

The New York City Association of
Homeless and Street-Involved Youth Organizations'



State of the City's Homeless Youth Report 2009

*A Community-Written Document on Homeless, Runaway and
Street-Involved Youth Issues and Populations, and How They
Are Impacted by Homelessness in New York City*



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Ever since I chaired my first Youth Services Committee hearing on runaway and homeless youth (RHY) in New York City, I have been amazed by the diverse needs of this most vulnerable community. I said this before but must say again that it was a real eye-opening experience for me, and from that day forward, I knew that our entire City needed to be fully aware of the plight of these many thousands of children and young adults.

I've also said that in our world, we are so capable of understanding the pain of a single story, yet find it difficult to comprehend the pain of thousands. If only New Yorkers could understand the plight of just one child, one young adult, driven from their home by abuse, or neglect or just a lack of nurture, love and understanding, then they might be able to multiply that by the number of children living on our streets. The fact that thousands are forced to do so is the modern day "Shame of our Cities."

I truly believe that my colleagues at the City Council have gotten the message and have added millions in funding for shelter beds and services for RHY. Of all the things that I am proud of during my tenure in public service, I am most proud of this. Those with a cynical view of our government should know that homeless kids do not vote, and do not have high priced lobbyists making hefty campaign contributions. They just have needs.

Much remains to be done, so much of it simple common sense tweaking of programs already in existence. The United States Congress and the New York State Legislature need to amend the Federal and State runaway and homeless youth acts to increase the maximum eligible age for services to 24 years old from 21 years old, recognize LGBTQ runaway and homeless youth, change the maximum length of stay for youth in transitional independent living programs to be calculated independently of their 18th birthdays, and provide start-up grants for State certification applicants to use during the certification waiting period.

I assure you again that I remain committed to seeing the day when every child who needs one has a shelter bed. I remain committed to seeing that these young people get the services that they need to integrate into society and be productive citizens. I am also committed to finding the defects in our foster care, criminal justice and family services systems that will help shut the pipeline of kids to our streets.

I must thank Jim Bolas and Margo Hirsch and everyone at the Empire State Coalition of Youth and Family Services and The NYC Association of Homeless and Street-Involved Youth Organizations for their tireless and thankless work and advocacy. All of you at ESC and your members are truly the unsung heroes of this story. You have helped and continue to help me to open my eyes and the eyes of many New Yorkers who believe we can do better...and in the process, you have saved lives. Bless you all and thank you.

Lewis Fidler
New York City Council
Assistant Majority Leader and
Chair, Youth Services Committee



INTRODUCTION

New York City's youth in crisis population consists of homeless and runaway youth and youth involved in street culture and its informal economy. In 2002, the New York City Association of Homeless and Street-Involved Youth Organizations ("The Association") developed a State of the City Report as a strategic part of its agenda to provide information about homeless and street-involved youth, the services available to them and building an awareness of existing gaps in services. In addition to their monthly meetings, forums, public vigils and public organizing, the Association has become a practical think tank informed by clinical practice and motivated by resource coordination and management. The Association has developed this bi-annual report to highlight the state of clinical, social and population-specific issues affecting the homeless and street-involved youth living in New York City.

Because the Association maintains a consensus-based, non-hierarchical structure, members felt that it was important to share as much information with its participants as possible. After generating a core list of current topics of concern, Association members were sought to write a review of each new issue. Writers define the issue of concern, its current state, note the current availability of services, explain gaps in those services and offered specific recommendations. Unfortunately, some of the issues documented in this report are repeated, though the recommendations may have changed. Without change, this report will continue to grow as new issues add to the unmet recommendations of previous issues.

The Association is a cooperative body of homeless youth service providers. This report is not a sounding board for the personal agenda of the topics' author or their individual agency. Each chapter is created by an individual or is worked on collaboratively and then independently reviewed by other members of The Association. This document is not an agency-specific resource guide, but rather a policy guide to offer insight to individual providers, public agencies, funders and lawmakers about the state of homeless youth living on the streets of New York City. In reading this document, you will notice that the estimates for total numbers of homeless youth may vary from chapter to chapter. The reality is that there has never been a comprehensive annualized



count of unaccompanied homeless youth in NYC. As a result, we have had to extrapolate data from national statistics and other various studies.

In July of 2007 Empire State Coalition conducted the first comprehensive survey of homeless youth in NYC, in collaboration with The Association and with funding from New York City Council. The survey found that each night, while the rest of NYC slept, over 3,800 young people were homeless in New York City;

- 1,600 of those young people spent the night outside, in an abandoned building, at a transportation site or in a car, bus, train or some other vehicle;
- 150 of our young people spent the night with a sex work client.

Empire State Coalition and The Association surveyed over 1,000 youth who were either homeless or at-risk for homelessness. For the first time New York City gained a comprehensive look at its young homeless population and the results were startling. The surveys were done at youth programs, at runaway shelters and transitional living programs, at adult homeless programs, on the street, and at other miscellaneous sites.

The Association and its administrator, Empire State Coalition are continually seeking to remedy this issue. We hope, however, that the interest in an exact number does not distract policy makers and funders from the fact that there are a great number of youth that we do know about who are underserved and deserve to be counted.

In 2009, The Association and The Empire State Coalition successfully addressed the identification needs of thousands of homeless and street-involved youth throughout New York State. In response to our advocacy for accessibility to identification for runaway, homeless and street-involved youth in New York State, the New York State Department of Motor Vehicles met with our coalition of providers to develop and implement the new MV-45B form with the coordination of certified runaway and homeless youth programs throughout New York. This regulation will aid homeless and disenfranchised youth throughout New York State to obtain a New York State non-driver photo identification.



This is an organic document and will continue to grow and develop as issues of concern arise. Homeless youth providers learn through their work not to “own” the problems of the young people they serve, but to patiently help them to identify and address their issues. Good practitioners learn it, some do not. Young people need to control the vehicle of their lives; they steer, speed up, signal turns and sometimes wipe out. As service providers, we travel with the young person through their experiences; simply reading from their map...this document is the map New York City offers them to work with.

James Bolas, Editor

Director of Education

**Empire State Coalition of Youth and
Family Services**



ASSOCIATION HISTORY

The New York City Association of Homeless and Street-Involved Youth Organizations evolved out of two separate groups in 1996. The National Development Research Institute as part of its Youth-At-Risk Study to help guide research and the Empire State Coalition of Youth and Family Services who was meeting with providers to discuss technical assistance and training needs. The two groups merged to continue to look at the needs and issues facing homeless youth and homeless youth providers. The member agencies agreed to not only focus on specific tasks but also function as a group to process problems and educate both internally and externally. In 2002, this collaborative officially became The New York City Association of Homeless and Street-Involved Youth Organizations and formally requested that the Empire State Coalition manage administrative and organizational efforts.

The New York City Association of Homeless and Street-Involved Youth Organizations is a coalition of service providers, organizations and youth. We believe that by coordinating our services, planning strategies and speaking in a unified voice, we can both advocate for and more effectively respond to the needs of homeless and street-oriented youth in the New York metropolitan area. Our members are dedicated to mobilizing our respective expertise and resources to assist homeless and street-oriented youth to lead safe, healthy and self-empowered lives.

The Association's Definition of Homeless Adolescents:

"A person under the age of 24 years who is in need of services and is without a permanent place of shelter, where support and care are available. These individuals do not have a consistent and/or viable housing resource."

Association Goals:

- *Promote youth leadership and involvement in the decision-making process of the Association.*
- *Advocate for funding and policies.*
- *Inform and educate service providers concerning policy.*
- *Establish and promote standards of service provision that reduce the risks and dangers associated with homelessness and street life.*
- *Assess and identify service gaps and needs on an on-going basis.*
- *Increase our visibility as youth-serving organizations to disenfranchised youth, and to the public and private sectors.*



ASSOCIATION MEMBERS

The Association is a membership coalition of organizations serving homeless youth. The following youth-serving agencies provide the full continuum of services to homeless youth from shelter and transitional living to outreach, legal, job, medical and supportive services. The following is a list of our current participant agencies (in alphabetical order):

Ali Forney Center

Brain Power

Bronx Community Pride Center

Callen-Lorde Health Center/Health Outreach to Teens

Covenant House

Diaspora Community Services

The Door

Empire State Coalition of Youth and Family Services *

FIERCE

Girls Educational and Mentoring Service (GEMS)

Good Shepherd Services

Green Chimneys

Greenwich Village Youth Council

Grand Street Settlement / Project SOL

Interfaith Task Force for LGBT Homeless Youth

Lawyers for Children, Inc.

MCCNY Homeless Youth Services – Sylvia's Place

* Oversees administrative and organizational management



Mt. Sinai Adolescent Health Center's Connect 2 Protect

The National Development Research Institute

Project Renewal

Public Resources

Project STAY

Rachel's Place

Reciprocity Foundation

SCO Family of Services – Independence Inn

Safe Horizon's Streetwork Project

Safe Space

**SUNY Downstate Medical Center / Health and Education Alternatives for Teens
(HEAT)**

The Church of St. Luke in the Fields

Trinity Place

Urban Justice Center-Peter Cicchino Youth Project



EDUCATION

Megan is 18, a parent of a toddler, and a school drop-out. She became homeless at 16 when her grandmother died. She had lived with her grandmother ever since her own mother was arrested and sentenced to time in a prison in upstate NY. After her grandmother died, Megan moved in with her aunt, but things did not work out between them. Megan loved school and would like to go back but cannot afford daycare and cannot get free daycare. The last grade she completed was 7th grade and she feels too old and too embarrassed to enroll in the eighth grade. Although she does not want to go back to public school, she dreams of going to college one day and becoming an early education teacher.

STATEMENT OF THE PROBLEM

For many young people whose education had been interrupted by homelessness, the desire to continue and complete their education is overshadowed by the feeling of anxiety about being out of school for long periods of time or having to sit in classes with much younger students. For some, undiagnosed learning disabilities or mental health challenges have made classroom learning a frustrating and emotionally painful experience. In addition, many homeless youth have to support themselves and may have children to support as well and cannot attend classes during regular school hours. For those who are not in a residential program, the daily struggle of meeting their basic needs takes precedence over long term planning for their future.

CURRENT STATE

There have been great strides in recent years in assisting homeless youth's access to education. The McKinney Vento Homeless Assistance Act has made enrollment much easier and recent changes to FAFSA (Free Application for Federal Student Aid) have allowed some homeless youth to receive financial aid as independent students. While these critical changes have opened doors for many of New York City's unaccompanied homeless youth, many still face huge barriers to completing their education.

Parenting homeless teens often face enormous obstacles. While New York City has special educational programs for parenting teens, LYFE Programs (Living for the Young



Family through Education), that include on-site day care, the waiting lists are so long that homeless teens are not able to access the services. Subsidized day care is also very hard to find and teens often do not have the wherewithal to make every appointment, complete necessary paperwork, and pay for transportation to and from the centers while also trying to feed, clothe and protect their child.

