrant/refugee youth issues (legal, services, etc.)	58	41%
Outreach to youth	50	35%
Gangs and gang-involved youth	46	33%
RHY-HMIS (program set up, data entry, data extraction)	44	31%
Pandemic response and/or preparedness (including COVID-19)	37	26%
Pregnant/parenting youth needs (and their children's)	37	26%
Confidentiality policies and protocols	31	22%
Other ^a	*	-

Note. Categories are not mutually exclusive. ^a Open-ended comments addressed strategies to support staff, crisis management, and data collection practices.

Appendix Table B-15. Training Needs for Measuring Outcomes

Outcome Domains	We DON'T NEED TA on measuring this outcome (i.e. we are satisfied with our measure(s)/measurement practices		We WOULD LIKE SOME TA (i.e. we have measure(s)/measurement practices that are okay for this outcome)		We ESPECIALLY NEED TA (i.e. we struggle with identifying good measure(s)/measurement practice(s) for this outcome)	
	N	%	N	%	N	%
	Safe and stable housing	53	39%	71	52%	13
Education/training	50	37%	78	58%	7	5%
Employment/career/earnings	47	35%	74	54%	15	11%
Permanent/positive connections	24	18%	74	54%	39	28%
Social-emotional well-being	27	20%	73	54%	36	26%

Appendix Table B-16. Staff Have Participated in TTA Outside of RHYTTAC That Would Be Useful for Grantees

Responses	N	%
Yes	66	6%
No	31	32%
Total	97	100%

Appendix Table B-17. TTA Needs Related to Serving Youth in a Pandemic

Pandemic TTA Topics	N	%
Identifying and engaging youth experiencing/at-risk for homelessness in a pandemic	74	52%
Helping youth establish and maintain social connections	68	48%
Connecting youth to housing during a pandemic	66	46%
Leveraging new federal funding or waivers related to the pandemic for supporting RHY	65	46%
Vaccination information (for youth or staff)	61	43%
Virtual programming or leveraging technology to help adapt to circumstances	61	43%
Connecting youth to employment during a pandemic	58	41%
Adapting housing, shelter, or service delivery models	57	40%
Supporting youth's educational engagement	54	38%
Direct cash/financial assistance to youth	51	36%
Providing youth with timely and accurate COVID-19 information and resources	44	31%
Creating/refining an emergency preparedness plan	41	29%
Advocating for youth most at-risk for COVID-19	37	26%
Other ^a	6	3%

Note. Categories are not mutually exclusive. ^a Open-ended comments addressed safety, resources and information to offer youth, vaccination information, and self-care for staff as priorities to serve youth during and after a pandemic.

Appendix Table B-18. Count of Formal Screening or Assessment Tools Grantees Use with Youth

Number of Tools	N	%
None	16	11%
1 tool	14	10%
2-5 tools	85	60%
6-9 tools	27	19%
Total	142	100%

Appendix Table B-19. Formal Screening or Assessment Tools Grantees Use (Listed by At Least Two Grantees)

Screening or Assessment Tools	N	%
Ansell-Casey Life Skills Assessment	75	53%
Adverse Child Experiences	60	42%
Transition Age Youth - Vulnerability Index - Service Prioritization Decision Making Tool	45	32%
Columbia Suicide Severity Rating Scale	28	20%
Child and Adolescent Needs and Strengths	27	19%
Human Trafficking Screening Tool	25	18%
Self-sufficiency Matrix	22	15%
Patient Health Questionnaire	16	11%
CRAFFT	14	10%
Beck scales	13	9%
Substance Abuse Subtle Screening Inventory	11	8%
YouthThrive	11	8%
Comprehensive Human Trafficking Tool	10	7%
Trafficking Victim Identification Tool	10	7%
Mental Health Inventory	8	6%
Daniel Memorial Institute Independent Living Assessment for Life Skills	7	5%
Alcohol, Smoking, Substance Involvement Screening Test	7	5%
Youth Assessment and Screening Instrument	6	4%
Child and Adolescent Functional Assessment Scale	5	4%
Child and Adolescent Trauma Screen	5	4%
Global Appraisal of Individual Needs	5	4%
Child Behavior Checklist	4	3%
Commercial Sexual Exploitation Identification Tool	4	3%
Individual Protective Factors Index	4	3%
Massachusetts Youth Screening Instrument	4	3%
Quick Youth Indicators for Trafficking	4	3%
Strengths and Difficulties Questionnaire	4	3%
Suicide Probability Scale	4	3%
Brief Symptom Inventory	3	2%
Children's Depression Inventory	3	2%
Connor-Davidson Resilience Scale	3	2%
Texas Success Initiative	3	2%

