



YOUTH IN CRISIS

CHARACTERISTICS OF HOMELESS YOUTH SERVED BY COVENANT HOUSE MISSOURI

COVENANT HOUSE INSTITUTE
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CENTER FOR HOMELESSNESS PREVENTION STUDIES



Columbia University
MAILMAN SCHOOL
OF PUBLIC HEALTH

Youth in Crisis

This report is the third in an ongoing series of reports on the characteristics, needs, and outcomes of homeless youth served by Covenant House. This series is produced by the Covenant House Institute in partnership with the Center for Homelessness Prevention Studies at Columbia University Mailman School of Public Health. This report was partially funded through a grant received from the CHPS Scholars' Program.

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Since 1972, **Covenant House** has been providing residential and comprehensive support services to homeless, runaway, and at-risk youth. Throughout its diverse network of 21 program sites in Canada, Latin America, and United States, Covenant House assists 70,000 youth each year.

Covenant House Institute is the research and leadership development arm of Covenant House. The Institute's purpose is to advance research and leadership development in the social service sector working with homeless, runaway, and at-risk youth. To learn more about the Covenant House Institute, visit <http://www.covenanthouse.org>.

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The Columbia Center for Homelessness Prevention Studies (CHPS) is a multidisciplinary effort to research homelessness and develop ways to prevent chronic homelessness among people with severe mental illness who comprise about 25 percent of homeless adults 18 and older. The Center involves collaborators from the New York State Psychiatric Institute, the Mailman School of Public Health, and many other departments and schools at Columbia University.

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INTRODUCTION

Prior to the current recession, annual estimates in the United States indicated that there were 1.6 million homeless minors between the ages of 12 and 17 with an additional 200,000 to 400,000 youth between the ages of 18 and 24 (Burt, Aron, & Lee, 2001; SAMHSA Office of Applied Studies, 2004). While presently there is no solid data directly measuring the impact of the recession on youth homelessness, reports documenting historic highs in family homelessness, students identified as homeless, and youth unemployment supports heightened concern regarding growing prevalence of this population (Culhane, Khadduri, & Cortes, 2009; Department of Labor, 2009; Duffield & Lovell, 2008).

A review of the current research literature on homeless youth indicates widespread consensus about the need to invest in obtaining better information about the characteristics and needs of this population (Toro, P. A., Dworsky, A., & Fowler, P. J., 2007; Wychoff, L., Cooney, S. M., Djakovic, D. K., & McClanahan, W. S., 2008). Collaborative efforts between community-based organizations and research institutions play a vital role in this undertaking because they can greatly facilitate collection of relevant and current information (Pew Partnership for Civic Change, 2003).

Covenant House, the largest provider of services to homeless and at-risk youth in the Americas, established the Covenant House Institute in July 2008 to advance research on homeless youth through research partnerships. This report describes findings from the Institute's third study conducted in partnership with the Center for Homelessness Prevention Studies at Columbia University.

The primary purpose of this investigation was to provide an overview of the characteristics of homeless youth accessing the Covenant House Missouri (CHMO) Crisis Shelter. Our ability to describe youth characteristics and experiences is the first step towards systematically identifying important trends and risk factors for homelessness.

Key Findings

The analysis revealed four key findings regarding youth entering the CHMO Crisis Shelter.

- **History of Foster Care Placement.** Findings indicate not only that a large number of youth had a history of foster care placement (43%), but also that they were initially placed at an early age (average of 7 years old) and remained in care for a lengthy period of time (average of 8 years).
- **Experience of Violence.** A significant proportion of the youth reported histories of violence with 47% reporting physical abuse, and 31% reporting sexual abuse.
- **Unemployment** The majority of youth (74%) entered the shelter unemployed. Only 38% had ever completed a job training program.

