

**HOMELESS YOUTH**  
**WHO ARE THEY AND HOW DO WE SUCCESSFULLY INTERVENE**  
**Presented by Jon Bradley, DSW and Christine O'Leary**

**DESCRIPTION OF THE HOMELESS YOUTH POPULATION**

**A. CATEGORIES**

Five categories of homeless youth have been identified, as defined by the National Network of Families and Youth Services.

**Runaway Youth**

Runaways are youth who have left a home environment and who, in theory, could go back home. Often they do return home fairly quickly. Many runaways are seen in shelters around the country. In Portland, a lot of the programs see young people who can go home with intervention, with family mediation, and often just with some real support.

**Throwaway Youth**

Second, there are the throwaway kids. These are the youth who have come from some stable living situations but have been thrown out for any number of reasons. There may be accompanied mental health issues and, commonly, substance abuse issues, or a combination that may result in parents just not knowing what to do other than to say "Get out."

**Homeless Youth**

Third, there are homeless youth who generally are defined as youth who do not have a place to which they can return. They may have come from very dysfunctional family situations, or the family has dissolved, or living situations have been primarily in various placements group homes. These young people really are on the streets and lack places to which they might return. There are many of those kids in this country, including some in Portland.

**Systems Youth**

Fourth, there are the "systems kids," young people who have been in the child welfare

system, who bounce out, who leave group homes, or leave placements. These are youth who end up on the streets because placements and foster care are not working. They often turn up in homeless youth and runaway programs.

### **Street Youth**

Last, the category that is commanding attention in the Portland area is the street kids, or as they are now being called, homeless/street involved youth. They have been homeless for so long that they have become quite involved in the street culture. They may be episodically homeless, going home for a while or being in placement for a short time, but they become used to street life and street culture. This is a tough population because of the substance abuse and risk behaviors that accompany street culture. Their life situations tend to be complicated, and access and availability of multiple services have an impact on the scope and length of time they remain on the street.

### ***B. NATIONAL DATA AND BACKGROUND INFORMATION ON RUNAWAY AND HOMELESS YOUTH***

Whether researching national data, or looking at local anecdotal information, one finds that little is known that is very helpful or consistent in describing this population. The incidence of substance abuse among homeless youth ranges from 20% to 70%, depending on where the sample comes from, the kind of program, and the geographical location. Information on the incidence of sexual abuse indicates that 20% to 60% of this population are victims, based on where the data was gathered and how skilled the interviewer was, and at what point the questions were asked in terms of getting real information. Mental health issues are prevalent in this population, including depression. In a study in New York, more than 30% of the kids who came for services admitted to previous suicide attempts, a predictor of further suicide attempts. Obviously, this is a very high-risk population with many clinical issues.

It is important to note that homeless youth reflect the place that they come from, making it difficult to generalize about them. In New York City, most runaway homeless youth are kids of color or black kids and Hispanic kids. The issues that relate to running away relate to problems in families, to poverty, and to the kinds of problems that poor minorities have. In other

parts of the country the population may be quite different. In Los Angeles, there generally is more drug behavior and higher levels of drug behavior because of the culture of the community.

Runaway/homeless youth typically have been defined by an action, not by a clinical label. Studies of this population indicate that runaway/homeless youth basically look like outpatient or inpatient kids in treatment with a lot of problems. Kids in homeless shelters exhibit similar levels of depression or conduct problems, as do kids in the juvenile justice system. Each of these population groups has multiple problems.

### ***C. CHARACTERISTICS OF HOMELESS/STREET YOUTH AT THE PREBLE STREET TEEN CENTER***

The majority of the kids accessing the Preble Street Teen Center in Portland, Maine are white, most are from Maine, and most are from Portland. Over the past four years, 50% of youth coming to the drop-in center have been involved with the Department of Human Services, almost without exception they smoke, and 40% of them are involved or were involved in special education when attending school. Most have dropped out of school by the 8th grade. Reading levels average between 4th and 8th grade level. Many who have had HIV testing are HIV positive, or their HIV status has not been tested and is not known. They come from extreme poverty. The earning potential of their families has been around \$15,000 per year, and many of the kids have not runaway; they have walked away and have no earning potential themselves. The issues that are associated with family poverty follow these kids to the streets. Family conflict is often part of the picture, and the kids lack self- esteem. Substance abuse is a huge issue, with heavy use of alcohol and marijuana. Recently there has been an increase in the amount of heroin and cocaine use, not just through intravenous drug use but also through smoking.

## **SERVICES FOR HOMELESS YOUTH**

### ***A. HISTORICAL PERSPECTIVE OF SERVICES FOR HOMELESS YOUTH***

During the Great Depression, homelessness was not confined to any particular age group and families, including the young, were homeless in greater numbers than at the present time. However, since 1974 there has been a real focus on homeless youth. Homeless youth are really

at risk in our more modern society. The first federal legislation, the Runaway and Homeless Youth Act, was passed, creating funding and establishing runaway shelters. Some shelters had already been established to try to work with runaways, basically outside of more traditional systems that existed in the child welfare system. Since then, however, most communities have focused on a few basic services.

