



Supporting disconnected youth during the COVID-19 pandemic: Experiences from the field

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Abstract

COVID-19 has caused hiring freezes and business and institutional closures, which affected disconnected youth's ability to continue working with service providers to meet employment and education goals and basic needs. In response, and in order to continue supporting youth, providers have adapted their services. To assess these adaptations, Mathematica and its subcontractor, Social Policy Research Associates, conducted a supplemental study as part of the National Evaluation of the Performance Partnership Pilots for Disconnected Youth. This supplemental study specifically examined how providers continued supporting disconnected youth during the pandemic, with research questions focused on (1) how providers adapted their supports, with help from government agencies; (2) respondents' reported challenges and concerns associated with serving youth during the pandemic; and (3) respondents' perceived lessons learned and promising strategies for adapting services. Data sources included semi-structured interviews with five staff from youth-serving providers and three staff from state and local government agencies. This paper captures interviewees' perspectives about how providers continued and adapted services during the pandemic. We found that providers adapted recruitment, intake, and case management practices; increasingly relied on virtual modes; and confronted challenges recruiting youth and meeting identified needs due to pandemic-related disruptions. Yet, respondents perceived that youth remained engaged and plan to continue or scale some of the adaptations they implemented.

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Introduction

The COVID-19 pandemic has posed challenges for youth who are disconnected or at risk of being disconnected from the workforce and education systems. These youth are generally defined as between the ages of 14 to 24 and facing personal hardships, such as experiencing homelessness, engaged in the foster care system, parenting, or involved in the justice system (U.S. Congress 2014). For these vulnerable youth who often rely on personal contacts with community providers to reengage in school or work, the pandemic has disrupted their employment and education journeys toward self-sufficiency, economic independence, and overall well-being. LeadersUp, a service provider for disconnected youth, conducted a survey to assess how the pandemic affected youth employment in Chicago, Los Angeles, and San Francisco. Among the 551 youth respondents, 30 percent were laid off as a result of the pandemic, and 17 percent were unemployed because they could not find work (Vidal 2020). At the same time, pandemic-related disruptions and closures have inhibited service providers' regular contacts and engagement, which help disconnected youth meet workforce readiness and education goals (Wolff et al. 2020). In response, providers needed to adapt services and operations to continue working with youth, such as by transitioning from in-person to virtual contact.

To better understand how providers continued supporting disconnected youth during the pandemic, Mathematica and its subcontractor, Social Policy Research Associates, conducted a supplemental study as part of their five-year national evaluation of the Performance Partnership Pilots for Disconnected Youth (P3), described in Box 1. For this supplemental study, the team selected three communities that received a P3 grant to explore how youth-serving providers continued their services, particularly case management, during the pandemic. A secondary focus was how government agencies supported providers' efforts.

Although agencies and providers involved in P3 pilots offered their perspectives for the study, this work does not focus on P3. Instead, this paper sheds light on how providers, generally, adapted their services in response to COVID-19. After describing the study's methods, the paper discusses the following findings:

- Under stay-at-home orders, service providers described helping staff transition to virtual work to ensure continuity of services.
- Service providers reported adapting their recruitment, intake, and case management procedures to continue moving youth along a virtual service path.
- Given reported, pandemic-related service disruptions and increased reliance on virtual modes, providers worked to address perceived challenges and concerns to support youth in need.
- With youth health, safety, and well-being reportedly at greater risk during the pandemic, providers said they increasingly focused on identifying and trying to meet youth's basic needs.
- Despite challenges, staff perceived that youth remained engaged during the pandemic.
- Most respondents said they intend or hope to continue providing virtual case management, building on perceived lessons learned during the pandemic.

Box 1. Background about P3 and the national evaluation

First authorized by the Consolidated Appropriations Act of 2014, Performance Partnership Pilots for Disconnected Youth (P3) awarded pilots—led by state, local, and tribal community grantees—the flexibility to blend and braid funds across federal discretionary youth programs to test innovative, cost-effective, and evidence-based strategies to improve outcomes for disconnected youth. The Act authorized the inclusion of discretionary programs from the U.S. Departments of Education, Labor, and Health and Human Services; the Corporation for National and Community Service; and the Institute for Museum and Library Services. The 2015 and 2016 appropriation acts authorized the U.S. Departments of Justice and Housing and Urban Development, respectively, to participate.