The findings present a portrait of youth with intense histories of violence and complex, often negative, family and institutional interactions. This report helps to define priority areas for future research, program development, and advocacy. Based on these findings, we recommend focusing further investigations on: (1) the dynamics of family environment, relationships, and events; (2) the impact of institutional experiences, particularly foster care placement; and (3) effective strategies for connecting youth to the world of work and education. We recommend advocacy efforts targeting: (1) foster care youth who are becoming homeless in early adulthood; (2) underfunding of housing and supportive services for homeless youth; and (3) the problem of escalating youth unemployment.

STUDY

The study included 62 youth (between ages of 16 and 21) who entered the CHMO Crisis Shelter for the first time between March 1, 2008 and April 30, 2009. The Crisis Shelter provides emergency housing for minors and youth between the ages of 18 and 21. There are three emergency shelter units: minors, older female, and older male with a total capacity of 20 beds. As part of this program, all clients receive emergency services, shelter, case management, and referrals to on- and off-site supportive services.

Method

Sample. The daily shelter census report generated by the Crisis Shelter staff was used to identify clients who entered the shelter for the first time during the specified time period.

Instrument. Information on youth characteristics was obtained from preliminary psychosocial assessments conducted by a licensed clinical social worker. The psychosocial assessment comprises 12 sections: identifying information, education, employment status, medical insurance/public assistance, residential history, runaway history, family history, history of abuse, medical assessment and history, psychiatric history, legal history, and substance use history. The assessment typically takes 1 to 1.5 hours to complete. Answers are completed on a paper form which is placed in the residential client file.

Limitations. The sample was limited to youth whose psychosocial assessment was completed. In addition to the 62 youth whose information was analyzed for this study, 37 eligible youth were excluded from the study because their psychosocial assessments were not available. We found that 68% of youth with missing psychosocial assessments resided in the shelter for 3 days or less and 86% were in the shelter for less than a week. Thus, the clinical supervisor did not have adequate time to complete the assessment. A comparison of demographics for youth excluded from the study with those included indicated no gender differences. Excluded youth, however, were more likely to be minors and identify as Latino or Native American.

CHARACTERISTICS OF COVENANT HOUSE MISSOURI YOUTH

Findings from the assessment are described below. Supplementary data tables are provided in the Appendix.

Demographics. A diverse group of youth accessed the Crisis Shelter. Youth tended toward the younger end of the eligible age range with a majority 18 and 19 years old. The vast majority of youth were black (84%) with a notable percentage white (14%). A majority of youth was female (55%).

Prior Housing. Youth resided in a variety of housing situations prior to shelter entry. The most common living situation was with family or friends (68%), with most frequent prior living situation identified as “Friend” (24%). The vast majority of youth were from Missouri (98%).

Reasons for Shelter Entry. The most common reason youth gave for coming to CHMO was “not getting along with a family member” (61%). Other reasons included overcrowded living situations (3%) and cannot afford rent (3%). And while many other reasons were specified (i.e., eviction, pregnancy, incarceration < 10%), the second most common reason given for seeking shelter was categorized as “Other” (32%), suggesting that reasons for shelter entry can be complex and that this is an area for further investigation.

Receiving SSI or Public Assistance. A sizeable number of youth (43%) reported currently receiving social security insurance (SSI) or public assistance (PA) as a source of income.

Legal Issues. A significant proportion of the youth have been involved with the criminal justice system: 65% have been arrested, 22% have outstanding court dates, and 13% were currently on probation or parole.

History of Foster Care Placement. Forty-three per cent (43%) of youth reported history of foster care including group home or placement with extended family or foster parent. The average age of first placement was 7 years old. Placement duration varied from 2 months to 15 years, with an average of 8 years.

Violence, Abuse, and Loss. Many youth reported prior experiences of violence. Forty-two percent (42%) reported witnessing acts of violence in their homes. Approximately 47% reported physical abuse, 31% reported sexual abuse, and 19% reported being raped.

