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# STREET OUTREACH PROGRAM

DATA COLLECTION PROJECT EXECUTIVE SUMMARY

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**FYSB** Family & Youth  
Services Bureau

## ACKNOWLEDGEMENTS

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We wish to extend our thanks to all of the agency collaborators:

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# Executive Summary

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## INTRODUCTION

The Street Outreach Program (SOP), administered by the Family and Youth Services Bureau (FYSB), Administration on Children, Youth and Families, provides outreach to runaway and homeless youth on the streets or in areas that increase the risk of sexual exploitation with the goal to help young people get off the streets. To that end, the program promotes efforts by its funded grantees to build relationships between street outreach workers and homeless street youth. Grantees also provide support services that aim to move youth into shelter or stable housing and prepare them for independence. Homeless youth also use SOP drop-in centers to shower, eat a hot meal or obtain food coupons, receive hygiene kits, and/or obtain referrals for medical, dental, mental health, or social services.

The aim of the SOP Data Collection Project was to obtain information on service utilization and needs from a subset of homeless street youth being served by a cohort of SOP grantees funded in fiscal year 2010. The goal was to learn about street youths' needs from their perspective, to better understand which services youth find helpful or not helpful, and to identify alternative services they feel could be useful to them. The SOP Data Collection Project included standardized collection of data from 11 grantees, where data were collected from youth in the format of interviews and focus groups. The respondents included street youth served by FYSB's SOP grantees and street youth who were not currently using services from SOP grantees. The 11 grantee sites were: Austin, TX; Boston, MA; Chicago, IL;



Washington, DC; Minneapolis, MN; New York City, NY; Omaha, NE; Port St. Lucie, FL; San Diego, CA; Seattle, WA; and Tucson, AZ.

This summary provides a portrait of the young people, aged 14–21, experiencing homelessness in areas served by the 11 SOP grantees. Although the sample is not nationally representative, the data provide detailed information about the experiences and service needs of the 656 street youth from around the country who participated in the project. The intent is that data from the project will be used to inform service design to better meet the needs of street youth who obtain and access services through street outreach programs.

## METHODS

From March 2013 through September 2013, 656 young people who were experiencing homelessness between the ages of 14-21 were interviewed for the project. Data were collected from youth via computer-assisted personal interviews. The respondents included street youth served by FYSB's SOP

grantees and street youth who were not currently using services from SOP grantees. The interview participants were initially recruited using Respondent Driven Sampling (RDS), a methodology used to recruit hard-to-reach groups by taking advantage of intragroup social connections. A variant of chain-referral sampling, RDS uses a dual system of structured incentives that has been shown to reduce the biases generally associated with chain-referral methods.<sup>1,2</sup> In most of the data collection sites, RDS was only moderately effective and did not yield as many participants as originally designed. Therefore, 212 interviews were conducted using RDS and 444 through convenience sampling. An additional 217 young people participated in focus groups.

## KEY FINDINGS

**Demographics.** Compared with samples from other studies of street youth, the majority of the Data Collection Project sample (69.7%) is slightly older, between 19 and 21 years of age. Two-fifths of the sample (41.1%) identified as Black or African American and one-third (33.3%) identified as White only. Just over 3 percent identified as American Indian or Alaska Native, 0.5 percent as Asian, and 0.2 percent as



Native Hawaiian or Pacific Islander. Just over one-fifth of participants (21.7%) identified as being two or more races. Just over one-quarter of the participants (25.7%) identified as being Hispanic or Latino/Latina. The SOP sample was 54.4 percent male, 45.6 percent female, with 6.8 percent identifying as transgender, which is three times the percentage of transgender youth found in a recent national study.<sup>3</sup> Consistent with other studies, two-thirds of the sample identified as heterosexual, 20 percent identified as bisexual, 9.9 percent identified as gay or lesbian, and 4.1 percent identified as “something else.” More than half of the SOP sample (50.6%) reported having stayed in a foster home or group home. At the time of the interview, 14.2 percent of the respondents reported caring for children and 9.0 percent reported being currently pregnant.