P3 grantees were called “pilots” and typically included groups of local partner organizations that a single organizational grantee led. As specified in the Act, pilots involved two or more federal programs that one or more federal agencies administered. In October 2015, the federal agencies announced the nine pilots awarded grants under the first P3 grant competition. An additional group of pilots received grants authorized by the 2015 and 2016 acts.

At the systems level, P3 encouraged pilots to establish partnerships and work on goals such as integrating data systems and procedures for seeking approaches with more established evidence of effectiveness. Ideally, as envisioned by the P3 designers, these activities would promote collaboration and cost efficiencies, among other outputs, leading to better system coordination and alignment, more integrated data systems, fewer barriers to effective supports for disconnected youth, and greater knowledge of what works to improve youth outcomes. At the pilot level, pilots could implement or expand programs or services for youth, recruit participants, and engage and retain youth in services. These activities and outputs aimed to improve outcomes for youth, such as employment, engagement or retention in education, and well-being.

To assess P3, the federal partners awarded a five-year national evaluation, under the direction of the U.S. Department of Labor, Chief Evaluation Office, to Mathematica and its subcontractor, Social Policy Research Associates. Through the evaluation, the federal partners sought to document the pilots’ work, examine their implementation of P3 authorizations, and provide technical assistance to pilots’ local evaluations. This paper is one in a series from the evaluation’s implementation study.

Study methods

The following research questions guided our study:

1. How have youth-serving providers adapted their services—in particular, case management—during the pandemic to support disconnected youth?
2. What have been the main challenges to providing services during the pandemic?
3. What are the perceived lessons and promising strategies for providing services virtually and in the context of the pandemic?

To answer these questions, we selected three communities—Albany, New York; Hartford, Connecticut; and New York, New York—that received a P3 award. We selected these communities because they offered case management under their P3 grants, which were still active in 2020. Across communities, we conducted eight semi-structured interviews in October and November 2020 with a leader from each of the three state and local government agencies that received and managed the P3 grants and with five staff from four youth-serving providers.¹ We selected these respondents based on their availability for interviews and existing relationships formed through the implementation study. Box 2 further describes our respondents. We analyzed interview data using a structured Excel workbook that documented interviewees' responses to each interview question and identified high-level themes reflected in individual responses, summary themes across responses, and unique cases that deviated from summary themes.

This paper examines how providers in these three communities responded to the pandemic and how government agencies supported these providers. Thus, our subsequent findings only reflect perspectives that the eight respondents from these communities offered; we did not have the capacity to speak with all providers, partners, and staff involved in these communities' efforts. In addition, we were unable to interview youth participants. Thus, readers should not generalize documented experiences and perspectives to the collective P3 community or, more broadly, service providers that support disconnected youth.

Box 2. Respondents for this study

1. **State and local government agencies.** These interviewees included two directors and one coordinator from government human services agencies that support children, youth, and families.
2. **Youth-serving providers.** Five respondents represented four organizations that aim to promote well-being for disconnected youth and youth, adults, or families living in underserved neighborhoods. These organizations aim to foster well-being through educational achievement, healthy development, and workforce readiness. Organizations' supports for disconnected youth—this study's focal group—include (1) case management, the primary service offered through P3; (2) connections to workforce and education training programs; (3) crisis management; (4) mental and behavioral health supports and referrals; and (5) support for individuals connected to the child welfare or justice systems. Respondents specifically included one direct-service staff and four leadership staff.

¹ We interviewed two staff from one provider. The other three staff each worked at different providers.

Under stay-at-home orders, service providers described helping staff transition to virtual work to ensure continuity of services.

In the three communities, stay-at-home orders began on March 22, 2020, requiring all staff at the four service providers to transition to working from home. After stay-at-home orders lifted, all staff at two of the four providers continued working remotely each day. At the other two organizations, some staff were working from home between three to five days a week.² Respondents described receiving or offering the following supports to facilitate remote work and virtual case management:

