**Instrument 1:**

**Call for Nominations**

**Activity 1: Listserv announcement and website content**

**LISTSERV ANNOUNCEMENT CONTENT**

**Do you know of a program that is providing services for youth (ages 14-26) transitioning out of foster care?**

**Please tell us about this program!**

The [**Chafee Strengthening Outcomes for Transition to Adulthood**](https://www.acf.hhs.gov/opre/project/chafee-strengthening-outcomes-transition-adulthood#:~:text=The%20John%20H.,and%20formerly%20in%20foster%20care.) **(Chafee SOTA) Project** is seeking nominations of organizations or programs that help youth transitioning out of foster care to achieve self-sufficiency. This research project builds on prior evaluation activities that programs may have participated in, and will be using innovative designs to test promising program services or components. Currently, we want to identify established programs serving youth in or transitioning out of foster care (ages 14-26) for evaluation using innovative research methods**. We** **are especially interested in (but not limited to) programs that work with youth (ages 14-26) in any of the following areas:**

|  |  |
| --- | --- |
| * **developing youth’s life skills (both hard and soft skills)**
 | * **mentoring**
 |
| * **housing stability**
 | * **health and behavioral services**
 |
| * **building supportive relationships**
 | * **financial literacy**
 |
| * **educational support**
 | * **employment and job-training**
 |
| * **pregnancy prevention**
 | * **peer-led and peer-based supports**
 |
| * **parenting support**
 |  |

***Youth participation will be an exciting and important feature of the Chafee SOTA project. .***

**Chafee SOTA: Promising programs and non-traditional learning methods**

Prior evaluation work has explored the range of programs serving transition age youth and observed that many programs are difficult to evaluate using traditional methods. Recognizing there is still much to be learned and shared about the effectiveness of specific programs, program components, or implementation approaches for serving youth in or transitioning out of foster care, the Administration for Children & Families (ACF), Office of Planning, Research and Evaluation (OPRE) is working with Westat, the Kempe Center for the Prevention and Treatment of Child Abuse and Neglect, and their partners on this new evaluation effort. The Chafee SOTA project will leverage non-traditional learning approaches to identify and test promising service practices and to strengthen the evidence base and improve the feasibility and rigor of evaluations of program services.

**Submission Instructions:**

If you know of a program serving youth (ages 14-26) transitioning out of foster care that may be interested in participating in an evaluation to strengthen and learn about its efforts, please visit our website to fill out and submit the program nomination form: **https://www.url-to-be-determined**

**WEBSITE CONTENT:**

**Frequently Asked Questions**

**Q: What is the Chafee SOTA Project?**

A:The Administration for Children & Families (ACF), Office of Planning, Research and Evaluation (OPRE) is working with Westat, the Kempe Center for the Prevention and Treatment of Child Abuse and Neglect, and their partners to obtain nominations of organizations or programs that help youth transitioning out of foster care and young adults formerly in care who transitioned in the recent past to achieve self-sufficiency. The Chafee Strengthening Outcomes for Transition to Adulthood (Chafee SOTA) Project is a multi-year evaluation project to test promising practices, programs, services, and strategies serving youth transitioning out of foster care through the use of innovative learning approaches.

**Q: What happens after I nominate a program?**

A: We will select programs for participation in the evaluation project through a three-step selection process:

1. The Chafee SOTA Team will call the leadership of all nominated programs to learn more about the nominated program and to discuss participation in the Chafee SOTA project.
2. The Chafee SOTA Team will visit selected programs to conduct evaluability assessments either in-person or virtually.
3. The Chafee SOTA Team, in collaboration with ACF staff, will select programs to participate in a full evaluation involving innovative approaches.

Q. **How is this effort different than other evaluation activities a program may have participated in with ACF?**

A**.** Programs may have participated in prior evaluation activities or interviews with ACF/OPRE in the past. This effort is distinct from those activities and will use different methods to test program services or components. Therefore, we encourage interested programs to submit nominations even if they have previously participated in other efforts. In our information gathering, we will ask programs if they have participated in any prior evaluations with ACF/OPRE, and if so, we will make efforts to ensure that we build on any prior information that has been gathered.

**Q: What does participation mean for the final selected programs?**

A: The final participating programs will be provided site payments and technical assistance to support an evaluation of their program. The Chafee SOTA Team will work with program leadership and local youth and young adults to tailor an evaluation that makes the most sense for the targeted program or services, is respectful of their processes, and captures the spirit, challenges, and successes of their program.

**Q: What characteristics does a program need to have to be considered for the project?**

A: To be considered for evaluation, a program should be located in the U.S. and serve youth and young adults currently or formerly in foster care between the ages 14-26 years.

**Q: How do I nominate a program or organization?**

A: Simply complete the Nomination Submission Form on this website, and click to submit your nomination. [All submissions must be received no later than DATE.]

Q. **Can I nominate my own program?** You may absolutely nominate your own program!

**Nomination Submission Form**

**Instructions:** To nominate a program, please complete this form and click submit. All nominations should be received no later than DATE. **If nominating more than one program, please submit each nomination separately (one nomination per form).**

**Organization Name** (Specify location, if more than one): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program Name** (If different from organization): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address (City/State/Zip code): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program Contact (Name and Title): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Optional: Nominator (if different than program contact)** (Name and Title/Relationship to Program): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Just a few questions: If you don’t know the answer, no problem -- just tell us as much as you know!**

1. *If not self-nominating, can we use your name when contacting the program?*

***□***  *YES* ***□*** *NO*

1. *Please tell us a little about the program (e.g., what services does it provide, what does it aim to achieve, have youth been involved in its planning or implementation?) Can we find out anything about this program online (if yes, please provide a website or link)?*
2. *About how long has the program been in operation?*
3. *What population(s) are currently served?*
4. *Why are you nominating this program?*
5. *To your knowledge, has this program been involved in any type of evaluation?*

***□***  *YES* ***□*** *NO* ***□*** *Don’t Know*

*The Paperwork Reduction Act of 1995 ((Pub. L. 104-13) Statement: This collection of information is voluntary and will be used to inform research on programs serving youth in or transitioning out of foster care. Public reporting burden for this collection of information is estimated to average 15 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 OMB number and expiration date for this collection are OMB #: 0970-0356, Exp: 02/29/2024. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Susan Chibnall, at* *SusanChibnall@westat.com* *or 301-610-5108.*