Many youth (57%) also have had someone close to them pass away. Thirteen percent (13%) reported a death of someone close to them by illness or disease, while 3% reported someone close to them had been murdered.

Family Size and Support. Youth reported large immediate families with 37% naming 7 to 9 people in their immediate family of living parents and siblings and an additional 19% reporting 10 plus people. Twelve percent (12%) of youth reported having one child. Youth also indicated a notable amount of family support with only 7% saying that they had no family support and 63% identifying 3 plus

supportive family members. These findings are germane in considering interventions and transition plans such as parenting skills, family therapy sessions and family reunification.

Health and Mental Health. At time of intake, all youth are referred for a full physical exam. Thirty-one percent (31%) require treatment for some kind of ailment, the most frequent being asthma (15%). In addition, 54% were identified as needing a health insurance card

A large percentage of youth reported histories of mental health services. Fifty-eight (58%) said that they had previously received counseling with 44% indicating a diagnosis and 40% taking psychotropic medication. Most common diagnoses included: Bi-Polar (18%), Attention Deficit (16%), and Major Depressive (15%) disorders. Also notable, 45% of youth reported having at least one family member with a mental health issue with 13% specifying Bi-Polar Disorder and 7% Schizophrenia. Given large number of population with history of institutional placement, subsequent analysis should address relationship between mental health diagnosis and services and foster care.

Substance Abuse. Youth were asked about current (within past 30 days) and past substance abuse. As expected, current use was notably lower than past use. Self-reported current substance use was somewhat lower than expected, but numbers may reflect report bias associated with obtaining information on this topic. Twenty percent (20%) indicated current use of alcohol, 26% marijuana, and 3% ecstasy. With regard to past use, 64% indicated alcohol, 61% marijuana, and 16% ecstasy. Note that these numbers do not include youth who described “experimentally” trying a substance once or twice.

Family history of drug use was notably high. Seventy-nine percent (79%) of youth indicated that someone in their family used drugs regularly. Most commonly identified substances were alcohol (34%), crack/cocaine (15%), and marijuana (13%).

These findings suggest that family substance use and its association with other aspects of the family dynamic could be a fruitful area of further investigation. Given the challenges of collecting data in this area, it would be beneficial in a subsequent report to compare this information with other assessment data from health clinic and, possibly, information obtained by an external researcher.

Education. Findings also indicate that youth are in need of ongoing education services. Forty-six percent (46%) have obtained a high school diploma or equivalent (36% high school diploma and 10% GED) with 31% reporting enrollment in special education at some point. At time of intake, 47% were enrolled in school. The findings held for both for minors and 18+ youth and support the need for case management planning to promote ongoing school attendance and completion of educational goals.

Employment. Youth are in need of sustained employment providing a “living wage.” Among youth seeking shelter, 77% were unemployed. Thirty-eight percent (38%) had previously participated in a job training program.

RECOMMENDATIONS

The findings from this study indicate that homeless youth accessing CHMO have intense histories of violence and complex, often negative, family and institutional interactions. The results suggest that there are multiple, interacting factors which contribute to becoming and remaining homeless. The immediate challenge for agencies serving homeless youth is twofold: to provide programs that effectively address the urgent needs of this population and to advocate on local, state, and national levels for actions which end this crisis of youth homelessness.

The Covenant House Institute was established to promote the application of research to program development and advocacy. Based on the key findings from this study conducted in partnership with the Center for Homelessness Prevention Studies at Columbia University, we recommend the following areas for further investigation and focused programmatic and advocacy efforts.