For those youth who hope to re-enter school, low literacy, poor self-esteem and few credits are significant barriers to success. They may also need individualized attention and support to help them adjust to a return to school. Moreover, many of these youth have struggled in traditional educational systems and are unaware of other alternative options available to them when they try to return. A GED program would seem the best alternative, were it not for the inflexible hours and classroom environment of all but a very few programs.

Transitional Independent Living Programs (TLPs) have had great success in working with youth to finish their high school education and go on to college or vocational training. These programs provide the consistency; security and support homeless youth need to overcome their educational fears and deficits. Unfortunately, the number of beds available falls far short of the level or need in our city.

EXISTING SERVICES

All children in New York State have a right to a free public education between the ages of 6 and age 21.¹ School enrollment for homeless students has been greatly facilitated since the enactment of the McKinney-Vento Act. Under the Act, all homeless students are entitled to enroll in either the school where they last attended or the school in the district where they temporarily reside. Enrollment must be immediate and barrier free (school, medical records or other documentation may not be required upon enrollment). If a school denies a homeless student enrollment, the student has a right to appeal and the school must allow the student to attend classes while the appeal is in process. In addition to enrollment, schools must provide or arrange for transportation, and every

¹ Children with certain handicapping conditions may be eligible for school services before age 6. Students who have dropped out and want to re-enroll in high school must show that they can earn enough credits to graduate by age 21.



district has a Homeless Liaison whose job it is to work with homeless students to insure their rights. New York State funds a homeless student advocacy project, NYS TEACHS² which will resolve problems of enrollment, transportation, or other issues related to a homeless student's right to a public education.

For those young people who are over the age of 21 or who do not want to return to public school, there are options currently available for GED programs. Some agencies which serve homeless youth have on-site Department of Education programs. These small programs are specifically designed to work with youth who have struggled in previous educational settings and have support services such as social workers or case managers attached to them. The addition of extra support services is often crucial to the success of these youth. However, youth may be encouraged to enter these programs rather than mainstream diploma-granting programs. GED programs, while a good option for some homeless youth, are designed for traditional learning and their hours of operation and/or method of teaching continues to create a barrier for many homeless youth. Specifically, GED programs generally require youth to attend during regular business hours and offer their educational programs in classroom type settings. For youth who have to work, more flexible hours are needed and for youth who are reengaging in school after long periods of absence, a less traditional setting may be more appropriate.

Parenting teens face unique challenges. The LYFE programs for parenting youth also offer the supports and services ancillary to academic learning that are critical to success for parenting youth. Long waiting lists however make this program virtually unavailable for homeless youth.

GLBTQ youth are statistically overrepresented in the homeless youth population and many of these youth have been traumatized by bullying and homophobia in school. There are a few programs that specifically target lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth both at the GED and diploma level, in particular the Harvey Milk School.

² New York State Technical and Educational Assistance Center for Homeless Students (NYSTEACHS) can be reached at 1800-388-2014 or at www.nysteachs.org



For homeless youth who want to go on to higher education or vocational training, changes to the FAFSA form have made applying for financial aid much less onerous. The new FAFSA forms now screen for independent status (which waives the requirement that parent's provide their income and tax information on the form). Homeless students are deemed "independent" if they are determined to be homeless by one of three entities: their high school or school district homeless liaison; the director of a HUD homeless shelter; or the director of a runaway/homeless youth transitional living program or basic center. The director of a runaway/homeless youth program is able to vouch for youth whom they know to be homeless or a risk of becoming homeless whether or not the youth is being served residentially by the program. These changes are very new so it remains unclear what documentation is still required for homeless youth who are not being housed at a TLP or Basic Center program.

SERVICE GAPS

Although the Department of Education (DOE) has a program that specifically works with children and youth experiencing homelessness—the Students in Temporary Housing Program—most of the focus remains on children living with their parents in shelters or other locations. DOE fails to aggressively outreach to unaccompanied minors, and often discourages youth from enrolling in regular high school classes. In fact, youth who desire a high school diploma and who have been out of school for some time face few options; many of the alternative high schools have credit requirements and are not often designed to handle the complex issues that youth who are homeless present. Furthermore, there are very few literacy programs that are geared specifically to youth. Most programs target older adults, and do not meet the developmental, environmental and emotional needs of younger people or of youth in situations of great instability, such as homelessness. Finally, there are only 38 LYFE centers in the city; not nearly enough to serve the numbers of parenting adolescents who require these services in order to complete their education.



RECOMMENDATIONS FOR EDUCATION FOR HOMELESS YOUTH

- ☞ Outreach by the Department of Education’s Students in Temporary Housing Program at drop-in centers and youth shelters to youth who are homeless to assist them enroll in school, obtain transportation to school, and fully participate in school;**

- ☞ Increased outreach by the Alternative High Schools Superintendency to youth in runaway and homeless shelters and transitional living programs, and youth connected with street outreach programs;**

- ☞ Increased alternative educational programs with intensive support services, including night programs, to meet the needs of youth experiencing homelessness;**

- ☞ GED programs designed to meet the unique needs of unaccompanied homeless youth and offered at locations accessible to youth such as the city’s borough drop-in centers;**

- ☞ Expansion the LYFE program and provide slots for homeless parenting adolescents;**

- ☞ Increased literacy programs designed specifically for adolescents and older youth.**



EMERGENCY HOUSING

Thomas is 20 year old bisexual African-American male who has been staying on the streets and in emergency shelters since he was kicked out of his father's house at age 18. Thomas has stayed in all of the emergency shelters available for youth in New York City at least once and has a history of staying in some of them several times. Currently he is unable to get a bed at any of the youth shelters, due to long waiting lists at some, being "banned" due to fighting and breaking curfew at others and using up the maximum number of days in the remaining shelters. He is staying with a male "friend" because he does not want to go to one of the city's adult male shelters, as the last time he stayed at one he was hit in the head with a rock by another shelter resident because of his sexual orientation. Thomas' friend expects Thomas to have sex with him almost every night as he is giving him a free place to stay and daily metro-cards. This friend is also getting tired of housing Thomas and has told him he has until the end of the month to find another place to stay. Thomas' case manager at a RHY(Runaway and Homeless Youth) drop-in center has recommended a transitional living program for males over age 18 to Thomas, but after visiting it Thomas reported that he did not think he could stop smoking marijuana in order to comply with their drug-free policy.

STATEMENT OF THE PROBLEM AND ITS CURRENT STATE

This case example highlights the complexity of the challenges homeless youth experience with obtaining emergency housing in New York City. Thomas has been trying to utilize the resources available to him in the city but is unable to attain stable housing for very long in the current system. There are several factors that contribute to this including

1. Long waiting lists for emergency beds at NYC homeless youth shelters,
2. The available length of stay once a bed is obtained at a shelter,
3. Challenging program requirements and the young person's own personal struggles with drug abuse.

Like Thomas, young homeless people in New York City often face myriad difficulties including, but not limited to, un/underemployment, unmet mental health needs, educational or developmental disabilities, substance and alcohol use and abuse, involvement in exploitive and/or abusive relationships, lack of health care and few



support systems. Many young homeless people move from shelter to shelter, as programs are able to provide young people with a maximum 30-day stay due to regulatory requirements. A young person facing just a few of these problems is not often able to stabilize their situation during such a limited length of stay. Experts have identified that in most cases it takes 2 weeks for the young person to feel safe and secure and acclimated. During this time an assessment is made, but in most cases in NYC finding permanent or building readiness for transitional housing often takes a young person longer than 30 days. Once a homeless youth loses a bed at a shelter, or their stay is interrupted by having to be “re-intaked” due to regulations, they are back out on the streets, making it difficult to stabilize any gains they may have made during their stay (a job, for example) until they end up in yet another temporary emergency bed. This cycle is understandably frustrating to many young people, leading them to become re-traumatized and act out or lose motivation, this in turn compromises their stay at the shelter and access to other programs. After they have exhausted all the available NYC homeless youth shelters and programs, like Thomas, they have nowhere else to turn but to the city’s adult shelters which have proven to be very unsafe for young people; Or they devolve into a situation in which they are forced into trading sex for a place to stay.

EXISTING SERVICES

One of the challenges for our city’s young homeless is the different definitions at play in accessing NYC emergency housing services. The primary NYC contracting agency for programs providing shelter and services for the runaway and homeless youth (RHY) population is the Department of Youth and Community Development (DYCD). DYCD defines a youth as a person who is under 21 years old and allocates resources for RHY emergency shelters exclusively for that population. Some homeless youth programs in New York City will serve a young person until they are 24 or 25 years old, securing funding for the older youth services from alternative funding sources such as HUD, HIV prevention/care or from the Department of Homeless Services. Once a program opts to use these alternative sources and serves a young adult population, they risk losing their state certification and therefore the legal protection and funding that certification brings.

The strict cut off at age 21 results in persons between the ages of 21 and 24 years old with drastically reduced resources available and once a person becomes 25 they are no



longer eligible for the sparse youth homeless services in New York City and must access the adult system.

There is no formal data identifying exactly how many homeless youth there are in NYC. In 2007, the Empire State Coalition's Homeless Youth Survey found that on any given night in New York City, there are 3,800 homeless youth between the ages of 13-24. If we take into consideration the older homeless youth population, the youth that are marginally housed and/or not accessing care at RHY programming and are therefore difficult to count, and the fact that two years have passed since these numbers were generated, the 3,800 homeless youth count number has likely significantly increased in size.

Numbers from organizations like Coalition for the Homeless only specify the number of homeless single adults and families but do not count unaccompanied homeless youth over the age of 18. Based upon a previous study by the National Development and Research Institute, only about 40 percent of street youth in that study had ever been contacted by an outreach worker (usually once to four times a month). If that study of a sampling of the 900 individuals is indicative of the homeless youth population, Empire State Coalition extrapolated that, the 13,000 youth contacted by three major homeless youth programs, represent a comparable 40 percent of the population of NYC street youth, thereby, estimating there may be as many as 32,000 youth on the street in any given year. Most formal statistics that do include homeless youth numbers are compiled using the access numbers from RHY emergency shelters and drop-in crisis centers. In 2007, over 4,500 people under 21 years old accessed care in New York City at an emergency shelter or crisis center (New York Office of Children & Family Services). For the roughly 4,000 homeless youth in NYC on any given night, there were less than 600 crisis shelter beds available in 2007. That number has decreased as budgets have been cut by the state and programs have had to make hard choices to keep their residential programs operating with greatly reduced dollars.

Emergency Shelter Beds – NYC November 2009

As of the writing of this chapter in November of 2009, there are a total of 370 Emergency Shelter beds with stays of 7 or 30 days. Some of these beds are reserved specifically for LGBTQ homeless youth and Pregnant and Parenting youth. Each night, 90% of



*homeless youth in NYC can **not** be accommodated with a safe and secure roof over their heads.*

GAPS IN SERVICE

The single greatest gap in New York City emergency shelter services is the lack of beds available for the homeless youth population. Irrespective of the fact that our city does not have an accurate count of how many homeless youth there are, we know that there are only a few hundred beds available for the thousands of homeless youth that are in our city. Waiting lists and “turn aways” at crisis shelters are now a regular occurrence in our City.