**Homelessness Experience.** The most highly endorsed reason for becoming homeless the first time was being asked to leave by a parent or caregiver (51.2%), followed by being unable to find a job (24.7%), being physically abused or beaten (23.8%), or problems in the home due to a caretaker’s drug or alcohol abuse. Only 29.5 percent of respondents reported they had the option of returning home. On average, respondents had been homeless for a total lifetime rate of 23.4 months and reported first becoming homeless at age 15. While homeless, 78.6 percent slept in an emergency shelter or transitional living program. More than half of respondents slept or rested outside on a street, in a park, or on a bench (51.8%). A little less than half slept or rested in a hotel or motel that was paid for by someone else (45.8%) or that they paid for themselves (40.9%). Less than half (40.3%) slept or rested in a car, and 33.1 percent slept or rested in a bus station, airport, subway

<sup>1</sup> Heckathorn, D. D. (2002). Respondent-driven sampling II: Deriving valid population estimates from chain-referral samples of hidden populations. *Social Problems*, 49, 11-34.

<sup>2</sup> Heckathorn, D. D., Semaan, S., Broadhead, R. S., & Hughes, J. J. (2002). Extensions of respondent-driven sampling: A new approach to the study of injection drug users aged 18-25. *AIDS and Behavior*, 6, 55-67.

<sup>3</sup> Durso L.E. & Gates, G.J. (2012). *Serving Our Youth: Findings from a National Survey of Service Providers Working with Lesbian, Gay, Bisexual, and Transgender Youth Who are Homeless or At Risk of Becoming Homeless*. Los Angeles: The Williams Institute with True Colors Fund and The Palette Fund.

station, or train station. A small proportion of respondents slept in other locations, like homeless camps and businesses.



**Sexual Health.** Almost one-quarter of participants (24.1%) said that they had “agreed to be sexual” with someone in exchange for money, and 27.5 percent had “agreed to be sexual” with someone in exchange for a place to spend the night. One-fifth (20.3%) of the participants reported having a sexually transmitted infection at some point in their lives. Of those who were sexually active, 29.8 percent reported using a condom “all of the time” during the past year when they had vaginal sex, and 39.3 percent reported using a condom “all of the time” during the past year when they had anal sex. Lifetime pregnancy rates were 46.5 percent for females and 25.8 percent for males (impregnating a female). Slightly more than 14 percent of males were unsure if someone had been pregnant with their child.

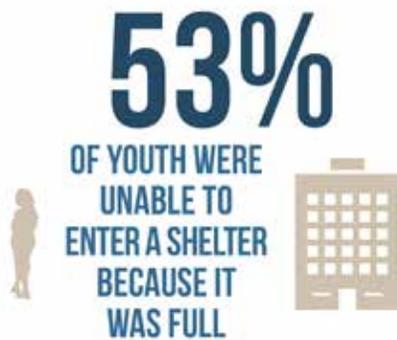
**Victimization.** Victimization while homeless was a common occurrence—14.5 percent of respondents had been sexually assaulted or raped, 32.3 percent had been beaten up, 18.3 percent had been assaulted with a weapon, 40.5 percent had been threatened with a weapon, and 40.8 percent had been robbed. Almost two-thirds (60.8%) had experienced at least one of these types of victimization. For every additional month spent homeless, the likelihood of being victimized while homeless increased by 3 percent. Lesbian, gay, bisexual, and transgender (LGBT) youth and youth who had formerly been in foster care reported higher

levels of victimization both prior to and after becoming homeless compared with the rest of the sample.



**Emotional and Behavioral Health.** Over half of the youth (61.8%) reported struggling with depression and were at risk for experiencing clinical levels of depression. Consistent with their victimization histories, 71.7 percent of respondents reported experiencing major trauma, such as physical and sexual abuse and witnessing or being a victim of violence, at some point in their lives, with 79.5 percent reporting they had experienced symptoms of post-traumatic stress for more than one month. Rates of substance use for the previous 12 months by the study sample were consistent with those found in other homeless youth studies. Consistent with other studies of homeless youth, almost three-quarters of participants (73.2%) reported use of alcohol, 64.6 percent reported use of marijuana, and 37.5 percent reported use of hard drugs (intravenous drugs, inhalants, cocaine, and methamphetamine) in the previous 12 months. Rates were lower for past month use at 59.1 percent for alcohol, 55.1 percent for marijuana, and 13.2 percent for hard drugs.