Research Recommendations

- 1. Investigate dynamics of family environment, relationships, and events.** The results regarding youth's experience of violence are striking and their relationship to youth homelessness needs to be better understood. While many environmental reasons (i.e., family conflict, abuse, finances) were cited as reasons that youth left to come to CHMO, an overwhelming 32% reported reasons that were not included in our survey, suggesting an area for further development. Our study suggests that there are multiple factors that may play out over time rather than a single factor that precipitates homelessness.
- 2. Evaluate impact of institutional experiences, particularly foster care placement.** Findings indicate that youth had lengthy and involved histories of negative institutional experiences, including 43% being placed in foster care and 65% having been arrested. While homelessness prevention research on former foster care youth and juvenile offenders has become a priority of some researchers on youth, Covenant House and other homeless youth-serving organizations must facilitate longitudinal work in this area, particularly with regard to the impact and effectiveness of shelter programs (Toro et al., 2007). We need to understand better the paths from foster care to homelessness and the particular challenges presented in engaging and achieving positive outcomes with youth with histories of negative social service experiences.
- 3. Identify effective strategies for connecting youth to world of work and education.** Unemployment and lack of educational attainment present pivotal challenges to youth seeking long-term stable housing and self sufficiency (Edelman, Holzer, & Offner, 2006). Our study revealed that 74% of youth were unemployed, and 46% lacked a high school diploma or GED with 39% neither in school nor working. Clearly, there is an immediate need to advocate for greater resources for disconnected youth. There is also a pressing need to understand better

which program interventions that address youth employment and education are effective and why. A longitudinal investigation of Covenant House's Rights of Passage Transitional Living Program, a residential program focused on achieving self sufficiency through employment, would provide an excellent opportunity to deepen understanding of how best to assist youth.

Policy Recommendations

- 1. Focus on foster care youth who are becoming homeless young adults.** Many of the homeless youth served by Covenant House report histories of early, multiple, and lengthy placements in foster care. When so many of the children placed under the protective care of this system end up homeless as young adults, there is clearly an urgent need for reform.
- 2. Provide adequate funding for housing and supportive services for homeless youth.** This report documents some of the trauma and myriad challenges faced by homeless youth. To develop the resources and skills necessary to transition to self sufficiency, homeless youth require stable housing with comprehensive support services. These services are vital to stemming a cycle of potentially long-term and chronic homelessness.
- 3. Confront escalating youth unemployment.** Covenant House youth report high levels of unemployment and underemployment. The most recent data from the US Bureau of Labor Statistics clearly indicates that youth have been particularly hard hit by the financial crisis and face enormous challenges. For youth between the ages of 15 and 24, the unemployment number has escalated to a historic high of 16.7%. The data provide an even bleaker picture for many of the homeless youth served by Covenant House. The unemployment rate for youth without a high school diploma was 26.6% and for Black youth without a high school diploma was 42.7%.

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APPENDIX: DATA TABLES

Table 1. Demographics

Demographics	n	%
Age (N = 62)		
16	3	5%
17	7	11%
18	20	32%
19	16	26%
20	11	18%
21	5	8%
Ethnicity (N = 56)		
Black	52	84%
White	9	14%
Other	1	2%
Gender (N = 62)		
Female	34	55%
Male	28	45%

Table 2. Prior Housing

Prior Housing (N = 50)	n	%
Biological Parent(s)	8	16%
Foster Parent(s)	1	2%
Sibling	2	4%
Extended Family Member	7	14%
Friend	12	24%
Group Home/Foster care Agency	1	2%
Girlfriend/Boyfriend	4	8%
Another Shelter	2	4%
Streets	1	2%
Incarceration	1	2%
Other	11	22%

Table 3. Zip Code of Last Address

Zip code of last address (N = 47)	n	%
Missouri	46	98%
Out-of State	1	2%

Table 4. Reason for Shelter Entry (Indicate as many as apply)

Reason for Shelter Entry (N = 62)	n	%
Did not get along with a family member	38	61%
Did not follow household rules	1	2%
Verbal argument	1	2%
Person living with passed away	1	2%
Person living with went to jail	1	2%
Person living with moved	1	2%
Overcrowded living situation	2	3%
Cannot afford rent	2	3%
Evicted	1	2%
Pregnant	1	2%
Incarcerated	1	2%
Other	20	32%