Along with the sheer lack of beds available, there is also a gap in service regarding the length of stay a homeless youth has available once they are in an emergency bed. Thirty days, the average length of stay in an RHY emergency bed, is often not enough time for a homeless youth to become prepared to get into a transitional living program (TLP), such as find a job, apply for necessary resources like food stamps, public assistance, state identification, and secure longer term housing options such as TLPs or NYNY3 (for youth with foster care, substance use or mental health histories) or NYC Housing Authority housing, all of which have limited availability comparable to Emergency Housing. Many homeless youth who are able to secure a bed often lose it before they have another secure option in place, thus creating a cycle of homeless youth moving between emergency shelters and the street and back into the shelter system again.

As we saw in the case example with Thomas, in addition to being homeless, many RHY youth are battling serious substance abuse, mental health and medical issues (either as a result of their being homeless or as a cause of it) and though most RHY programs can support clients presenting mild cases, many RHY crisis programs are not equipped to handle the more advanced challenges. There are homeless youth who have been banned from many programs because they are unable to manage their behavior, leaving them back out on the street again or cycling through the emergency rooms of city hospitals.



In New York City many programs serving homeless and street involved young people have realistically expanded the definition of youth homelessness to go beyond the age of 21 and serve youth up to the age of 24. There are a select few programs that are able to provide housing for youth up to the age of 24. It is important to be able to provide crisis shelter for this population of homeless youth and help them before they would otherwise enter the adult shelter system.

Finally, there are serious gaps in communication between organizations serving homeless youth. While the creation of the NYC Association of Homeless and Street-Involved Youth Organizations has helped bridge this gap in many ways, there are still agencies and organizations that refer homeless youth back and forth to one another when the referrals are inappropriate, or to programs with no availability.



RECOMMENDATIONS FOR EMERGENCY HOUSING SERVICES FOR HOMELESS YOUTH

- ☞ Fund quantitative research to get an accurate count of the homeless youth in NYC;**

- ☞ Increase funding to RHY emergency shelters for more beds and longer stays;**

- ☞ Create and fund a stream of homeless youth housing that is longer than the emergency shelter 30 day limit and less restrictive than the current requirements for obtaining and maintaining residence in a transitional living program (TLP)(Bridge Programs);**

- ☞ Increase funding at RHY crisis shelters for program development designed to meet the needs of specialized populations such as those battling substance abuse, mental health issues, youth-trafficking and developmental delays;**

- ☞ Fund The NYC Association of Homeless and Street-Involved Youth Organization to coordinate the services and communication between agencies serving homeless and disenfranchised youth;**

- ☞ Expand the RHY definition of Runaway and Homeless Youth used by NYS Office of Children and Family Services and NYC Department of Youth and Community Development to include the 21-24 age group;**

- ☞ Coordinate funding sources to include emergency programs and emergency housing for the 21-24 year olds.**



EMPLOYMENT

Peter is a homeless youth from South Carolina who moved to New York City looking for better opportunities. He fled his home in South Carolina when he was only fourteen years old because of the extreme abuse he was suffering at the hands of his father. After spending a year couch surfing at friend's homes, Paul found himself living on the streets and taking up odd jobs to put food in his stomach. He was forced to drop out of high school as everyday survival became his number one priority.

Peter moved to New York City at the age of seventeen looking for a better means by which to support himself. He found himself on the streets of the South Bronx, hustling, living in abandoned buildings, and making money any way possible. After two years of this street life, Peter took up residence in Central Park, once again picking up odd jobs as a means to eat and survive. It was here that he met a kind stranger that referred him to a youth crisis shelter.

At the crisis shelter, Peter was enrolled in a week long, basic job readiness course, and was assisted in obtaining his identifications. A job developer then helped him obtain a job at a local deli. Peter was accepted into a long term transitional living program where he will learn the skills necessary for self sufficiency and independent living. However, minimum wage at the deli will not be enough to maintain an apartment on his own, and therefore Peter will have to find a second job. He hopes to also obtain his GED so he can enter a vocational training program and have a shot at a better paying position where he may have the potential to move up.

While at the moment Peter has a place to sleep and be safe, without the ability to obtain long term employment that pays a livable wage, Peter might find himself in danger of homelessness again in the future.



STATEMENT OF THE PROBLEM

Young people struggle to find and maintain viable jobs. Homeless youth are singularly unprepared to meet the educational, skill level, and social demands of New York City's tight economy and competitive labor market. Unskilled young workers entering the job force for the first time are left largely unemployed or working temporary jobs for meager pay without benefits. The high cost of housing within New York City, coupled with the low-wages of unskilled workers, make self-sufficiency a significant challenge for homeless youth.

Young people attempting to overcome homelessness by accessing employment, housing and other necessities, face multiple barriers as they join the workforce with few skills, limited education, and little experience. From accessing a computer, to writing a resume, to finding interview clothes, or simply knowing how to appropriately communicate with a potential employer, homeless youth struggle. Although homeless young people dream of self-sufficiency and a chance to maintain a well-paying job, they face daunting barriers to long-term independence.

Other than shelter, the thing that young people need most is a safe way to support themselves. Disenfranchised youth often exist as components of a street economy. This, more often than not, translates into illegal means of survival ranging from sex and drug trade to begging and theft. Often the requirements for survival in this economy can become emotionally and physically traumatic for a disenfranchised adolescent without recognizable options. There needs to exist immediate alternatives to the survival activities they engaged in for money on the streets and an understanding, negotiation and translation of the basic skills they require for that street survival. For example, the young person does not always see the subtle marketing skills they practiced while involved in high-risk sex work. Or translating the negotiation skills used in the drug trade. Living and surviving on the streets requires a different set of social and communication skills. Acknowledgement and translation of those skills allows us to teach the young person how to effectively communicate in less harmful work settings and encourages a level of sensitivity among the providers.



We have to remember that homeless youth present unique conditions in relation to being employed and being prepared for employment. There is often no permanent home address for mail or if there is, the situation at that home is an emotional or physical risk for the young person to take in order to obtain mail. Resources for proper hygiene and clothing storage are limited. Drop-In Centers with showers and/or laundry facilities do not generally open until after 9am. As mentioned previously in this report, obtaining identification for someone who is homeless or disenfranchised presents an even greater number of hurdles that can prevent a young person from being employed or job ready. Though there are some resources in the city, most young people do not have phone access.

CURRENT STATE

In the past few years, the youth unemployment rate has hovered between 20 and 30 percent. Youth unemployment in New York City is about twice as high as the national average and among the highest in the country's largest cities. Additionally New York City's youth labor force participation rate is about half the national average

One recent study surveyed homeless young people who sought crisis services and at Covenant House between October 2008 and February 2009 (*Youth in Crisis: Characteristics of Homeless Youth Served by Covenant House New York*, 2009). Of these young people, 68% lacked a high school diploma or GED and more than three quarters (78% were unemployed. Among the few who were employed, 77% made \$8/hour or less.

Youth often become homeless after aging out of foster care. According to a briefing by The Children's Aid Society, between 22% and 55% of youth who leave foster care are unemployed. Among youth who do find employment, only 38% maintain employment a year after their discharge (*Aging out of Foster Care*, 2005).

Youth unemployment creates emotional, psychological and physical risks for youth. For example, homeless youth often face discrimination when seeking employment. This is particularly true for non-gender-conforming youth who often face hostility or violence from companies and employees. Many homeless youth feel that they are faced with insurmountable barriers when seeking a job, and even more so, when seeking to build a



sustainable career that reflects their interests and talents. As such, many homeless youth give up on the job search. Even more troubling is that many homeless youth feel discouraged that they will be unlikely to find stimulating work that pays a living wage – as such, many abandon high school or college with the belief that having an education won't make a difference.

However, homeless, runaway and foster care youth also possess a strong sense of self-awareness, a result of the enormous challenges they've faced. While many lack traditional independent living skills (stemming from instability in their home lives) most have strong survival and self-advocacy skills as a result of having to fend for themselves from an early age.. All of these characteristics become unique strengths for homeless and foster care youth once they are engaged with supportive services that take a youth-centered approach.

WHAT SERVICES CURRENTLY EXIST?

There are a number of government and privately funded job readiness programs that prepare homeless youth for employment. Successful models acknowledge the diverse needs of homeless youth and include job training along with coaching, mental health support, and a flexible schedule that can accommodate curfews, work schedules and other commitments in the youth's lives.

Youth participation and retention in job training programs also depends on their ability to be fed, clothed and find shelter. Youth that are living in Transitional Living Programs tend to have enough of the basics provided for them that they are able to focus on higher aspirations such as careers, skill development and personal advancement.

Job Support Programs

The most common programs offer youth job support services such as job counseling, resume assistance, skill-building workshops along with some job placement support. These services are offered at independent centers as well as within homeless shelters, drop-in centers and after –school support programs. The focus of most of these programs is to offer supportive services rather than to directly train and place youth in jobs.



Job Training Programs

Some agencies offer on-site job training programs. These programs may or may not offer job placement opportunities upon completion of the training portion. Although this list only covers a subset of the available programs, here are some examples of the occupational training currently offered:

- Bank Teller
- Computer Support (IT desktop support, Microsoft-certified support)
- Investment Operations (IT and admin support in financial services sector)
- Culinary Arts (Chef, Line Cook, Prep Cook)
- Certified Nurses Aide
- Construction work (range of roles on a construction site)
- Photography Assistant

Combined Educational & Job Training Programs

There are a smaller subset of agencies that offer a combination of college credits and professional skill training programs. Typically these programs are longer (1-2 years rather than a 1-6 month program) and include a paid or unpaid apprenticeship program. Upon graduation, youth can elect to work full-time or part-time and may decide to enroll in college and complete a full degree.

SERVICE GAPS

Job readiness is critical for homeless youth to survive in an urban environment where skilled employment is essential for long-term financial independence. Unfortunately, even revised employment programs have not combated the lack of job-readiness so prevalent among homeless young people

Federally funded job training programs changed in 1998 with the implementation of The Workforce Investment Act (WIA). WIA dramatically changes federally funded employment services by streamlining workforce development programs nationwide.



The Workforce Investment Act (WIA) of 1998, which went into effect in July of 2000, was designed to encourage the development of a highly skilled workforce. To this end, it seeks to provide employment and training services to three target populations: adults, dislocated workers, and low-income youth, both in school and out of school, who face barriers to employment.

With respect to its youth component, WIA dictates that municipalities allocate 70% of WIA dollars to In School Youth programs and 30% to Out-of-School Youth programs, provide youth with year-round counseling and other follow-up services, and allocate 15% of funding to administrative costs. Under WIA, summer youth employment is no longer a stand-alone program, but rather one of ten options localities can offer young people enrolled in the year-round WIA program.