Ages and Stages Questionnaire	2	1%
Behavioral and Emotional Rating Scale	2	1%
CAGE Assessment (Cut, Annoyed, Guilty, and Eye)	2	1%
Children's Hope Scale	2	1%
Colorado's Adapted TAY Triage Tool	2	1%
Child and Youth Resilience Measure	2	1%
Drug Abuse Screening Test	2	1%
Functional Assessment Screening Tool	2	1%
Mental Health Continuum	2	1%
Outcome Rating Scale	2	1%
Outcome Questionnaire/Youth Outcome Questionnaire	2	1%

Note. Categories are not mutually exclusive.

Appendix Table B-20. Importance of RHYTTAC Providing TTA on Topics for Screening or Assessment

TTA Topics for Screening or Assessment	Not Important or Somewhat Important		Important or Very Important	
	N	%	N	%
Trauma/Adverse Childhood Experiences	33	24%	102	76%
Mental Health	33	25%	99	75%
Substance Use	43	32%	91	68%
Human Trafficking or Exploitation	38	29%	94	71%
Family Needs	44	23%	89	67%
Risk For Homelessness or Reoccurring Homelessness	50	27%	85	63%
Domestic Violence	49	27%	84	63%
Benefits Eligibility	61	45%	73	55%

Note. Categories are not mutually exclusive.

Appendix Table B-21. Evidence-Based Programs and Evidence-Informed Practices Grantees Offer & Require TTA to Implement (Listed by at Least Two Grantees)

Evidence-based Programs	Program Offered		TTA Needed	
	N	%	N	%
Positive Youth Development	110	77%	54	51%
Motivational Interviewing	109	77%	58	54%
Trauma Informed Care	105	74%	45	44%
Harm Reduction	91	64%	46	51%
Cognitive Behavioral Therapy	66	46%	14	22%
Trauma-focused CBT	39	27%	9	24%
Wraparound	38	27%	12	33%
Mindfulness-based CBT	25	18%	6	24%
Dialectical Behavior Therapy	24	17%	6	26%
Therapeutic Crisis Intervention	22	15%	10	45%
Seeking Safety	16	11%	5	31%
Making Proud Choices!	15	11%	3	20%
Trauma Systems Therapy	14	10%	7	50%
Nurturing Parent Program	13	9%	3	23%
Street Smart	13	9%	4	33%

Evidence-based Programs	Program Offered		TTA Needed	
	N	%	N	%
Multisystemic Therapy	12	8%	7	58%
Be Proud! Be Responsible!	11	8%	2	18%
Family Group Decision Making	11	8%	1	10%
National Runaway Safeline's Let's Talk	11	8%	2	20%
Aggression Replacement Training	10	7%	2	22%
Brief Strategic Family Therapy	9	6%	3	38%
Functional Family Therapy	9	6%	4	36%
Trauma Focused Coping	9	6%	1	13%
Sanctuary Model	8	6%	3	38%
Botvin Life Skills	7	5%	3	43%
Life Space Crisis Intervention	7	5%	3	43%
Safecare	7	5%	2	29%
Wyman's Outreach	7	5%	4	57%
SMART	6	4%	1	17%
Trust-based Relational Intervention	5	4%	3	60%
Cognitive Processing Therapy	4	3%	2	50%
Collaborative Problem Solving	4	3%	-	-
Family Finding	4	3%	2	50%
Positive Action	4	3%	1	25%
Structured Decision Making	4	3%	1	25%
Adolescent Community Reinforcement Approach	3	2%	2	67%
Aggressor, Victim, Bystander	3	2%	2	67%
AWARE	3	2%	2	67%
Eye Movement Desensitization Reprocessing	3	2%	-	-
Safe Dates	3	2%	2	67%
Say It Straight	3	2%	2	66%
Teaching Family Model	3	2%	1	50%
Crisis Prevention Intervention	2	1%	-	-
Mind Matters	2	1%	-	-
Multimodal Substance Abuse Prevention	2	1%	1	50%
Parenting Wisely	2	1%	-	-
Power Through Choices	2	1%	1	50%
Rent Smart	2	1%	-	-