- **Training and technical assistance.** At two providers, staff reported receiving training on best practices to work from home and provide virtual case management, and one agency administrator reported providing technical assistance to help providers work remotely. For example, training at one organization focused on best practices for attending to family and youth's needs and challenges during the pandemic. The agency administrator described working with contractors to help provider staff learn to use collaboration and virtual meeting platforms like Zoom and WebEx. This agency accessed funding to continue offering staff trainings, which will primarily focus on using virtual platforms, strategies for virtually adapting curricula, and approaches to maintaining youth's engagement during virtual services.
- **Technology and equipment.** In one community, the agency administrator and provider described ensuring that staff and youth had the technology and devices needed to engage in virtual case management. The administrator reported partnering with philanthropic organizations and private funders to obtain necessary resources, and the provider staff said their organization secured virtual private network access for all employees and provided laptops for staff and youth in need. Below, we further discuss youth's challenges related to technology and Internet access.
- **Work-from-home guidelines, policies, or processes.** Two provider staff said their organizations developed specific protocols and procedures to help employees understand how to deliver services from home and general expectations for staff. For instance, one respondent said their organization drafted guidelines to help staff balance their work while managing their own challenges and personal commitments, such as noise or caregiving responsibilities. To help staff balance the competing priorities that might emerge due to working remotely during a pandemic, this organization specifically allowed staff to work a more flexible schedule. At the other provider, staff received guidance on entering data remotely and sustaining client contacts during the pandemic.
- **Contract modifications and flexibility.** Two agency administrators described trying to extend contracts or modifying the requirements that providers' youth must meet. For instance, one respondent explained that funding for some providers in their community would have ended in 2020. To help these providers continue receiving support, the agency completed an emergency procurement to add a year of funding to the providers' contracts. The other administrator reported trying to secure a one-year, no-cost extension for a provider with initial support from partners. Ultimately, this effort was unsuccessful because partners' financial departments did not agree to supporting the no-cost

"This was one of those situations in which who you are as a person, for a very small period of time, took precedence in what you did for work. We righted quickly, but that period did happen.... You have to put your oxygen [mask] on yourself before putting it on others."

-Service provider

² These were reported schedules as of the interviews we conducted in late October and early November 2020.

extension. This respondent, however, did describe successfully adapting some of the expected outcomes for providers' programs, as the providers reportedly understood the pandemic halted some services and consequently rendered youth unable to meet their goals.

Service providers reported adapting their recruitment, intake, and case management procedures to continue moving youth along a virtual service path.

For the providers in this study, the main service approach that direct-service staff used to support youth in the P3 pilots—after recruiting and enrolling youth in their programs—was case management (Stanczyk et al. forthcoming). This case management encompassed a suite of services that included, but was not limited to, referrals to community partners for specific needs, connections to employment opportunities or training, and housing support. As described below, providers adapted how youth engaged in the service pathway to continue meeting their needs.

Recruiting youth during the pandemic. Two of the four providers had paused recruitment when stay-at-home orders began in March. One paused because its program was full, and the other received approval to halt recruitment for services funded through a specific funding stream. Both respondents reported starting recruitment again in summer 2020, with one specifying they resumed recruitment on July 1, 2020.

To recruit youth after the pandemic began, providers continued their standard recruitment practices but increasingly leveraged virtual modes; they did not report changes to their referral sources. One respondent, for instance, noted that word-of-mouth continued as a primary recruitment method. Two provider staff described continuing to leverage their relationships with community partners for recruitment, with one relying on these partners to identify youth to engage in a work-based learning opportunity. Yet, providers discussed using virtual platforms more frequently to elicit youth interest. One provider staff person, for instance, described sending weekly recruitment emails through their community partners' listservs and using Salesforce to send out mass text messages to youth who inquired about supports on the organization's website. Another described relying on Facebook Messenger and text messaging to identify and communicate with potential participants, methods providers also used to deliver case management, as subsequently described.

Yet, respondents recognized the pandemic inhibited potential participants' ability to learn about available supports and current participants' ability to sustain goal attainment; five of the eight respondents spoke to such disruptions being challenging. A staff person from one provider expressed concern that the pandemic left potential participants—especially those with the greatest need—out of reach. The provider perceived these youth were unaware of available supports because staff could not conduct standard grassroots outreach and, thus, identify new youth who needed the provider's available supports and services. This staff person also described being concerned about youth with diverse learning needs who struggled to fully engage in the virtual services they received.