The New York City WIA youth initiative has been administered through the Department of Youth and Community Development (DYCD) since 2003. (Neighborhood Family Services Coalition, The Need for Summer Jobs (last accessed Sept., 2003). http://www.nfsc-nyc.org/youth_employment.html)

The WIA envisions a comprehensive youth employment system in which youth are given an objective assessment and then presented with a year-round strategy. Although the WIA promised exciting opportunities, public job training programs have not made substantial inroads in decreasing youth unemployment.

Low-income youth have distinct needs in the face of our changing economy. To respond to these needs, the City must provide comprehensive vocational training as well as job placement programs to help young people stay off the streets and move into viable jobs and long-term living situations.



RECOMMENDATIONS FOR EMPLOYMENT SERVICES FOR HOMELESS YOUTH

- ☞ Develop and provide educational support programs that provide adequate support for youth to stay in high school and graduate, or to enroll in a GED program. Support services are also needed to help youth apply to college and for financial aid;**

- ☞ Develop job readiness and placement programs that match the diverse interests of homeless youth, and span a wide range of industries and skill levels – to train youth for entry –level work and managerial positions;**

- ☞ Increase funding for job training and readiness programs at the city, state and federal levels that match the needs of the local homeless youth population;**

- ☞ Increase the openings available through the Summer Youth Employment Program;**

- ☞ Develop apprenticeship programs with local industries and unions that enable youth to gain hands-on work experience in a supportive setting;**

- ☞ Create more formal and informal linkages with the private sector so that more internships and entry-level positions are available for homeless youth applicants in both large and small corporations;**

- ☞ Encourage your agency to seek out Department of Labor support for job readiness, referral and retention programs for youth;**

- ☞ Develop more job readiness fairs and networking services in collaboration with New York City non-profit and government agencies to prepare disenfranchised youth and connect them with hiring companies;**

- ☞ Develop incentives for the business community to support community-based organizations with jobs, funding and volunteers.**



FOSTER CARE

17 year-old Katie had been in foster care since she was 9 years old. By the time she was a teenager, Katie was full of anger and desperate to get out of her residential treatment facility (RTF) which was located outside the city. One month before graduating from high school, Katie received permission to enter a new program located in Manhattan. Instead of finishing the year at her high school, Katie jumped at the chance to get away. She moved into an independent living program in New York City and after only two months of receiving support for her transition out of foster care, the agency closed her program. Katie hated the group home where she was transferred because it was too far from the neighborhoods she knew and she “went AWOL” [absent with out leave] within two days. At first, she and her boyfriend slept in parks, but as autumn turned to winter, the couple sought protection from the elements. They were terrified of the adult shelter system and refused to be separated from each other in divided men’s’ and women’s’ facilities/floors. The couple eventually found an abandoned building and shared the rooms there with adult drug users and sex workers. When Katie finally sought assistance from a case worker at her former foster care agency, she was told that she was too old to come back into care and that they had closed her case because she was now over the age of 18 and had been out of touch with them for more than six months.

Katie’s case highlights some of the major problems that contribute to negative outcomes for children in New York City’s foster care and that prevent it from being a viable alternative to homelessness; program scarcity, limited resources to prepare youth for their transition out of foster care and a lack of appropriate services.



STATEMENT OF THE PROBLEM

In New York City, youth homelessness and the foster care system are intimately linked. A National Drug Research Institute (NDRI) report examining the relationship between trauma and substance use among New York City homeless youth found that a substantial portion of the youth they interviewed had been in foster care at some point prior to becoming homeless. Of the youth who had been in foster care, some became homeless because they ran away from the foster care system, and others were discharged or “aged out” (turned 18 or 21) with no place to call home. In New York City, the scarcity of budgeted funds and resources for homeless people in general, and for young adults specifically, should make foster care a viable safety net for youth between 16 and 21, but that has not been the case. In fact, unless they entered care before their 18th birthday, foster care services nationally are not available for young people over the age 18. Foster care services have contracted significantly in the past several years as young adults are shuttled around to different agencies and group homes as poorly performing facilities are closed and private agencies’ contracts are canceled, and NYC Children’s Services decreases Residential Care beds while shifting its focus to family foster care. No one can argue that in most cases, a young person is best served by a safe, loving home but unfortunately there are many youth that would have difficulty in a private home setting and there are not enough appropriate, safe homes for all older adolescents in care.

Youth who enter foster care and youth who become homeless generally share similar life histories and risk factors for homelessness, including exposure to emotional or physical abuse, family violence, mental illness, chemical dependency and other stressors arising from poverty. Unfortunately, the foster care system that was intended to provide a haven for these young people has become a system that in many ways replicates the conditions youth need to be spared. Many facilities are run by insufficiently trained staff using overly-rigid rules. Youth often report that congregate care facilities (typically for 14-21 year olds) are rife with theft, drug use and abuse, and the potential for violence. Young adults who enter care have a very low rate of high school graduation, GED achievement, and employment as compared to their peers in New York City who are not in out-of-home care. Adolescents in care are also often developmentally behind their peers due to trauma and experiencing a lack of stable



home. This increases their likelihood of not being able to prepare for independence by 21.

The increased focus on family foster care for children and youth in care can be seen as a positive trend. The recent Request for Proposals (RFP) by ACS highlighted the emphasis on family foster care and reduction of residential care. Many older LGBTQ youth in care have had difficulty finding welcoming foster homes in the past. The RFP addressed the importance of every contract agency having an LGBTQ Point Person, although this will not ensure that every family foster care home will be LGBTQ affirming. Additionally, older youth in care typically have multiple concerns that add to the difficulty in finding a family foster home placement. Intensive mental health issues, substance abuse, acting out behavior, and truancy are a few of the typical issues that complicate home-finding. However, there are some organizations that specialize in finding homes for older adolescents.

Ideally, foster care could provide some respite for street-homeless youth and offer vital services to youth who are currently only marginally housed by providing reliable shelter, social interaction, medical care and educational assistance. Unfortunately, it is a system that strongly resists providing housing and assistance to the few homeless, runaway and street-involved youth who are willing to enter or return to care. It is unclear whether this resistance is due to insufficient funds to serve the large number of children who already require services, or if it is due to an institutional culture that resists serving youth who require extensive services. While ACS is not legally obligated to accept youth who are over 18, they are obligated to care for youth who are already in the system by the time they are 18 until they are 21, if the young person desires to continue in care. ACS has strongly encouraged providers to not automatically give teenagers a goal of “independent living” but rather work to place them in family settings. If a family setting is not desired by a young adult, there is an emphasis on “discharge resource” so a young person does not feel alone after aging out of care. The hope is that ties to a family will provide a safety net for young people and will prevent some homelessness that results when youth are discharged without being prepared to live independently. Although there have been more efforts in recruiting and retaining foster boarding homes willing to take in and care for teenagers, significant challenges remain



GAPS IN SERVICES

While foster care provides a viable alternative to street homelessness until youth are 21 if they consent to stay, many young people are resistant to seeking assistance from ACS. Part of the explanation is that ACS residential settings are often extremely restrictive and punitive and especially frustrating for youth who are accustomed to living without the structure of school, work or family rules. Some experts have argued that many of ACS's regulations are not "age appropriate" for teenagers and do not leave room for normal adolescent experimentation and identity formation. ACS' efforts in addressing adolescent needs are called Preparing Youth for Adulthood (PYA) and include emphases on permanent connections (whether family member or other adult), life skills development, and financial skills. A newly expanded mentoring project as well as less rigid rules about certifying foster parents may provide some relief. Increased services and sensitivity to the needs of LGBTQ youth should also improve conditions over time making them more appealing to young adults

In the past, young people were frequently discharged to homelessness, to shelters or to relatives willing to sign papers but unprepared to provide a permanent home for a young person exiting foster care. Currently, ACS policy forbids agencies from discharging a young person without a stable housing option and forbids discharge to the public shelter system. Realistically, many teenagers are still discharged to the care of someone who is unprepared to care for an older teenager or to a family member with whom they do not have a stable relationship. The system lacks aftercare specialists who can begin a relationship with older teens in care and continue a relationship with them after they leave. There is also a complete lack of emergency housing for former foster care youth to access during the difficult first two years out of foster care, and very few beds for homeless youth in general in New York City. Additionally, there is little evidence regarding long term follow up on stability of youth discharged to independent living.

Young people also regularly complain to their caseworkers, social workers, and legal guardians that they are not receiving sufficient training in independent living skills including educational services, vocational training, budgeting, housekeeping and accessing entitlements such as housing and medical benefits. As has been said many times before, reducing the number of cases held by caseworkers could improve services



to each client and hopefully prevent young people from “going AWOL” to unsafe situations. ACS recently shifted Case Management responsibility to provider agencies rather than have Case Managers within ACS. The hope is that this will enable agencies to make better decisions for young people and not be bogged down from bureaucracy. ACS has also required agencies to implement the Family Team Conferencing (FTC) model which brings all the “players” in a case together to make decisions regarding goals, placement, and discharge. Many agencies have reported that FTC’s have helped them manage difficult cases better and involve family members that were previously resistant.



RECOMMENDATIONS FOR FOSTER CARE FOR HOMELESS YOUTH

- ☞ More facilities designed for youth between 16 and 21 such as Supervised Independent Living Programs (SILPs) and small group homes and providing info about those that do exist to all agencies;**

- ☞ Reserve emergency and transitional beds for foster care youth whose housing resources have failed within two years of discharge. These beds should not be funded through RHY dollars, as the federal and state funded shelter and transitional beds are already taxed by actively street-involved youth;**

- ☞ Develop policy and protocols that guide Aftercare Specialists to provide resources to youth for a minimum of two years after they leave foster care;**

- ☞ Continual expansion and improvement of comprehensive independent living training and support;**

- ☞ Improved policies governing dress codes, gender expression, body modification and other forms of non-gang related self-expression for young adults in order to minimize youth leaving (or “AWOLs”) from care for non-safety related stressors;**

- ☞ Provide competitive wages and more comprehensive training for direct care staff working with adolescents in order to maximize the quality of care for residents of congregate care facilities.**



HIV/AIDS

Jason, a 20 year old young man, entered an emergency room last fall because he was having trouble breathing. Six months prior Jason was ejected from a group home after getting in an argument with a staff person and began staying with various friends for short periods. To support himself, he began selling stolen goods and sometimes dealing drugs. Over time his own drug use, which had been minimal up to this point, increased and occasionally he traded sex for money to support his habit. Although he usually practiced safer sex, Jason became “apathetic” during this stressful period and stopped using the condoms he received from the outreach workers he encountered in the West Village. Over time, he became increasingly run down and began to experience shortness of breath. The attending physician in the ER examined Jason and determined that he may have tuberculosis. After discussing Jason’s possible exposure to TB, the physician realized that Jason was homeless. He suggested that Jason also take an HIV test. Jason agreed.

The following days were a blur for Jason. He remembered being told his HIV test was positive, but nothing else. He was discharged with a supply of antibiotics and the name of a doctor with whom to follow up. The paper with the doctor’s name was left at a friend’s house and accidentally thrown out. Jason said he “couldn’t deal” with being HIV-positive and “went on with life.”