Table 5. Receiving SSI or Public Assistance

Receiving SSI or Public Assistance (N=56)	n	%
Receiving SSI or Public Assistance	24	43%

Table 6. Legal Issues

Legal Issues	n	%
Prior Arrest (N=62)	40	65%
Outstanding Court Dates (N= 55)	12	22%
Currently on Probation or Parole (N=61)	8	13%

Table 7. Foster Care and Other Institutional Placement

Foster Care and Other Institutional Placement	n	%
Placement in Foster Care, Group Home, Residential School, or Treatment Center (N=61)	26	43%
Age of 1 st Placement (years) (N=25)		
0	1	4%
1-4	7	28%
5-12	15	60%
13-18	2	8%
Years in Placement (N=19)		
Less than 1 year	1	5%
1-3 years	3	16%
4-6 years	4	21%
7-9 years	6	32%
10+ years	5	26%

Table 8. Violence, Abuse, and Loss

Violence, Abuse, and Loss	n	%
Witness Violence in the Home (N = 52)	22	42%
Physically Abused (N = 62)	29	47%
Sexually Abused (N = 62)	19	31%
Raped (N = 62)	12	19%
Molested (N = 62)	4	7%
Removed from Home Due to Physical and/or Sexual Abuse (N = 51)	9	18%
Someone close to you pass away (N = 54)	31	57%
From Illness/Disease	8	13%
From Murder	2	3%

Table 9. Family Size and Support

Family Size and Support	n	%
Number of Family Member including Self (N=62)		
1-2	2	3%
3-6	25	40%
7-9	23	37%
10+	12	19%
Have One Child (N=61)	7	12%
Number of Supportive Family Members (N=62)		
None	4	7%
1-2	20	33%
3-4	20	33%
5+	18	30%

Table 10. Health and Mental Health

Health	n	%
Needs Health Insurance Card (N=56)	30	54%
Has Medical Conditions Requiring Treatment (N=62)	19	31%
Needs Treatment for Asthma (N=62)	9	15%
Mental Health		
Prior Mental Health Counseling (N=62)	36	58%
Prior Diagnosis (N=62)	27	44%
Major Depressive Disorder (N=62)	9	15%
Bi-Polar Disorder (N = 62)	11	18%
Attention Deficit Disorder (N=62)	10	16%
Schizophrenia (N=62)	3	5%
Taken Psychotropic Medication (N=58)	23	40%
Prior Psychiatric Hospitalization (N=61)	20	33%
Report Family Mental Health Issues (N=62)	28	45%
Bi-Polar Disorder (N = 62)	8	13%
Schizophrenia (N=62)	4	7%

Table 11. Substance Use

Substance Use	n	%
Current Substance Use - Past 30 days		
Alcohol (N=61)	12	20%
Marijuana (N=62)	16	26%
Ecstasy (N=62)	2	3%
Past Substance Use		
Alcohol (N=61)	39	64%
Marijuana (N=62)	38	61%
Ecstasy (N=62)	10	16%
Prior Drug Treatment (N=62)	8	13%
Family Member Uses Drugs Regularly (N=62)	49	79%
Alcohol (N=62)	21	34%
Marijuana (N=62)	8	13%
Crack/Cocaine (N=62)	9	15%

Table 12. Education and Employment

Education and Employment	n	%
Education		
Not Enrolled in School (<u>N</u> = 62)	33	53%
No HS Diploma/GED (<u>N</u> =61)	33	54%
Ever in Special Education (<u>N</u> =62)	19	31%
Employment		
Currently Unemployed (<u>N</u> =62)	46	74%
Never Participated in Job Training Program (<u>N</u> =61)	38	62%

Table 13: Cross-Tabulation: Are you enrolled in school now? / Are you employed now?

<u>N</u> = 62	Categories	Are you enrolled in school now?	
		Yes	No
Are you employed now?	Yes	11%	35%
	No	15%	39%