Adjusting intake and assessment procedures. Just as providers adapted their recruitment methods, they similarly modified some or all of their intake processes. Among the three provider staff who discussed intake, one said all intake occurred virtually, and another shared that although intake primarily occurred virtually, some in-person exchange was necessary so staff could retrieve sensitive paperwork from youth, such as copies of their Social Security card or I-9 form. These in-person exchanges primarily occurred through scheduled one-on-one meetings at the provider's site. The third staff person said the home visits typically required through intake occurred outside families' homes. Two of these three provider staff

described additional changes to intake related to the assessments youth took. At one of these providers, youth were no longer required to take an assessment. In its place, youth completed an attestation form in which they responded to probes about their academic skill levels and progress toward graduation. The staff person at the second provider described changes to the assessment timeline; youth completed the required intake assessment after enrolling and connecting with a case manager, who then helped youth complete the assessment online.

Maintaining key aspects of case management. Key aspects of case management include sustaining frequent contacts with participants; developing service plans; and referring youth to, and placing them in, services. Beyond changing their methods for contacting youth, provider staff reported only minor adjustments to their standard case management practices.

- **Providers increasingly relied on a suite of platforms, websites, and applications to provide virtual case management.** Staff described using Zoom, text messages, Facebook, FaceTime, emails, Microsoft Teams, Google Classrooms, and Google Voice to provide services, including synchronous sessions, defined as sessions through which staff and youth engaged and communicated at the same time and through the same platform (Ocando Finol 2020). Zoom emerged as the most commonly reported platform for delivering case management and conducting video calls; all provider staff described using the application to virtually engage with youth.
- **Frequency of contacts with youth increased at two of the four providers.** A respondent from one government agency perceived that communication increased at the beginning of the pandemic due to staff wanting to ensure that youth's basic needs were being met. Two provider staff also reported increases at their organizations, although for different reasons. One shared that contacts were higher at the beginning of the pandemic because youth were not used to changes and needed more support. This respondent noted that contacts might have also increased because youth were no longer physically in school until mid-afternoon; they had more time during the day to engage with case managers. The second staff person shared that case managers discussed working more and checking in more frequently with youth, with contacts reportedly occurring each day or every other day. This respondent perceived that contacts increased because youth "were scared and in crisis," requiring more support from their case managers. Further, because in-person services might be a way for staff to more informally gauge how youth are faring, case managers reportedly needed to increase their virtual contacts. At the other two provider sites, the frequency of case management remained the same. One specified that group sessions continued to occur once a week and individual sessions occurred two to three times a week, and the other site noted that weekly case management continued, although frequency varied based on what youth needed and wanted.
- **Service plans did not change, but meetings increasingly focused on ensuring that youth's basic needs were being met.** In addition to regular contacts, service providers rely on case management plans and initial meetings with youth to inform and deliver supports. Provider staff indicated that these components operated as usual; there were no substantive changes to youth's service plans. However, two provider staff described changes in the topics discussed during initial meetings and case management sessions, with basic needs emerging as a key topic. For instance, one respondent said direct-service staff began asking youth during initial meetings if they have Wi-Fi access. Another said staff asked youth if they were safe and whether their basic needs, such as food and housing, were being met. In addition to basic needs, case management topics typically included employment, mental health and overall health, family, and progress made with remote learning. Of note, one provider staff

said George Floyd's death and the ensuing protests and social unrest spurred conversations about racism, protesting, and police brutality. Box 3 further describes this topic.

Box 3. Youth advocacy for well-being

"Some young people are really rising to the occasion and taking the opportunity to become very involved." -Agency administrator

In one pilot community, the pandemic reportedly allowed time for youth to uplift their voices for social justice and well-being. The agency administrator and provider staff perceived that youth had more free time because of the pandemic and used this time to pursue advocacy. In the wake of George Floyd's death at the hands of police and the social unrest and protests that followed, their youth began advocating against police violence. The provider staff shared that youth discussed issues related to racism and equity during programming, and the agency administrator noted such advocacy led some youth to consider related employment and education opportunities.

Given reported, pandemic-related service disruptions and increased reliance on virtual modes, providers worked to address perceived challenges and concerns to support youth in need.

For youth whom provider staff enrolled and served during the pandemic, employment-related services were reportedly more tenuous, as it was more difficult to connect youth to work and training opportunities. In addition, staff described working to ensure that youth had the technology support to participate in virtual servicers.