Over the next few months Jason was approached by outreach workers when he was hanging out in Midtown. One in particular was nice and seemed “cool”. She often asked him if he needed condoms or information about preventing HIV, which served as a reminder to him that he needed to deal with his HIV infection. One night, he confided in her that he had tested HIV-positive.



They discussed his options and Jason decided to visit a mobile medical clinic the next day. He also began working with a social worker at a community-based organization because he didn't think he could make any serious medical decisions until he had a stable place to live.

STATEMENT OF THE PROBLEM

Homeless youth are among the populations of young people at highest risk for contracting HIV in the United States (Kipke, et al., 1995; Stricof 1991). Basic needs such as food, shelter, and healthcare are generally not met, and it is estimated that less than 10% of youth have the social, psychological, and economic resources to live independently (Pennbridge et.al, 1990). When basic needs are not met, it becomes more difficult for youth to maintain safer sexual and drug-using behaviors that would prevent HIV infection. Jason's story exemplifies how a young homeless person's struggle for survival can contribute to a higher risk of acquiring HIV and AIDS.

The factors that place youth at risk for being homeless and also at risk for HIV are complex, and can sometimes be traced to their early family backgrounds. Youth become homeless in response to long-standing family instability, parental mental health and substance use problems, and typically, serious abuse and neglect (Farrow, et al., 1992). Family problems such as physical and sexual abuse, parental substance abuse, and irreconcilable differences between parent and child are often cited as the impetus for running away. Neglect and abuse have been documented at higher levels and are most often cited by homeless youth as reasons for leaving their families and living on the street.

Many are thrown out of their homes because of their sexual orientations, or because they are transgender (Kruks, 1991). Over time this family instability forces youth to reach out to find a different support structure. Educational or career-oriented goals may be replaced by more immediate needs such as finding something to eat or someplace to sleep.



Other possible contributors to HIV risk behaviors among homeless youth are the social or sexual networks in which they live. Networks are comprised of individuals that homeless youth spend time with or engage in sexual activity, and can have both protective and negative influences on the young persons risk behavior. It is well documented that homeless youth typically engage in drug use behaviors, such as intravenous drug use, that place them at greater risk for contracting HIV and other infectious diseases such as the Hepatitis C virus. If the young person's social network norms are consistent with drug and substance use and partaking in these behaviors is valued, then the young person will be provided more opportunities to adopt these behaviors and even model the behavior to others (Tyler, 2008). Research also suggests that social networks, such as those developed within transitional living programs or drop-in centers, may serve as protective factors to youth by not only discouraging high risk behaviors, such as illicit drug use or engaging in the "street economy", but encouraging harm reduction behaviors while engaging in these activities.

Structural or systemic factors, such as law enforcement and health policy, may also contribute to behaviors that increase the risk for HIV acquisition among homeless youth. Homeless youth who must financially support themselves typically perceive no alternative but to turn to the "street economy" for survival. Some may shoplift and sell drugs which can contribute to their own substance use problems or engage in "survival sex;" that is, they exchange sex for money, drugs or a place to stay. Research suggests that enforcement-based policies and practices which result in the criminalization of street youth activity may be a contributing factor in HIV risk among the population (Marshall, et al., 2009). The criminalization and incarceration of homeless youth may increase HIV risk by driving drug use or sex work underground where HIV prevention programming may not have an impact. Additionally, these policies may create networks that place youth at greater risk by destroying sexual networks that have worked as protective factors. Legal reform and structural interventions that limit enforcement-based policies and increase youth-friendly, harm reduction policies and practices may be effective at decreasing HIV risk behaviors among homeless youth populations.



High risk sexual and drug use behaviors combined with the instability of homelessness and systemic factors that don't support homelessness increase vulnerabilities to poor health outcomes, including HIV, other STI's and mental health problems.

CURRENT STATE OF THE ISSUE

It is estimated that 10-30 percent of homeless youth in New York City are HIV-infected (Allen, et al., 1994; Clatts, et al., 1998; Pfeifer & Oliver, 1997). Data from homeless youth in other cities and of rates of sexually transmitted diseases in New York City indicate that the prevalence may be even higher, particularly for older youth and those who have been homeless longer (Ennett, et. al, 1999). Within the homeless population, sexual minority males (i.e., those who identify as gay or bisexual) experience the greatest vulnerability to acquiring HIV with infection rates increasing as the population ages.

The Centers for Disease Control and Prevention, in an effort to use proven public health approaches to more effectively combat HIV transmission, recommends that voluntary HIV testing be part of regular medical care in an effort to more effectively combat HIV infection. This includes community health clinics, STD clinics, public health clinics, and correctional health facilities. They also recommend that consent be included in general medical consent forms rather than as a separate document and that pre and post-test counseling be removed in medical settings. Current NY State HIV counseling and testing law requires a separate written-informed consent as well as pre and post-test counseling and HIV information be provided to any individual requesting an HIV test. Following recommendations from the CDC, state legislators have introduced bills over the past several years that would allow consent for HIV testing be included in general consent for medical care. Several of the bills also eliminated the requirement for pre and post-test counseling in medical facilities and that HIV testing be an "opt-out" rather than an "opt-in" procedure once consent is provided at initial medical visit. The routinization of HIV testing efforts has increased testing services into runaway and homeless youth populations and providers have reported an increase in HIV infections among homeless youth being tested. However, homeless youth advocates believe that the removal of separate informed consent and pre and post-test counseling would have detrimental effects on the population.



While homeless youth who are HIV-negative require on-going HIV prevention efforts, HIV/AIDS might not be the most salient issue for them. Engaging homeless youth into medical care, including HIV testing, is an important prevention measure. Service providers try to build relationships with youth and connect them with services before recommending HIV-testing. While HIV testing is an essential component of the public health plan to address HIV, testing youth who are in crisis or acutely unstable may have negative clinical and public health consequences; therefore, homeless youth must first be assisted to reduce risk behavior and increase stability prior to testing. Prior to administering an HIV test, service providers need to prepare them for the potential consequences of either a positive, negative, or inconclusive result. A separate written informed consent and pre and post-test counseling procedures are crucial when working with homeless youth populations because of the already unstable environment in which they live.

Homeless youth who contract HIV experience significant barriers to treatment benefits. They require consistent medical care including case management, secondary prevention, and mental health care. However, youth with unstable living situations may prioritize their needs differently than youth who have stable housing. Adhering to complex medical regimens and attending regular medical appointments become secondary to finding a place to sleep at night.

Anti-retroviral therapy (ARV) can be complex. A typical routine consists of two to three doses a day of multiple medications. Some must be taken with food and others without; some need to be kept refrigerated and others do not. Side effects can be debilitating, particularly when the medications are first introduced. A youth without a stable place to live will experience significant barriers to adherence; for example, no place where he or she can store medications, take them in privacy (in case confidentiality is an issue), no means of preparing the appropriate complimentary foods, and no comfortable place to lie low when side effects are serious.



AVAILABLE SERVICES

Service providers in New York City are engaged in a multifaceted effort to prevent the transmission of HIV and ameliorate its consequences. Multiple strategies are used for HIV prevention efforts since youth are less likely to utilize conventional medical services. Several New York City providers have incorporated HIV prevention programming into the services offered at emergency shelter programs that are available to homeless youth (though it should be noted that the 3,800 youth who are disenfranchised each night far exceeds the 300 estimated emergency beds available to homeless youth). Those programs offering HIV support and prevention services include one-on-one counseling, group level interventions, HIV testing, and condom availability programs. Prevention efforts at sites are commonly implemented by the youth workers and, when available, a health educator.

Mobile vans serving as traveling medical clinics bring state-of-the-art services directly to homeless youth. Coupled with the mobile vans, agencies employ outreach workers, both adult/professional and peers, to meet homeless youth on the street and address risk reduction with them. Outreach workers provide information, support, condoms and referrals, ideally bringing the homeless youth back to the host agency for more comprehensive services. Most importantly, the outreach workers know where and how to contact this hidden population. Research has shown that outreach efforts successfully bring homeless youth to treatment (Anderson, et al., 1996; Huba, & Melchior, 1998; Johnson, et al., 2001; Wright-DeAguero, Gorsky, & Seeman, 1996). In addition, preparation for HIV counseling and testing is conducted in community-based organizations. Since research has shows that a negative HIV test result does not automatically translate into reduced risk behavior, newly-tested HIV-negative youth are linked to prevention services.

SERVICE GAPS

The greatest barrier that service providers face in combating the HIV epidemic in the homeless population is a lack of available and age-appropriate temporary and permanent housing. As noted above, homelessness creates marked vulnerability to HIV-infection, through the stress of the street environment, malnutrition, and sex and



drug risk behavior. It also complicates prevention, testing and treatment efforts. There is a common misconception among homeless youth serving programs that testing an adolescent who is homeless will result in them changing their behavior. Unfortunately, this misconception is exacerbated by HIV testing requirements of public funding streams that contribute to the programmatic support of homeless youth programs.

ANTICIPATED BARRIERS

- Lack of emergency shelter beds and transitional living spaces available to homeless and runaway youth;
- HIV prevention efforts focus only on behavior rather than multiple factors and root causes of HIV risk behavior;
- Fidelity to HIV prevention interventions versus adaptation to meet the needs of runaway and homeless youth;
- Public funding for support services that remains predominantly focused on HIV case finding.

REFERENCES

- Allen DM; Lehman JS; Green TA; Lindegren ML; Onorato IM; Forrester W (1994). HIV infection among homeless adults and runaway youth, United States, 1989-1992. Field Services Branch. *AIDS*, 8 (11), 1593-8.
- Anderson JE; Cheney R; Clatts M; Faruque S; Kipke M; Long A; Mills S; Toomey K; Wiebel W. (1996). HIV risk behavior, street outreach, and condom use in eight high-risk populations. *AIDS Educ Prev*, 8 (3), 191-204.
- Clatts, M.C., W. R. Davis, J.L. Sotheran, and A. Atillasoy. (1998). The correlates and distribution of HIV risk behaviors among homeless youth in New York City: Implications for prevention services and policies. *Child Welfare* LXXVII(2): 195-207.
- Farrow, J.A., Deisher, R.W., Brown, R., Kulig, J.W., & Kipke, M.D. (1992). Health and health needs of homeless and runaway youth. *Journal of Adolescent Health*, 13, 717-776.
- Huba, G.J., & Melchior, L.A. (1998). A model for adolescent-targeted HIV/AIDS services: conclusions from 10 adolescent-targeted projects funded by the Special Projects of National Significance Program of the Health Resources and Services Administration. *Journal of Adolescent Health*, 23 (2 Suppl), 11-27.