Note. Not every grantee who indicated that their organization offers a program responded to the question about whether they needed TTA to support program implementation. We present the N and percentage for "TTA Needed" only among the grantees who indicated that they offered an EBP on the survey's list of EBPs. The survey did not permit grantees that wrote in EBPs that their organization provides to indicate if they needed TTA on those programs. No more than four grantees wrote in EBPs their organization provided.

Appendix B-23. Overall Final Feedback for RHYTTAC

Topic	Response
TTA format	<p>We enjoy the online conference and are thankful that you still have something. We plan to look into more online training opportunities in the future.</p> <p>eLearning topics can be a bit dry and lengthy. We usually train on core topics with live presentations that have examples and stories tied to our community. A TedTalk format might be more engaging.</p> <p>Continue to offer training opportunities through elearning because staff who work non-traditional hours have access to valuable training opportunities that they otherwise may not.</p> <p>Enhance e-learning to include recorded webinars (not PDFs!)</p> <p>More peer learning opportunities would be great for varying levels of staff. Direct care staff peer learning, case managers, program managers, etc. It would also be great to have these structured depending on the type of program staff are working in.</p> <p>More online on-demand recorded trainings for new staff on the basic required FYSB topics (case management, de-escalation, etc)</p> <p>Hopefully the national training will be back next year</p> <p>We just appreciate any on-line webinars offering different trainings for BCP and TLP.</p>
Desired TTA topics	<p>Assist with supportive guidance in helping organizations restructure according to changes in services, resources, or the needs of the organization/community.</p> <p>TTA will allow us to identify our programs strengths and weaknesses. RHYTTAC will truly assist our organization in a foundational restructure to get where we need to be in order to meet the need of RHY and expand our programs.</p> <p>Ongoing training on how to serve homeless and runaway youth is always effective. Additionally, sharing long-term solutions to prevent runaway patterns and behaviors will also be extremely helpful to our organization.</p> <p>Would love Motivational Interviewing training, especially Train the Trainer</p> <p>New and inventive ways on engaging youth who are homeless but want to keep their autonomy.</p> <p>Training on Adverse Childhood Experiences & Ansell-Casey Life Skills Assessment. How to track & communicate youth progress to youth, future providers and the community</p> <p>Training on putting logic models into action for frontline RHY staff. Making data make sense for RHY frontline staff.</p> <p>Helping to identify the best assessment tools and screens. There are so many, and sometimes they are cost prohibitive. It would be great if some high quality tools could be bulk purchased and offered to grantees. Even if we chipped in.</p>
TTA quality	<p>Continue providing access to excellent trainings and information to help us best serve our youth, work with community partners and retain our staff.</p> <p>We appreciate the continued support for RHYTTAC. Our staff find the trainings, webinars, and other resources beneficial for serving our youth professional development.</p> <p>We use a combination of RHYTTAC and an outside source for trainings. CPS has been a great addition to our agency.</p> <p>I appreciate the support we receive from RHYTTAC especially through the Runaway & Homeless Youth Training & Technical Assistance Center. We feel that the support through trainings and workshops was extremely beneficial during the pandemic.</p> <p>Love learning about best practices; appreciate having access to 'quality over quantity' information vs. just a clearinghouse of items to sift through, when many are not quality examples. Really appreciate the self-paced trainings for shift staff.</p>