### ***B. THE SERVICE CONTINUUM AND COLLABORATION***

Outreach is a critical place to start with homeless youth because they often are disengaged. Outreach efforts need to include emergency shelter and low-barrier services. Although generally funded differently, transitional programs should be a part of the continuum as a vehicle in targeting kids who have become more stable and have started to work on independent living skills and treatment issues that may lead to their becoming independent adults.

In Portland, the MaineStay program is one component of a continuum of care that focuses on homeless youth having both mental health and substance abuse issues. However, even with a low barrier shelter and many transitional programs in the continuum, there are problems because of the various expectations and differing rules. The gap is huge between the low barrier shelter and the kids' willingness to stay in the shelter overnight and then go to other programs that have either treatment or skills building expectations. Many of the homeless/runaway youth are stuck at one stage or another for various reasons, some internal and some external.

### ***C. THE EXISTENCE AND NEED FOR COLLABORATIVES***

Nationally and in the Portland area, collaboratives between hospitals or mental health clinics and homeless shelters are important in responding to the needs of homeless youth. Homeless shelters often have been the place where the best caring has taken place, in spite of the low pay and lack of clinical training provided to the shelter caregivers. Resources for the shelters need to be increased, as the population utilizing these programs is at the highest risk, with issues of major depression, suicidal ideation, dual diagnoses, and limited skills or training.

In Portland, the Teen Center Collaborative is located at the Chestnut Street Church next

to Portland High School. There are six agencies represented. Preble Street Resource Center runs the drop-in center, which is low barrier. Outreach workers work on the streets to connect with kids, to get them connected to services. Day One has a substance abuse counselor who works in this building and directs efforts toward harm reduction. The Street Academy, run by the Portland Public Schools, provides an education for youth who want to earn their GED, helps with college prep and/or with vocational training, and engages them in the educational process. The YWCA runs clinical services at the Teen Center, with three counselors who do mental health counseling with individuals, couples and families. Portland Public Health provides health care at a clinic in the Center. Lunch and dinner are served daily, and kids are welcome to drop in during the evening.

The programs use a seamless system leading to intake, including a voluntary Release of Information form, which enables the intake process for the collaborative agencies involved in coordinating services. Youth accessing any or all of the services are made to feel that any issues can be addressed based on individual needs and not based on which program will provide a particular service.

As a low barrier day shelter, any young person under the age of 21 is eligible to access the many services available without having eligibility criteria predicated on diagnoses or poverty requirements. The shelter provides a safe and respectful environment for drop-in services, access to local and long distance phone calling, a clothing closet, a food pantry and dinner. Most important is the relationship building between the kids and the staff. By being accepting and caring, there are behavior changes that staffs are able to effect that are surprising and gratifying. The relationships established might be the only positive exchange some of the young people have ever experienced or witnessed.

Other services available for youth at the Portland Teen Center include substance abuse counseling and mental health counseling, based on the readiness of the individuals. Unfortunately, these are often looked at as separate issues. However, it is important to keep the kids engaged in low barrier services until they are ready to get involved in other levels of care and, while it may take years for some of them to get to that stage, that is the goal.

The staff at this low barrier shelter does not treat substance abuse or mental health issues as barriers for services, unless there are disruptive or harmful behavioral issues. The focus is on keeping these young people engaged, keeping them fed and clothed and safe. Harm reduction is critical and challenging for homeless youth, as predators in the adult homeless world jeopardize them, the street culture, and their heavy drug use. Therefore, initially strong emphasis on abstinence or any treatment goal is avoided. The low barrier shelter provides a safety net that is responsive to the many crises the kids face, and opportunities to move them along and help them learn new coping skills, which may result in eventual engagement in treatment.

#### ***D. ASSESSMENT***

Assessment of homeless youth is a challenge, because of the stress level that is part of street survival. The mental health state and substance abuse issues are clearly affected by living on the street. What constitute a diagnostic criterion are the kinds of behaviors that kids do when they are on the street, often as a way of survival. If someone is stealing and someone is prostituting, using sex for survival, or using drugs, these are part of the culture, including running away, which is one of the criteria for things like conduct disorders. Making a clear assessment is very difficult unless there is a long enough time to establish some stability and a relationship; unfortunately, this does not happen frequently.