- Johnson, R. L., Stanford, P. D., Douglas, W., Botwinick, G., & Marino, E. (2001). High-risk sexual behaviors among adolescents engaged through a street-based peer outreach program--(the Adolescent HIV Project). *J Natl Med Assoc*, *93* (5), 170-7.
- Kipke, M.D., S. O'Connor, R. Palmer, R. MacKenzie. (1995). Street youth in Los Angeles: Profile of a group at high risk for Human Immunodeficiency Virus infection. *Archives of Pediatric and Adolescent Medicine* *149* (5): 513-519.
- Kruks, G. (1991) Gay and Lesbian Homeless Street Youth: Special Issues and Concerns. *Journal of Adolescent Health*, *12*, 515-518.
- Marshall B., Kerr T., Shoveller J., Montaner J., Wood E. (2009). Structural factors associated with an increased risk of HIV and sexually transmitted infection transmission among street-involved youth. *BMC Public Health* 2009, *9*(7),
- Pfeifer, R.W. & Oliver, J. (1997) A study of HIV seroprevalence in a group of homeless youth in Hollywood, California. *Journal of Adolescent Health*, *20* (5), 339-42.
- Stricof, R., J. Kennedy, T. Natell, I. Weisfuse, L. Novick. (1991). HIV seroprevalence in a facility for runaway and homeless adolescents. *AJPH*, *81* (supplement), 50-53.
- Tyler K (2008). Social network characteristics and risky sexual and drug related behaviors among homeless young adults. *Social Science Research*, *37*, 673–685.
- Wright-DeAguero, L. K., Gorsky, R. D., & Seeman, M. G. (1996). Cost of outreach for HIV prevention among drug users and youth at risk. *Drugs & Society*, *9* (1-2), 185-197.



RECOMMENDATIONS FOR HIV/AIDS SERVICES FOR HOMELESS YOUTH

- ☞ Increase number of emergency shelter bed, as well as transitional living and independent living arrangements;**

- ☞ Implement HIV prevention interventions that support youth development and capacity building. These interventions should include components that frame the presenting problem, provide HIV/AIDS information, build coping skills with the population, provide social support, and address environmental barriers;**

- ☞ Legislation that incorporates HIV Counseling and Testing as part of routine medical care without removing written informed consent and pre and post-test counseling;**

- ☞ Address the issues that put youth at risk for becoming homeless including family violence, substance use, mental health, and employment.**



IDENTIFICATION

The format of this report on Identification is inverted in response to the success we have achieved in 2009 in successfully meeting the needs identification for Runaway and Homeless Youth in New York State!

RECOMMENDATIONS REGARDING HOMELESS YOUTH AND IDENTIFICATION

- ☞ New York State should put in place a policy that accepts the forms of identification that homeless are likely to have. For example, letters from youth-serving programs or youth agency ID cards should account for a significant percentage of the total points required to obtain a state identification card;**

- ☞ Youth-serving programs should work collaboratively to establish relationships with local DMV branches serving youth in NYC;**

- ☞ National coalitions working on homeless youth issues should work to educate the Social Security Administration about the obstacles homeless youth face in obtaining valid photo ID. The SSA should amend its policy making an exception for homeless youth without access to a valid photo ID;**

- ☞ National youth coalitions should also address individual states that have strict requirements to obtaining a birth certificate, educating these state agencies on the difficulties faced by homeless youth in obtaining this important piece of identification.**

We have successfully addressed the identification needs of thousands of homeless and street-involved youth throughout New York State. In response to our advocacy for accessibility to identification for runaway, homeless and street-involved youth in New York State, the New York State Department of Motor Vehicles met with a coalition of providers organized by The NYC Association and Empire State Coalition to develop and



implement the new MV-45B form which aids homeless and disenfranchised youth throughout New York State to obtain a New York State non-driver photo identification.

NYSDMV Statement of Identity Certification:

<http://www.nydmv.state.ny.us/forms/mv45b.pdf>

Definition of Homeless Adolescents:

“A person under the age of 24 years who is need of services and is without a permanent place of shelter, where support and care are available. These individuals do not have a consistent and/or viable housing resource.”

This has been a beacon of hope that is currently helping homeless and street-involved youth to secure the non-driver photo identification that is a key component for thousands of these youth to gain the stability and structure in their lives to become increasingly safe, healthy and prepared.

The non-driver state ID is the main form of identification recognized in New York State. Not having government ID presented a formidable barrier to gaining employment, or eligibility for government programs. For young persons living in precarious social conditions, gathering the many necessary documents to satisfy the previous criteria presented an extraordinary obstacle to stabilizing their lives. This new form and protocol aids our hundreds of member agencies to reduce the hindrance that lack of identification can cause for this severely disenfranchised population.

Most homeless and street-involved youth had trouble obtaining state ID because they simply did not have access to all of the required documents to meet the required points. Now, with the new MV-45B form and a referral letter from a valid agency serving homeless youth and the requisite birth certificate and social security identification, we are able to more rapidly assist disenfranchised youth to obtain the photo identification necessary to secure employment, residence and/or entrance to government agencies required to insure their stability.

This demonstrates to homeless youth agencies that New York State is willing to adapt to meet the needs of one of its most forgotten populations.



The entire state of New York will be represented by the Empire State Coalition of Youth and Family Services regarding the use of the new MV-45B form. Empire State Coalition with its 30+ years of expertise, has agreed to compile and maintain this list of agencies. This list of agencies have been provided to DMV field staff for their reference to ensure that they are accepting valid applications of runaway and homeless youth.

Items required to be presented to DMV:

Applicants must present:

- An original Birth Certificate and
- An original Social Security Card

The agency representative who escorts the applicant must present:

- The completed MV-45B (to be signed in the presence of a Motor Vehicle Representative)
- A typed letter on the facility's letterhead, and
- Photo identification*

*Since most homeless youth agencies don't supply photo work identification for staff and/or have the budgets to do so it was agreed that DMV will accept the agency representative's own NYS issued photo document (Driver License, Permit or Non-Driver Identification card).

Facility Letter

A letter from the Facility from the list of accepted agencies must be:

- Typed on the facility's letterhead
- Presented to DMV within 30 days of the date shown

Runaway, homeless and disenfranchised youth have long been confronted with this challenge. With this new document and with the cooperation of the NYS Department of Motor Vehicles, homeless youth and the professionals working with them on a consistent basis are finally able to reduce one more factor that contributes to their homelessness.

This process was successful as a result of the collaboration and cooperation of programs throughout New York State serving and advocating for safety, health and



preparedness of runaway and homeless youth, the Office of Children and Family Services and The NYS Department of Motor Vehicles.



IMMIGRANT YOUTH

Sergio was born in Jamaica. He came to the United States at the age of 10 to live with his father who was living in New York. Sergio became a legal permanent resident and adjusted well to his new home.

However, by high school, Sergio and his father began having trouble. Communication became increasingly difficult between the father and son and soon hostility began to develop. Sergio was having trouble in school and was arrested after he and another student fought outside school. Sergio started to stay out late at night and his father accused him of using drugs. Fed up with his father's temper and lack of support, Sergio left his father's home at the age of 18. Initially, he stayed with various friends. After several months of "couch surfing", Sergio's resources dried up. On his third night of riding the subway to seek shelter and warmth, Sergio was given a ticket for falling asleep on the train. He was given a \$95 fine, which he wasn't able to pay. Soon after, he was arrested when he was caught jumping a turnstile to get a local youth shelter

After 5 months on the streets of New York, Sergio's social security and permanent resident card were stolen from his backpack while he was sleeping at a shelter. Without proof of his immigration status, Sergio was unable to find work. Without a job, Sergio's stay at the youth program would come to an end. A requirement of the program is that he be in school full time or work. He was having trouble doing either.

Sergio was referred to an attorney to help him replace his identity documents. This is when Sergio learned that his seemingly minor criminal offenses might have lasting effects on his ability to stay in the United States.

STATEMENT OF THE PROBLEM

New York is a city of immigrants. It is estimated that 37 percent of those living here are immigrants (Fiscal Policy Institute, 2007). And while there are no statistics on the percentage of homeless young people who are immigrants, this number suggests that



nearly one third of the estimated 20,000-40,000 homeless youth on the streets of New York are immigrants. Additionally, the National Immigration Law Center estimates that 50,000-65,000 undocumented students graduate from public high schools in the United States each year.

These numbers indicate that there are thousands of young people facing the dual challenges of being homeless and an immigrant in this city each year. Immigrant homeless youth living in New York City face particular challenges in accessing the services they need to survive and make the transition to permanent housing. Many of these young people came to the United States as young children, having been brought by their parents or relatives. While it was not their decision to come here, they cannot return to their birth countries because the United States has become the only home they know. They cannot return to countries where they have no familiarity with the language, customs or culture. Most of these youth have build their entire lives here. Yet as young people they are unfamiliar with our legal system and how to petition to remain here legally. Without legal status, these young people cannot access education equally because they cannot ally for financial aid; they cannot work legally, making immigration all the more necessary for immigrant youth.

Obtaining Legal Immigration Status

Unfortunately, obtaining legal immigration status in the United States is extremely difficult. Many immigrants who would like nothing better than to become U.S. Citizens or permanent residents have no way of doing so. The primary means by which undocumented people gain legal status is through sponsorship by a family member, either a parent or spouse. For LGBTQQ young people, who are disproportionately homeless (see this report's chapter on *Lesbian, Gay & Bisexual Youth* and the chapter on *Transgender Youth*), rejection by their families may complicate their ability to access those benefits if a parent refuses to sponsor them. Moreover, because lesbian and gay youth will never be able to marry (even a state-recognized marriage will not qualify one for federal immigration benefits due to the Defense of Marriage Act), they cannot have a spouse sponsor them. Young people in foster care, those with parents or spouses who are U.S. citizens or permanent residents, trafficking victims, and asylees, may be eligible to apply for green cards, but most others are not. While many LGBTQQ young



may face persecution in their country of origin, they may find it difficult to apply for asylum because they may not know the conditions in their country. Most have been here more than a year, which is the period within which asylum applications must be filed. Even if these hurdles are overcome, many teenagers do not have the financial or other resources necessary for filing.

Barriers to Stability

Undocumented young people cannot work legally and are ineligible for most forms of government assistance. Most have no way to change their immigration status, no matter how much they may wish to become legal residents or U.S. Citizens. Even young people who are legal permanent residents of the United States often find themselves ineligible for benefits they desperately need to survive.

In 1996, Congress passed legislation that severely limited immigrants' eligibility for important federal benefits programs like Medicaid, Food Stamps, and Temporary Assistance to Needy Families. Immigrants remain eligible for some New York State benefits programs, but most young people who are completely without legal documentation will not qualify for any government benefits other than emergency Medicaid.

Immigrants are not allowed to work in the United States unless they have immigration status authorizing them to do so from the U.S. Citizenship and Immigration Service (USCIS). Young people who work without authorization are vulnerable to exploitation and abuse by unscrupulous employers. Many must endure unsafe working conditions, extremely long workdays, and are paid less than minimum wage. Often undocumented workers are afraid to complain about hazardous and exploitative situations because they are afraid of being reported to the immigration authorities and deported.