Website enhancement	We appreciate having RHYTTAC's website as a tool. However, some of us felt that website itself could be developed to become more user friendly and interactive. Thank you.
	Having recorded trainings is a great resource for staff that work non traditional hours.
	However, due to the change with flash player many of the recordings on your site do not work and we can only look at materials.
	Access tools for measurement on 4 outcome areas for RHY programming.
	The training videos were impossible to locate and utilize as required trainings we have always done prior to Youth Collaboratory taking over. Make these available and accessible to agencies.
TTA alignment with goals and requirements for RHY	Easy access to HMIS support
	Providing trainings that are centered around required trainings for RHY programs.
	Providing trainings for Rural agencies where lower numbers of RHY enter the program.
	Assistance with improving ISP and goals for RHY.
	There is always a tension between required trainings (state and fed) and trainings agencies deem needed to serve their population. We would recommend the required trainings span a two to three year period to allow for other trainings.
Future directions	We are excited about the future for RHYTTAC. We are hoping for more high level training that deepens existing practice rather than offer intro level overviews. We also hope to see more trainings featuring program staff rather than academics.
	More collaboration across HUD and RHY funded programs.
	Providing training as a form of outreach to non-FYSB funded programs in service gap areas/geographies to facilitate new potential grant applicants/future grantees in service deserts
Other	Additional funding for staff recruitment, retention, and training.
	As a new grantee, we are interested in learning all that we can to make our program successful.
	Thanks for this survey. It was very helpful.
	Our street outreach team has seen an increase in substance abuse with the youth we're outreaching. It has been very difficult assisting with shelter and housing with the health and wellness needs. Our team has focused on offering detox and treatment.
	We have 2 Nurtured Heart Approach trainers but have had barriers to rolling this out throughout our programs.

Appendix C. Select Tabled Results of Regional Crosstabulations

We examined crosstabulations by program type, size, urbanicity, and region, and we used Chi-Square tests to test for statistically significant differences. As noted in the *Method* section, there were no statistically significant differences by region in grantees' responses. Yet, this analysis revealed some emerging regional trends. Below, we present results depicting regional differences across select items on the National Needs Assessment survey. We excluded grantees in Region 3 from this analysis given the low response rate in that region.

Audiences for TTA

Grantees across all regions agreed that it was important or very important for case managers, program leadership, youth care workers, and program administration/operations staff to participate in TTA. There was less consensus around the importance of clinical staff, youth/young adult leaders/advisors, and executive leadership to participate in TTA. In particular, 78% of grantees in Region 8 reported TTA for executive leadership was important or very important, where as only 18% of grantees in Region 10 thought TTA for executive leadership was important or very important.

Table C-1. Proportion of Grantees that Indicated Agree or Strongly Agree that Certain Types of Staff Should Receive TTA

Roles	Regions								
	1	2	4	5	6	7	8	9	10
Case managers	100%	94%	100%	94%	100%	100%	78%	94%	90%
Program leadership	89%	81%	95%	100%	94%	100%	100%	100%	82%
Youth care workers	100%	94%	95%	88%	94%	90%	89%	89%	100%
Program administration/operations staff	89%	88%	81%	88%	83%	90%	78%	78%	82%
Clinical staff	67%	63%	76%	61%	89%	70%	44%	89%	60%
Youth/young adult leaders/advisors	78%	56%	75%	50%	72%	60%	67%	67%	73%
Executive leadership	56%	50%	71%	33%	44%	30%	78%	50%	18%

Monitoring Visits

There was some regional variability in reports of monitoring visits. More than three-quarters of grantees in Region 6 (78%) and Region 7 (76%) reported having had a monitoring visit, compared with only one-third of grantees in Region 9 (33%).