#### ***E. SYSTEMS - MENTAL HEALTH VS. SUBSTANCE ABUSE; ADULT VS. CHILDREN***

In Maine, mental health system and substance abuse services are not well coordinated. The development of children and adolescents are not considered in transitioning into adult services. Children's Services seems to have one focus for children and families, while Adult Services are designed differently. As an example of what happens as a result of fragmentation of services that has nothing to do with mental health or labeling is that teens age 17 or under may stay at the Lighthouse, an emergency shelter for youth, for a full year. There are 16 beds, very caring staff, and lots of support. When the teen turns 18, the Lighthouse can no longer provide services. Teens then have to go to the Oxford Street shelter, which has 130 adults, many with major mental illness, chronic substance abuse, adults struggling with their own homelessness and a multitude of problems. Access to services for teens is not based on developmental issues or on

anything except the strict age criterion. For some teens that may be a motivator to get off the streets because options have been limited; for others, they are introduced to even more intense street culture and more opportunities to be victims of the dangers inherent in living on the street.

While this is a description of services in Portland, the same issues exist nationally. Funding criteria affect how services are delivered, and who the recipients are of those services.

## **RECOMMENDATIONS**

### ***A. COMPONENTS***

1. **Case management** is a critical component that begins as soon as identification takes place, and continues to remain with that person until an appropriate point for transitioning out of the service. That is not necessarily at age 18. Adolescence stretches beyond age 18 and into the 20s. There is a critical need for continuity in the lives of homeless youth, and comprehensive continuing services to effect positive outcomes.

2. **Social supports** for adolescents are another important service component. For many homeless youth, support systems tend to be comprised of other homeless kids or support groups filled with drug users and substance abusers, whether family members, friends, or neighbors. There are few positive supports and role models among their peers. Staff in the low barrier agencies, and associated programs need to provide ongoing support around a variety of issues, and the service systems need to avoid establishing barriers that impede access to those social supports.

3. **Service plans** for homeless teens, which are developed specifically for individuals, need to be person related and holistic. A pilot project is being developed in Portland that will have collaborative service plans that incorporate substance abuse, mental health, education, social support, finance and health. Different agencies in the area are starting to work together with teens, and hope to get a core group of youth working on their goals with the service providers.

4. **Acceptance** of the youth with an understanding of behaviors that may simply mirror adolescence and the street environment is essential. Non-traditional engagement within an

atmosphere that is safe and respectful opens the possibilities for establishing productive relationships.

5. **Rapid response funds** to enable service plans quickly and flexibly is another service component. Resources are always scarce and needs are varied. Without DHS involvement, and with families that lack resources or the ability to help, it is important to be able to give the kinds of help that will tangibly lead to fulfilling a service plan. This may be paying for school, creating a stipended experience for vocational opportunities; paying a security deposit or the first month's rent on a place to live. Being creative and able to respond appropriately and quickly may help to keep a young person safe, off the street, and perhaps ready to engage in treatment.

### ***B. MEASUREMENT OF PROGRESS AND FUTURE PLANS***

1. As part of the pilot at the Preble Teen Resource Center, the Department of Human Services now has staff working at the Center one day a week. Integration of systems has been enhanced, and cross-referrals have been increased.
2. The Center will start to be open on weekends, in response to requests by the kids.
3. Training for the staff, with emphasis on evaluation, will be a focus. Evaluation of relationships and of progress, and really determining the status of the youth in terms of being at a pre-contemplative or contemplative stage, are goals for the program.
4. Strategies include increasing knowledge on how to work with dually diagnosed, homeless youth and how to ensure that they are being moved along, even while the emphasis is on safety and harm reduction.

### ***C. PILOT PARTNERSHIP PRINCIPLES***

A continuum of care for homeless youth will be framed around the following principles agreed upon by community providers participating in the Portland Pilot Partnership:

1. Every youth should have access to basic life needs/services.

2. A comprehensive "one-stop shopping" teen center shall be available/created.
3. Every youth should have access to an effective caseworker for as long as necessary. The caseworker is the point person for developmental planning for youth to get off the street.
4. All emergency shelters should be accessible 24 hours a day.
5. Every youth should have a meaningful plan with supportive, collaborative services.
6. The Teen Collaborative will include full meaningful participation with all local agencies, state agencies and state government.

#### References

Bradley, J. (1998). *Runaway Youth: Residential Instability, Social Supports, and Adjustments*. Garland Publishing, New York: N.Y.

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#### **About the Presenters**

##### **Jon Bradley, DSW**

Jon Bradley, DSW has worked extensively with runaway homeless youth for more than two decades. He has worked as a program consultant, trainer, and researchers in issues to the causes of homelessness and in the development of strategies to improve the lives and safety of teens on the streets. Bradley is the author of the book *Runaway Youth: Stress, Social Support, and Adjustment*; editor of *Planning to Live: Evaluating Suicidal Teens in Community Settings*; and numerous articles on interventions with runaway and homeless youth. As Assistant Director of Preble Street Resource Center in Portland, Maine, he is currently active in planning efforts to improve services to homeless youth.

##### **Christine O'Leary**

Christine is the Coordinator of the Preble Street Resource Teen Center. Ms. O'Leary has worked extensively with homeless youth and is dedicated to advocating on behalf of youth

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