Targeted by the Police

The homeless are regular targets of the police and policing policies. (The State of the City's Homeless Youth Report, 2007 (2007). "Incarcerated Youth", p.40. Copyright 2007 by The New York City Association of Homeless and Street-Involved Youth Organization). Homeless youth, especially youth of color and transgender young



people, are often ticketed or arrested for minor “quality of life” offenses that are often the direct result of being poor and without a home. In New York City, it is a “quality of life” offense to fall asleep on a train or park bench. Falling asleep on a train late at night when there are no beds available at the city’s youth shelter can lead to a criminal summons or arrest. The vast majority of homeless youth have been ticketed and even arrested for jumping the train turnstiles in order to get to a shelter or youth program.

For immigrant homeless youth, these tickets and arrests can have devastating immigration consequences. For immigrant youth without legal status, a criminal record could mean the being barred from obtaining legal immigration status. For those immigrant youth without US citizenship, their status could be in jeopardy, depending on their criminal record.

The Inability to access government benefits or safe, legal work leaves many immigrant homeless youth without any means to support themselves or transition to permanent housing.

EXISTING RESOURCES AND GAPS IN SERVICES

Shelter and Housing

Immigrant youth can access emergency housing through shelters like Covenant House and those run by the Department of Homeless Services, which do not turn young people away based on their immigration status. Similarly, food pantries, soup kitchens and other sources of emergency food typically serve both legal and undocumented immigrants.

Immigrant youth who need longer-term housing or a permanent home have few resources. Longer-term transitional living programs for homeless young people often require residents to work or otherwise obtain a source of income that will enable them to live independently after leaving the program. Since undocumented youth cannot work legally or obtain public benefits, they have no such source of income and cannot access these programs. Similarly, many immigrant young people cannot obtain permanent housing because they do not qualify for the government housing subsidies that make



housing in New York City affordable. Federal housing programs like Section 8 rent subsidies and public housing are closed even to some legal immigrants.

Medical Services

There are very limited medical and mental health resources available for immigrant youth without legal status. In New York, undocumented immigrant youth are ineligible for Medicaid and Family Health Plus, however, they are eligible for prenatal care, assistance with HIV-related drugs and emergency medical care. For undocumented immigrant youth, accessing mental health services can be very difficult. Many youth programs offer short-term counseling services for their clients, but for those in need of more long-term services,

Legal Services

There are also limited resources for immigrant youth who need legal help applying to change their immigration status. Several non-profit legal organizations will assist and advise immigrants on the legal remedies that are available to them. Unfortunately, there are many homeless immigrant youth have no legal remedy and are ineligible to change their status even with a lawyers' help.

Education

Children, no matter what their immigration status, are entitled to a free, public school education. Unfortunately that right does not extend to post secondary or vocational education. An undocumented youth's prospects for higher education are further stymied by their being ineligible to apply for subsidized student loans and many scholarships.

REFERENCES

UCLA Center for Labor Research and Education (2007). "Undocumented Students: Unfilled Dreams". <http://www.labor.ucla.edu/publications/reports/Undocumented-Students.pdf>

Fiscal Policy Institute (2007). "Immigrants Create Almost a Quarter of New York State Economic Output." <http://www.fiscalpolicy.org/immigration2007.html>



RECOMMENDATIONS FOR SERVICES FOR IMMIGRANT YOUTH

- ☞ Create a legalization program that would allow undocumented young people to obtain legal immigration status in the U.S.;**

- ☞ Decriminalize poverty and homelessness;**

- ☞ Increase access to government benefits for immigrant youth who currently do not qualify for assistance;**

- ☞ Transitional Living Programs and other longer-term housing options sensitive to the needs of immigrant youth who need help transitioning to permanent housing and have barriers to work and education;**

- ☞ Make subsidized permanent housing programs accessible to immigrant youth, including those who are undocumented.**



LESBIAN, GAY, BISEXUAL AND QUESTIONING YOUTH

For most of his life, eighteen- year-old Anthony was raised by his mother. His father has lived in another state since Anthony was 3 and he rarely comes to visit. Anthony’s mother has known that he is gay for a long time but Anthony just came out to her a year ago. She was very accepting but his father was not. Three months ago, Anthony’s mother died from cancer and Anthony moved in with his grandmother. His grandmother was very negative about Anthony’s orientation; she called him homophobic names and threatened to call the police if he brought any boys to the house. Last week she told Anthony he had to leave because she would not have his sexuality “ruin” her. Anthony packed up his things and went to the house of an older male who had let a couple of Anthony’s friends move in when they had been kicked out. Anthony is not capable of supporting himself yet, and he’s afraid of going to a homeless shelter because of stories he’s heard from others.

*author’s note: While this chapter may refer to transgender youth because they are often grouped in with lesbian, gay, bisexual, and questioning youth, there is a separate chapter dedicated to the specific issues and needs of transgender youth.

STATEMENT OF THE ISSUE

Numerous research studies conducted over the past decade have found that lesbian, gay, bisexual, and questioning youth make up 25-40% of the homeless youth population in NYC and other large cities. One study found half of 432 youth surveyed identified as gay, lesbian, or bisexual (Clatts et al., 1996). In December 2007, the Empire State Coalition of Youth and Family Services reported on preliminary findings of the first City Council sponsored census of homeless youth in NYC. This data showed that 28% of youth identified as lesbian/gay/bisexual, 11% were unsure of their sexual orientation or were not comfortable answering the question, and 5% as transgender, with another 18% unsure or chose not to answer the question about gender identity. The cumulative



oppression of homelessness coupled with an LGBT identity places homeless LGBT youth in a precarious state of existence. Research studies of homeless lgbq youth find that they suffer from greater levels of violence and trauma, higher rates of HIV infection, have greater mental health needs, and engage in greater levels of substance abuse than their heterosexual counterparts in the homeless youth population. Cochran and colleagues (2002) report that homeless LGBT youth have higher rates of substance abuse and riskier sexual behavior; and Kipke and colleagues (2007) found that YMSM are especially vulnerable to episodes of homelessness, resulting in a greater risk for HIV infection. On the other hand, research indicates that youth who enter into stable housing situations are less likely to engage in high risk HIV related behaviors (Rosenthal et al., 2007). These findings underscore the need for stable housing to ameliorate unsafe sexual behavior among LGBT homeless youths. With the ever-increasing visibility of lesbian, gay, bisexual, and transgender people in our society, more teens are finding the courage to come out of the closet at younger ages (Savin-Williams, 1998). This is leading to a larger number of youth having to support themselves before they are adequately prepared.

Many youth create their own families on the streets and often find more acceptance through street culture than from their own biological families. However, LGBQ youth are at a higher risk than their heterosexual peers on the street because of homophobia, transphobia, and prejudices (Grethel, 1997). Non-heterosexual homeless youth are at a higher risk of the dangers of the street like drug abuse, assault, and becoming involved in sex work. Sex work can be very tempting to a young person who is looking to make quick money when meeting discrimination on a job search. Societal homophobia creates a hostile atmosphere for youth entering shelters that are open to the general homeless population, resulting in LGBQ youth often being victims of crime like physical assault, theft, and sexual harassment.

Obtaining a job is the primary mode for homeless youth to begin to support themselves and it is often a major goal that caseworkers plan with clients from this population. Parents or guardians who are unsupportive of their children sometimes withhold identification documents, which are necessary for employment. Youth that present in gender non-conforming ways often are victims of harassment and discrimination.



Further, even though our society is becoming less homophobic in some ways, it continues to harbor this phobia to a dangerous degree in other ways. Girls that present as “butch” and boys that present more “femme” often receive uncomfortable looks or even experience discrimination because they do not fit into our society’s idea of “appropriate” gender expression. This creates difficulty for many youth in their development into successful, healthy adults.

LGBQ youth report being subjected to harassment, threats, and violence in shelters catering to the general homeless youth population. The majority of this harassment comes from other youth; some comes from shelter staff. Gangs such as the Bloods, Crips, and Latin Kings seek to recruit youth into gangs at youth service programs. As these gangs are actively homophobic, their prevalence in homeless youth service settings has made it more difficult for LGBTQ youth to be safe. The majority of homeless LGBQ youth choose to survive on the streets, (often through prostitution, thereby placing them at escalated risk for HIV infection and other diseases), rather than to experience violence and abuse in the youth shelters. Furthermore, shelters rarely display signs of acceptance for LGBQ youth as is recommended by many youth advocates. This simple awareness lets young people know whether or not a place is safe and/or friendly. Staff awareness of this would go a long way in creating more safe places for this population.

LGBQ youth often make use of a practice called “couch surfing.” This survival technique affords young people the opportunity to stay off the street, but it also creates its own problems. Youth who “couch surf” are sometimes asked to provide something in exchange for a place to sleep. This trade may consist of money, food, or assistance around the house. Sometimes, however, it means sex or some unsafe behavior like forced sex work or drug trafficking. Youth who are afraid to go to a shelter or who have had a bad experience at a shelter will often be willing to endure an unsafe “couch surfing” experience to avoid the shelters. Furthermore, the “invisibility” of homeless youth who “couch surf” leads to a lack of awareness in society and less of an opportunity to be reached by homeless youth programs.



One LGBTQ homeless youth shelter program regularly reports that they have over 100 youth on their waiting list every night. Another LGBTQ homeless youth shelter reports having to turn youth away on a nightly basis due to being over capacity.

CURRENT SERVICES

Unfortunately, there are currently only 54 emergency shelter beds (funded in a variety of ways) in NYC dedicated specifically to the LGBQ population. Additionally, there are 3 transitional living programs, with a total of 62 beds, dedicated specifically to serving LGBTQ youth. There are also drop-in centers that welcome LGBTQ youth, with 1 specifically serving this population.

City Council attention to the plight of LGBTQ homeless youth in the last few years has led to greater media attention on the issue as well as funding, which has directly led to the increase seen in the number of beds for LGBTQ youth. DYCD currently funds 1 Transitional Independent Living Program and 1 Crisis Shelter for LGBTQ youth as part of their continuum of services.

SERVICE GAPS

The recent survey of homeless youth (report not released at time of writing) estimates there to be at least 3800 homeless youth. With only 54 shelter beds available to this population, LGBQ youth are vastly underserved. This population is not being adequately or safely served in the general youth homeless programs so it is appropriate that LGBQ youth receive an adequate amount of the resources made available to the homeless youth population.

Many youth seeking assistance from the LBGQ homeless youth programs in NYC, report that they are poorly treated and discriminated against in shelters. It is clear that societal prejudice is present and not handled successfully.

Varying definitions of “youth” sometimes force LGBT homeless youth to seek assistance in the adult shelter system, where they may be at increased danger. Some funding



streams allow youth programs to serve young people up to the age of 24, whereas some funding streams consider “youth” as those under the age of 21.