Two provider staff noted that closed businesses, hiring freezes, and stalled opportunities, particularly in the retail, hospitality, and customer service sectors, contributed to these challenges. As a result, providers were reportedly unable to help youth continue pursuing work certifications or training amid shutdowns at partners' sites. One agency administrator hypothesized the pandemic and its economic consequences would influence youth's life trajectories in the long term, causing some—particularly those who are most difficult to engage—to completely fall off providers' radars.

"People are going to get lost the longer this goes on. People's lives are going to go in directions, and it's going to be hard to get them back.... There is going to be lost ground, and the vulnerable people are going to lose the most."

-Agency administrator

To help manage concerns associated with service disruptions and service gaps, respondents described maintaining and increasing contacts with youth, ensuring youth were able to access virtual content, and searching for opportunities to help youth meet their goals. Providers offered examples of how they worked to address these challenges:

- One provider staff person described increasing the communication and engagement with youth and offering more tutorials and support to help participants access online content. To address concerns for complex learners, this respondent said their organization provided tutoring, established office hours,

provided resources to supplement their Zoom instruction, and tailored instruction based on youth's knowledge and needs.

- Another staff person described managing challenges associated with shutdowns at training sites by examining online avenues for youth to continue meeting their goals and pursuing certifications.
- A third provider staff person discussed a focus on helping youth find entry-level jobs, internships, and subsidized opportunities.
- At the agency level, one administrator sought to be available to providers and remain flexible, stating, "Our philosophy has been to try to make it work; if it's legal and we can do it, we are going to try to do it." This respondent also said they worked to ensure that youth could access paid work opportunities and, as needed, meet the needs of youth who did not have the necessary technology or equipment to meet their goals.

Importantly, for youth to participate in virtual services, they needed adequate access to technology and necessary equipment. All provider staff perceived that youth generally had the technology needed to participate in virtual case management and communicate with staff. In the instances when youth lacked equipment or access, providers felt they were mostly able to fill this need. However, two provider staff spoke to challenges associated with supporting youth through the "digital divide," the disparity between those who can and cannot access technology and the Internet, which is often significant for residents of low-income or underserved communities (Vogels 2020).

- One provider staff person reported that consistent access to the Internet and hotspots was an ongoing challenge, as Internet connections vary and some families who lost income due to the pandemic were unable to maintain their Internet access. According to this respondent, early on during the pandemic, their organization was able to deploy laptops that the state Department of Education provided, and free Wi-Fi was available through specific providers in the city. Because these resources eventually stopped being available, the provider reported trying to determine how best to meet youth's emerging technology needs and using emergency funding to purchase necessary equipment.
- Another provider recounted that their community's schools did not have enough Chromebooks to distribute to each student or household, and not all households had Internet access. As a result, some youth needed to share Chromebooks with siblings and parents. To manage this concern, the provider sought, but did not receive, approval to purchase Chromebooks using unspent government contract funds.

With youth health, safety, and well-being reportedly at greater risk during the pandemic, providers said they increasingly focused on identifying and trying to meet youth's basic needs.

Staff from all four providers discussed concerns associated with youth's mental and emotional health and overall well-being. To support youth experiencing mental health crises in the spring, one provider trained case managers to conduct virtual crisis assessments, for which their supervisors would be present. A staff person from a second provider said that not all homes are safe spaces, and some youth encountered increased isolation and alienation from supportive relationships and networks. Similarly, a staff person from a third provider explained that before the pandemic, some of their youth were experiencing support networks that were already fragile, such as poor or no connections with their parents. This respondent felt the pandemic further frayed these networks for some youth, as they were unable to engage in

programming that provided or substituted support networks. For example, the respondent described one youth who was experiencing challenges in her home life but had been able to join Job Corps, a residential program. However, once the pandemic began, Job Corps suspended on-site activities, and she lost access to this support network.

Five respondents raised concerns that youth's basic needs, including housing, money, food, and safety, were not being met during the pandemic.