Street youth also reported having strengths and resources. Eighty-three percent of the sample reported having healthy self-esteem. Additionally, study participants said that there are a number of people in their lives they can turn to for support (e.g., money, food, and a place to stay). Those individuals most likely to give the youth aid without



asking for anything in return were a parent, other kin, and friends. And just under half the youth (45.4%) indicated they currently had a romantic partner.

**Service Needs.** The types of service needs youth identified focused on meeting basic needs—access and challenges related to safe shelter (55.3%), education (54.6%), and employment (71.3%)—and basic supports like transportation (66.6%), clothing (60.4%), and laundry facilities (54.0%). When asked about things that may have prevented them from accessing shelter, 52.6 percent of participants said that they were unable to access a shelter because it was full, 51.8 percent didn’t know where to go, and 42.6 percent didn’t have transportation to shelter. Focus group participants discussed the need for more flexible shelter policies related to age restrictions, better training for shelter and drop-in center staff around being more welcoming and engaging to youth, characteristics of desirable and helpful staff, and help navigating bureaucracy related to obtaining personal records and proof of identity.

## RECOMMENDATIONS

The SOP Data Collection Project furthers our understanding that homeless youth are a very diverse group and, as such, require an array of services and supports that can be tailored to their individual needs. A number of key findings from the SOP study have practice and research implications.

Unlike other social services in the United States (e.g., child welfare, mental health, substance abuse), efforts focused on serving homeless youth do not have a coordinated system of care. Instead, there are individual providers around the country who procure federal, state, local, and nonprofit funds to operate. Better coordination among homeless youth and other social service providers can strengthen efforts to better serve the homeless youth population. Interagency cooperation could be augmented by linkages between community nonprofit and local government agencies that service the same youth (e.g., child welfare, mental health, and juvenile justice). Bringing together stakeholders from all parts of the youth-serving community can help build the needed continuum of care—prevention, early intervention, longer-term services, and aftercare—for homeless youth. Consolidating resources and forging service alliances among these stakeholders can further develop a homeless youth continuum of care that includes coordinated screening, assessment, intake, referral, and data systems.

## PRACTICE IMPLICATIONS

Street outreach programs serve a vital role in a coordinated system of services for all homeless youth. Recommendations specific to SOPs are discussed below.

**Need for More Shelter.** There appears to be too few emergency shelter programs available to meet the existing need. A larger investment is required to prevent youth from sleeping on the streets. More flexibility in shelter response would allow access to youth who have been turned away because they’ve reached the maximum stay or exceeded age restrictions. Communities may also want to consider innovative alternatives to emergency shelter, such as host homes. A larger investment is also needed to reunify youth with their families, when possible. Family reunification can not only help to end a current episode of homelessness, but also prevent future

homelessness by addressing the reasons why a youth left home. Because emotionally connecting youth to their families has been found to positively impact youth outcomes, efforts should be made to emotionally connect youth to family even if physical reunification isn't possible.

**Intensive Case Management.** Street outreach programs serve a vital role in a coordinated system of services for all homeless youth. SOP services are limited and focused on getting youth off the streets and providing some basic living essentials and service referrals. In addition to SOPs, street youth may also use drop-in centers and emergency shelters. All of these programs provide opportunities to further engage street youth in needed services. Intensive case management includes careful assessment and treatment planning, linkage to a full range of needed community services, crisis counseling, flexible use of funds to support youth, small caseloads, and open-ended service provision. A focus on screening and assessment should include careful matching to services, and tracking youths' progress. All youth experiencing homelessness are not the same. The finding that a large percentage of the youth in the SOP study sample is LGBT and that they experience barriers to services suggests more efforts are needed to better serve these youth. Screening, assessment, and monitoring of risk and protective factors are crucial to understanding their needs, matching those needs to culturally appropriate interventions, and monitoring progress over time.