Table C-2. Proportion of Grantees that had a Monitoring Visit

Roles	Regions								
	1	2	4	5	6	7	8	9	10
Had Visit	67%	56%	43%	76%	78%	50%	50%	33%	67%
Did Not Have Visit	33%	44%	57%	24%	22%	50%	50%	67%	33%

Topics for TTA on Housing

Grantees reported notable variability in the importance of prevention programs/practices, family strengthening, federally-funded housing resources/programs, and “housing first” approaches for youth. For instance, 78% of grantees in Region 9 elevated federally-funded housing resources/programs for youth, but only 22% of grantees in Region 1 identified this as a priority.

Table C-3. Proportion of Grantees that Selected the Following Items as Priorities Related to Housing

Roles	Regions								
	1	2	4	5	6	7	8	9	10
Aftercare Services or Counseling	78%	75%	90%	74%	61%	50%	30%	56%	67%
Crisis Intervention Techniques	44%	69%	57%	53%	72%	60%	40%	72%	58%
Unaccompanied Minors Issues	67%	69%	67%	58%	56%	50%	50%	44%	67%
Prevention Programs/Practices	78%	50%	52%	32%	56%	50%	30%	67%	58%
Family Strengthening, Mediation, or Counseling	67%	56%	62%	47%	28%	20%	40%	56%	42%
Federally-Funded Housing Resources/Programs	22%	38%	38%	42%	61%	30%	70%	78%	50%
"Housing First" Approaches for Youth	44%	25%	38%	53%	67%	40%	70%	33%	42%

Topics for TTA on Education/Employment

There were few education and employment TTA topics that most grantees agreed were worth elevating, and there were regional trends that emerged on many of these topics. For example, 67% of grantees in Regions 1 and 9 reported that assessing education, training, or employment needs should be a priority, whereas only 20% of grantees in Region 8 agreed.

Table C-4. Proportion of Grantees that Selected the Following Items as Priorities Related to Education/Employment

Roles	Regions								
	1	2	4	5	6	7	8	9	10
Understanding effective youth employment/career pathways programs/practices	56%	75%	57%	63%	78%	70%	60%	50%	58%
Coordinating with local workforce development agencies	33%	56%	33%	58%	61%	70%	50%	61%	42%

Assessing education, training, or employment needs or outcomes	67%	56%	48%	47%	61%	50%	20%	67%	50%
Post-secondary financial aid or post-secondary education housing support	56%	38%	48%	42%	50%	50%	30%	39%	42%
Collaborating with secondary schools or supporting youth while in secondary school	22%	44%	62%	42%	50%	30%	20%	39%	25%
Education for Homeless Children and Youth Program	44%	44%	43%	26%	44%	30%	20%	56%	8%
Collaborating with post-secondary education or supporting youth in post-secondary education	22%	31%	33%	42%	56%	40%	20%	50%	25%

Topics for TTA on Positive Connections

Grantees consistently highly endorsed family strengthening/counseling for both positive supports and for LGBTQ+ as important TTA topics on positive connections. Responses to the other topics were more variable. For instance, 89% of grantees in Region 1 highlighted the importance of assessing permanent/positive connections of social needs or outcomes, where as only 40% of grantees in Region 7 also felt this topic was important.

Table C-5. Proportion of Grantees that Selected the Following Items as Priorities Related to Positive Connections

Roles	Regions									
	1	2	4	5	6	7	8	9	10	
Family strengthening/counseling for positive supports	56%	69%	81%	47%	50%	30%	40%	83%	50%	
Family strengthening/counseling for LGBTQ+ youth	67%	50%	81%	47%	50%	50%	40%	67%	50%	
Positive youth development	56%	56%	67%	53%	61%	30%	60%	72%	67%	
Facilitating social networks for youth advancement	78%	44%	52%	42%	56%	60%	60%	56%	50%	
Assessing permanent/positive connections or	89%	50%	48%	53%	56%	40%	60%	67%	50%	

social capital needs or outcomes										
Case management for youth	44%	44%	52%	68%	67%	40%	30%	72%	58%	
Staff-youth positive relationship building	33%	69%	52%	36%	39%	70%	40%	61%	58%	

Topics for TTA on Social-Emotional Well-Being

Grantees across all regions elevated the importance of TTA on social-emotional well-being topics such as trauma and aftercare. There was considerable variability across regions in how grantees viewed the importance of screening or assessing for social-emotional well-being outcomes. Nearly 80% of grantees in Region 6 elevated screening/assessing as a TTA priority, but only 20% of grantees in Region 7 and 30% of grantees in Region 8 agreed.