- **Housing instability.** One agency administrator said some youth have been at increased risk of homelessness. Friends and family that would typically provide temporary housing are reportedly less willing to do so because of health risks associated with COVID-19. To manage this challenge, the respondent's agency tried to inform people about housing opportunities, and they instructed their staff to be hyper-focused on assessing housing needs among their youth served. Of note, this administrator perceived that providers could more accurately gauge housing needs as they built stronger relationships with youth, who would grow more comfortable discussing their personal situations. This respondent also shared that community meetings were occurring to address the housing crisis.
- **Financial needs.** Another provider described needing to understand how to financially support families, as they reported that business closures and the federal economy's downturn have inhibited youth's ability to provide for themselves, care for their families, and pay for basic necessities. To support youth and their families, the provider fundraised almost \$60,000, which supplemented the \$8,000 to \$10,000 in emergency funds its organization generally has available.
- **Food insecurity.** To help manage food insecurity, an agency administrator—in whose community food pantries were increasingly supporting youth—noted that providers were connecting participants to emergency funds to purchase food and helping them understand benefits they could access to secure food.
- **Crime and violence.** In one pilot community, respondents said crime and violence worsened since the pandemic began. The provider staff said the stolen car rate “went through the roof” and shootings increased, and the agency administrator noted that youth’s engagement in violent activity worsened. According to this respondent, their community had a safety protocol to address violence before the pandemic. Because violence worsened, the agency responded in two ways: it developed and disseminated new resources to address violence and it aimed to identify root causes of violence and mitigating strategies that had and had not been effective to date.

“You thought you could do the flip [to provide services virtually] in terms of staffing or technology, but what does it mean for families if some people were just hanging on? How much longer can they hang on?”

-Agency administrator

Despite challenges, staff perceived that youth remained engaged during the pandemic.

No provider described persistent changes to youth engagement during the pandemic, beyond the increased contacts previously described by two respondents. Staff from two of the four providers perceived that youth remained engaged in services due to the relationships they maintained with direct-service staff. At one of these organizations, the pandemic was seemingly an opportunity for staff to “connect on a different level with the youth” by focusing on their emotional challenges and trauma; before the pandemic, the

work reportedly moved too quickly for such connections to occur as often. Yet, at this provider, staff reportedly did not need to implement specific engagement strategies for two reasons: the organization was always a safe space for the youth and youth sought opportunities for social engagement and interaction with others, particularly because they were “stuck inside.” The staff person’s perception was that youth “keep coming back” to, and being vulnerable with, staff because of the trust and respect staff maintain with the youth.

A staff person from a third provider said participation did decrease at the beginning of the crisis, likely due to youth being busy with other priorities and taking time to respond and adapt to a new context and way of life. The staff person perceived that youth engagement eventually increased due to staff’s efforts to elicit youth’s input and thoughts through participant surveys, virtual town halls, and “case management corners,” where youth and staff could informally engage virtually. Further, this staff person described monitoring data to assess participation levels and engagement and, as needed, helping staff evaluate data for this purpose.

Of note, youth engagement during a crisis might look and feel different from engagement in the standard context. To that end, two respondents noted that operationalizing, or defining, youth engagement during the pandemic was critical. One provider staff person described needing to help instructors and case managers “understand what engagement looked like in this [new] context” and, based on this understanding, assess how best to support youth and meet engagement goals. For example, this respondent reported helping case managers consider how to maintain high expectations while being flexible with youth and attending to their diverse needs and home environments, which might be overcrowded or lack Internet access. According to one agency administrator, at the programmatic level in their community, there were similar efforts to better understand what engagement means during a pandemic. To respond to pandemic-related changes in engagement, case managers in another community reportedly asked youth’s opinions about virtual workshops and sessions of interest, such as cooking lessons on Facebook Live. The respondent from this provider perceived that youth were engaged in these lessons and, consequently, that staff could consider implementing similar approaches to supplement case management and foster engagement.

Most respondents said they intend or hope to continue providing virtual case management, building on perceived lessons learned during the pandemic.

Six of the eight respondents said they hope virtual case management continues, or will consider this as an option, beyond the pandemic. As one agency administrator described, not all services must occur in person. Thus, providers could at least offer virtual options for youth based on their communication preferences. A staff person from one provider, which the respondent described as previously being rigid about how services occurred, said the provider might consider maintaining a virtual component because it minimizes travel time for the youth it serves, who are gradually moving farther away from the provider’s site due to gentrification. Virtual services would thus enable these youth to continue accessing the provider’s supports. This respondent also noted that a blended model, which combines in-person and

“A lot of these youth have already experienced trauma in their lives, and that can be easy to miss when we’re go, go, go. During the pandemic, it freed up time for that, so I think the way that we operated during the pandemic kind of showed us a new way to incorporate that into our work.”

-Service provider

virtual case management, might be possible. At a second provider, staff have begun planning for long-term rollout of virtual case management. The respondent from this organization noted that virtual options give youth more time to engage with staff and receive case management.