**Targeted Supportive Services and Interventions.** The elevated rates of substance abuse, mental health problems, and exposure to trauma experienced by the participants in the SOP Data Collection Project prior to becoming homeless suggest more intensive interventions and supports to help youth reach developmental milestones. Most homeless youth have significant experience with trauma. As seen with the study sample and with LGBT youth in particular, traumatic experiences can include multiple types

of abuse, neglect, and exposure to violence prior to and after becoming homeless. It is essential that intervention strategies are trauma-informed in all aspects of how they approach and support young people to facilitate healing. Youth also need programs that can help them thrive. Additional barriers identified by LGBT study youth included lack of LGBT-friendly policies and staff. Services and programs will need to be especially sensitive to LGBT and other special populations, like foster care and pregnant and parenting youth, who are overrepresented in the homeless youth population and are at even higher risk of experiencing health and mental and behavioral health issues.

**Core Outcomes and Pathways.** Appropriate interventions should target and help develop the protective factors a youth is lacking, as well as decrease the risk factors with which a youth is burdened. Practitioners working with homeless youth may find it especially helpful to utilize a "strengths perspective" to empower the young people they work with to become masters of their own lives. The majority (83%) of the study youth reported having good self-esteem, as well as having friends, parents, or kin they can rely on for help. Focusing on protective factors has considerable advantage in working with homeless youth because it is their strengths in overcoming difficulties that can mitigate negative outcomes. Improvements in risk and protective factors can serve as pathways to get to better outcomes for stable housing, permanent connections, wellbeing, and education or employment. Achieving sustainable gains in these four outcomes can help put youth on a path toward a healthy adolescence and positive transition to adulthood.

## **RESEARCH IMPLICATIONS**

The limited amount of high-quality empirical research on homeless youth leaves many gaps and questions for future research. Three main areas that require additional research are: 1) the causes, scope,

and demographics of youth homelessness; 2) the efficacy of interventions; and 3) system planning and infrastructure.

**Scope and Demographics.** The ability to accurately describe the causes, scope, and characteristics of youth experiencing homelessness is important for the planning and funding of interventions and intervention recruitment strategies that address the diversity of the homeless youth population. Comprehensive multi-method approaches that include point-in-time counts, shelter and street outreach, and household surveys are needed to reach youth where they are in order to obtain accurate prevalence and incidence estimates of the homeless youth currently in the United States. In addition, more information is required about the particular needs of youth that are overrepresented in the homeless youth population—LGBT, foster care, pregnant, and parenting—to better serve these youth. Future studies will need large samples of these youth to determine geographical differences, as well as identify possible pathways that may be specific to these populations moving into and out of homelessness.

**Efficacy of Interventions.** Few intervention studies have been conducted with homeless youth, and particularly street youth. Although the effectiveness of certain interventions has been demonstrated, very few studies have employed rigorous methodologies. Much of the research literature is limited by small convenience samples, lack of long-term follow up, lack of control or comparison groups, and high sample attrition. More research is needed to identify which interventions work best, with whom, and under what conditions. Intervention development will need to

consider the cognitive and emotional developmental stage of youth, and that the specific content or targets of interventions may need to vary based upon the youths' reasons for becoming homeless. More quantitative and qualitative studies are needed to explore the outcomes of homeless youth, and the pathways through which they exit, or fail to exit, homelessness. Also, more longitudinal studies are needed to understand how various factors at the individual, peer, family, and community levels impact both short-term and long-term outcomes.

**System Planning and Infrastructure.** More research is needed to identify best practices in coordinated engagement strategies that include use of common screening and assessment tools and processes for identifying and referring youth for needed services. Best practices also need to be identified and studied around coordinated data systems that can monitor and measure progress toward decreasing homelessness, as well as supporting providers in coordinating services, measuring outcomes, making adjustments, and improving service delivery at the individual youth and systems levels. Information about the characteristics of the various populations using homeless youth services and programs can allow planners to better design and target program interventions and to advocate for appropriate policy revisions at the local, state, and federal levels. Development of instruments that can identify youth based on typologies that categorize homeless youths' levels of risk, protection, and time spent on the streets can help providers better anticipate and match the needs of the youth to existing services and inform any needed changes to the service array.