Table C-6. Proportion of Grantees that Selected the Following Items as Priorities Related to Social-Emotional Well-Being

Roles	Regions									
	1	2	4	5	6	7	8	9	10	
Trauma and the effects of trauma on youth	67%	69%	81%	79%	67%	60%	40%	67%	50%	
Aftercare (post-program exit) services or counseling	78%	75%	81%	68%	83%	50%	30%	56%	50%	
Positive Youth Development/youth empowerment	56%	69%	67%	68%	61%	60%	50%	67%	67%	
Motivational Interviewing with youth	67%	56%	67%	74%	72%	50%	30%	61%	67%	
Harm reduction	56%	69%	62%	68%	50%	60%	30%	72%	75%	
Mental health programs/practices	44%	56%	57%	53%	56%	30%	50%	72%	67%	
Assessing or screening social-emotional wellbeing needs or outcomes	67%	63%	48%	42%	78%	20%	30%	67%	58%	

Topics for TTA on Cross-Cutting Issues

Overall, there was consistency across regions in grantees’ reports of priorities for cross-cutting TTA topics. One notable discrepancy emerged regarding youth collaboration, leadership, and engagement, which 89% of grantees in Region 1 but only 37% of grantees in Region 5 reported was a priority.

Table C-7. Proportion of Grantees that Selected the Following Items as Priorities Related to Cross-Cutting Issues

Roles	Regions								
	1	2	4	5	6	7	8	9	10
Staff burn-out, compassion fatigue, and vicarious trauma	89%	56%	76%	84%	72%	50%	50%	78%	67%
Human trafficking and exploitation	67%	44%	52%	63%	67%	70%	50%	61%	75%
LGBTQ+ youth needs	78%	44%	67%	63%	67%	60%	50%	50%	58%
Collaborating with behavioral health systems	33%	56%	62%	68%	61%	60%	40%	67%	42%
Aftercare (post-program exit) services or counseling	67%	69%	67%	53%	61%	40%	40%	56%	50%
Harm reduction	56%	56%	52%	58%	61%	60%	30%	61%	58%
Youth collaboration, leadership, and engagement	89%	56%	52%	37%	50%	40%	60%	61%	58%

Topics for TTA on Screening and Assessment

Grantees across all regions emphasized the importance of screening and assessment on all of the topics below, but there was a lack of consensus around the importance of screening for family needs and benefits eligibility. Regarding family needs, for instance, 89% of grantees in Region 1 said screening on this topic was important, where as only 38% of grantees in Region 8 agreed.

Table C-8. Proportion of Grantees that Identified the Following Topics for TTA on Screening and Assessment

Roles	Regions								
	1	2	4	5	6	7	8	9	10
Trauma/adverse childhood experiences	78%	88%	71%	83%	65%	70%	63%	89%	60%
Mental health	78%	87%	76%	89%	76%	60%	38%	88%	50%
Substance use	78%	63%	67%	71%	71%	50%	63%	83%	60%
Human trafficking or exploitation	78%	67%	67%	76%	47%	70%	88%	88%	70%
Family needs	89%	69%	76%	69%	59%	50%	38%	72%	70%
Risk for homelessness or	67%	56%	67%	59%	76%	50%	63%	72%	50%

reoccurring homelessness									
Domestic violence	78%	50%	57%	65%	59%	80%	50%	82%	50%
Benefits eligibility	33%	31%	52%	65%	59%	70%	63%	67%	50%