As respondents reflected about continuing to adapt case management or scaling virtual services, they offered the following lessons learned for sustaining virtual services during and after the pandemic.

"We were pretty rigid about [work from home] because we were fixed in our mindset that services had to happen in person since we're 'human services.' It's forced our hand for us to be creative about where that flexibility can exist."

-Service provider

- 1. Maintain strong relationships and communication with youth.** Three respondents noted that relationship building and regular contacts are critical for case management, generally, but these inputs are reportedly crucial to sustain a presence and connection with youth in virtual settings. Increased follow-up was reported as particularly important for youth who were not actively engaging in virtual case management sessions. As one provider staff stated: "We've always done this in person, but that doesn't [have to] mean going down to an office and saying someone's not in class—it's more follow-up. We have to ensure this communication flow [with infrequent participants] is tight."
- 2. Ensure adequate access to technology for youth and staff.** Three respondents indicated that ensuring that staff and youth are equipped to engage virtually can promote youth's participation and facilitate synchronous sessions. Having a structured plan related to technology and preparing for virtual services, when possible, reportedly facilitated a smoother transition from in-person to virtual services.
- 3. Remain flexible with youth and staff and attend to their needs.** One provider staff and two agency administrators discussed the importance of being flexible with staff's schedules and the requirements staff and youth must meet, when feasible. For example, funding agencies reportedly allowed providers to use prescribed funds to help meet youth's basic needs. Regarding responsiveness, one of the agency administrators said they offered guidance to providers in response to their virtual case management needs, and the other said agencies should not assume that providers who deliver strong, high quality services in person will necessarily adjust well to virtual case management. This respondent added that agencies and youth-serving providers need to "meet young people where they are" and "do right" by acknowledging and responding to youth's diverse needs. For example, as noted in a previous section, this responsiveness sometimes required providers to tailor their instruction, communication methods, or resources based on youth's varied knowledge and experience.
- 4. Monitor data and, as possible, bolster data systems to track how youth are faring with virtual services.** As one provider staff person described, regularly reviewing data and building staff's capacity to use data was beneficial to help assess participation and case management, including what is going well and what is not. For instance, attendance might be a useful data point to inform communication and follow-up processes, as providers can use this information to identify youth who are not engaging in virtual case management and, consequently, require more contacts.
- 5. Adapt to providing virtual employment supports.** As reported, two provider staff shared concerns related to employment-related service gaps and disruptions, including those that resulted from the economic recession, a systemic challenge. These respondents described managing concerns and challenges using strategies they "have some control over," including continuing to help youth identify hiring opportunities and focusing on how to virtually support youth with job searching. For example, one provider said that in addition to continuing standard employment supports, including identifying

companies that are hiring, it was important to virtually send youth information about how to fill out applications on their own. The other provider reported focusing on helping youth conduct remote interviews.

6. **Be creative with youth to promote engagement in virtual services.** According to one provider, in a virtual environment, staff need to engage with youth differently in order to increase contact, provide them with opportunities they might not otherwise have, and promote participation in virtual services. For example, this provider recounted a case manager who asked youth on their caseload what they might be interested in doing or learning, and youth suggested a cooking class, couponing class, and exercise and yoga class. As previously described, the provider shared that youth did end up participating in virtual cooking classes, which they reportedly enjoyed.

For some disconnected youth, COVID-19 likely disrupted efforts to meet self-sufficiency and well-being goals, including securing employment and obtaining education credentials (Wolff et al. 2020). These hurdles leave disconnected youth particularly vulnerable to the negative impacts of continued disconnection, which include, but are not limited to, poor health and sustained unemployment or low-income status (Lewis and Gluskin 2018). Given the increased risks associated with disconnected youth's goal attainment and well-being during the pandemic, it has been crucial for these youth to continue engaging with the service providers that comprise their support network. To help disconnected youth manage the pandemic and its consequences, service providers in this study specifically reported modifying their recruitment, intake, and case management processes and managing challenges associated with recruiting for and delivering supports during an increasingly virtual, disconnected time. Yet, providers perceived that youth continued to engage in services, and that these services continued meeting youth's needs. To that end, reports from this study suggest that youth-serving providers continued supporting disconnected youth during the crisis and identified factors and lessons they could use to serve youth beyond the pandemic.

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