REFERENCES

- Clatts, M.C., Hillman, D.J., Atillasoy, A., and Davis, W.R. (1996). Lives in the balance: A profile of homeless youth in New York City. *Youth at Risk*, National Development and Research Institutes, New York.
- Cochran, B., Stewart, A., Ginzler, J., & Cauce, A. (2002). Challenges faced by homeless sexual minorities: Comparison of gay, lesbian, bisexual, and transgender homeless adolescents with their heterosexual counterparts. *American Journal of Public Health*, 92(5), 773-777.
- Grethel, M.M. (1997). *Homeless lesbian and gay youth: Assessment and Intervention*. Pride and Prejudice: Working with lesbian, gay, and bisexual youth. *Central Toronto Youth Services: Toronto, Ontario*.
- Mallon, G. (1997). *The Delivery of Child Welfare Services to Gay and Lesbian Adolescents*. Pride and Prejudice: Working with lesbian, gay, and bisexual youth. *Central Toronto Youth Services: Toronto, Ontario*.
- Nolan, T. (2004) Couch-Surfers: Invisible Homeless Youth. In *The Family*. Volume 9, Number 4.
- Rosenthal, D., Rotheram-Borus, M., Batterham, P., Mallett, S., Rice, E., & Milburn, N. (2007). Housing stability over two years and HIV risk among newly homeless youth. *AIDS and Behavior*, 11, 831-841.
- Savin-Williams, R.C. (1998). The disclosure to families of same-sex attractions by lesbian, gay, and bisexual youths. *Journal of Research on Adolescence*, 8, 49-68.



RECOMMENDATIONS FOR SERVICES FOR LESBIAN, GAY, BISEXUAL AND QUESTIONING YOUTH

- ☞ DYCD should continue to include LGBTQ-specific programming at all levels of their continuum of RHY services;**

NYC needs to ensure that, at minimum, 100 emergency shelter beds are available to LGBQ youth nightly, and that skilled mental health care, substance abuse treatment, HIV prevention, and medical treatment are adequately available to them.

- ☞ All homeless youth shelters must be made safer for LGBQ youth, accessing training resources to build their capacity to effectively serve homeless LGBQ youth;**

Many LGBQ youth report being subjected to homophobic harassment and abuse from staff and clients in youth shelters.

- ☞ All employees at any youth shelter receiving DYCD funds should be made to undergo LGBQ sensitivity training, and all future employees should undergo such training before they are allowed to work with youth;**

- ☞ DYCD and DHS should create a collaborative contract with an outside agency, such as the Anti-Violence Project, to monitor the safety of LGBQ youth in shelters;**



MEDICAL CARE

CV is a 21 year old male who presents to a medical outreach program for care. His presenting complaint is of an injury to his right eye that occurred one month ago when a friend of his accidentally splashed a commercial degreasing agent into CV's eye. He has never had his eye evaluated because he is uninsured and believed that he couldn't seek health care because of this. He was found to have severe damage to his right cornea and was referred to Bellevue Hospital Emergency Department for further evaluation.

CV engaged in the program for further services, and his story became clearer. He is currently homeless and is supporting himself by exchanging sex for money and shelter. When he sustained his eye injury, he was in an abusive relationship with an older man who intentionally threw a chemical in his face when the patient decided to leave the relationship. He identifies as a transgender woman, but doesn't want to go on hormones yet because he feels too vulnerable to transition currently (and thus prefers male pronouns). He has tested for HIV a number of times as part of his care, and has consistently had negative results. He remains worried about seroconverting because of the nature of his work. To date, he has not had his eye evaluated by an ophthalmologist because he is too nervous about going to an emergency department or clinic.

STATEMENT OF THE PROBLEM

Homelessness has a significant impact on health outcomes of adolescents. This relates to their identities as homeless people and as teenagers. When homeless, the driving needs for food, clothing and shelter frequently force a desperate young person to choose from a short list of survival strategies, such as survival sex, gang membership or drug sales. These choices or the behaviors to which they lead directly affect health by exposing young people to unprotected sex, violence and substance use. In addition, the



physical experiences of being homeless -- chronic exhaustion, exposure to the elements, poor nutrition and inadequate personal hygiene -- contribute to poor health. The psychological effect of homelessness is also immense, especially on the already precarious self-esteem of a teenager. The combination of past and current traumas, stress of daily survival, hopelessness about the future and feelings of failure all undermine the teen's ability to prioritize health concerns. Finally, the absence of stability and organization in the life of homeless youth undermines health. This can manifest in the inability to consistently take medication or make medical appointments. It is difficult for an HIV-infected youth to regularly follow a complicated medical regimen when he/she has no watch or clock and no place to store his/her medicine.

While each homeless teen's particular circumstance erodes his/her health, society's inadequate response to homeless youth undermines the entire community. Comprehensive health care is typically unavailable for several reasons: the teen is uninsured or appropriate services do not exist. In either case, emergency departments become the health care provider of choice. This creates a pattern of late treatment of extant health problems in place of health promotion. Given that the vast majority of adolescent morbidity and mortality is related to behavior, prevention is clearly a more rational, humane and inexpensive approach. One example of this is a teenager who presents to an emergency department with acute hepatitis B that he contracted through an unprotected sexual encounter. This infection could have been prevented through vaccination or consistent safer sex practices.

The health care model used by many clinicians also fails homeless adolescents. It frequently focuses on the biological elements of a problem, discounting the psychological and social turmoil that the teen is experiencing. An asthmatic patient may seek treatment during an asthma exacerbation. Many clinicians will correctly focus on proper inhaler use, cigarette smoking and the four cats also living in the home as important issues in the encounter. They may miss the facts that that patient can't read the inhaler's label because s/he is a poor reader, that s/he smokes as a way to deal with the stress of witnessing domestic violence in the home, or that the cats are owned by his/her best friend's mother whose couch is his/her current bed. The exclusion of these



important elements from treatment will prevent the teen from ever receiving comprehensive care.

The medical model additionally uses a prescriptive approach to care in which the provider embraces his/her position of authority and dictates the goals of the patient. A medical encounter with a heterosexually active teen girl will likely address reproductive planning. The clinician may approach this with the perspective that the main goal is to figure out which is the best way to ensure that the patient will not get pregnant. If the teen is ambivalent about being pregnant, she will perceive that the provider has already determined the goal by the questions that s/he is asking (e.g. “do you prefer the pill, the patch or the shot?”). The result is that patient sees the provider as yet another adult telling him/her what to do and will feel alienated from her health care. Based on prior negative experience, many homeless youth are especially suspect of medical institutions. As soon as they detect a prescriptive approach to care, they will walk away untreated.

As seen in the vignette at the beginning of this chapter, many teen patients require multiple services simultaneously. For an overwhelmed youth, it can seem unmanageable to successfully negotiate the confusing systems of such institutions as emergency rooms and domestic violence shelters. They will often choose the one that seems more important, supportive or accessible and never engage in the other. As a result, they never receive all of the necessary services. This lack of integration of services represents an important systemic barrier to youth getting the breadth of care that they need.

CURRENT STATE

Health statistics that describe New York’s homeless adolescents are limited. Recent epidemiological studies have found greater rates of HIV infection, death by suicide or homicide, unintended pregnancy, sexually transmitted infections and substance use among homeless youth than their domiciled peers.



AVAILABLE SERVICES

Currently, homeless adolescents can receive comprehensive health care from several homeless-sensitive organizations regardless of ability to pay. Mobile medical services and fixed sites have been developed to specifically meet the complex needs of homeless youth described above.

Mobile medical services bring comprehensive primary care services directly to the street where youth congregate and to drop-in centers and/or shelters. These programs also may refer patients to fixed site (community health centers, hospitals, etc.) for services not available on the units. There are currently only three key programs providing mobile unit-based care. Fixed sites, offer the advantage of greater hours of operation and a wider array of services (e.g. one-stop shopping model). There are currently six such sites geared specifically to homeless youth. There is currently one homeless youth shelter with an on-site medical clinic to serve youth that reside in their shelter and participate in their programs. Medical services offered include free medications, mental health including psychiatry, prenatal, dental, HIV/AIDS, transgender care, nutrition and subspecialty referrals.

Services for runaway and homeless youth have always negotiated stable relationships with medical services either as a direct, priority referral source or an on-site visitation model. We continue to advocate for medical and homeless youth agency partnerships, as this continues to directly address the immediate needs of disenfranchised youth and gives advocates an insight to the current trends homeless youth are presenting.

SERVICE GAPS

Geographic

The programs mentioned above cover a small geographic area, limiting the target population that they reach. There are many neighborhoods where homeless youth congregate but are never reached by mobile medical services. Given the success of mobile medical services in engaging youth who are hard to reach, it is reasonable to conclude that more outreach to more locations would engage more youth.



Health Insurance

While health insurance is available to most homeless youth through Medicaid, Child Health Plus and Family Health Plus, many do not have it because the application process is so complicated. Barriers include the need to go to multiple appointments and possess proof of identity. For undocumented immigrant youth over the age of 18 years, it is virtually impossible to get insurance.

Disconnected services

Homeless youth typically require a multitude of services. They will sometimes have to forego certain services to obtain others. For example, they may have a medical problem and have no place to sleep that night. Medical services may open in the early evening, the same time that the youth have to sign up for a bed in a shelter. They end up having to choose which is more important in that moment. Stronger institutional connections may eliminate mutual exclusion of different services.

Specialty care

While many homeless youth can access primary care services without health insurance, they are unable to pursue any health care beyond this. This includes dental care, radiology services, mental health care, substance use care and specialty medical services.

Specific populations

Particular subsets of the homeless youth community require care that is often limited or wholly unavailable. Examples of this include transgender-identified and heroin-injecting youth.

Adolescent-friendly care

The style of many family and pediatric practices alienate youth whose housing is unstable. The use of a bio-psychosocial model in which a young person's social and psychological experiences are considered an integral part of his/her health would enhance the quality of the care and possibly prevent homelessness. Creating nonjudgmental space for teens would also improve their engagement in services.



RECOMMENDATIONS FOR MEDICAL CARE FOR HOMELESS YOUTH

- ☞ Increase funding to programs that provide medical care to homeless youth, with a focus on expanding mobile medical services;**

- ☞ Provide health insurance to all youth under the age of 21 years old, irrespective of immigration status, by greatly simplifying the application and documentation process;**

- ☞ Integrate services for homeless youth by facilitating collaborative relationships between various types of service providers. This would involve creating protected time and space for agencies to communicate with each other and empowering an organization to oversee these inter-agency relationships;**

- ☞ Promote adolescent-friendly care among medical providers to minimize the alienation adolescents feel from health care institutions. This would involve training medical providers and staff in adolescent development, bio-psycho-social care and successful approaches to care of the adolescent.**



MENTAL HEALTH

Jason is a 20 year old homeless young man from Brooklyn, NY. He has been diagnosed with Schizophrenia. While he is very high functioning he displays a lot of anxiety and slight paranoia. He denies currently hearing voices, but has been observed as pre-occupied and disorganized. Jason refuses to meet with a psychiatrist to discuss medication due his history of traumatic experiences with mental health providers during his multiple hospital stays and being overly medicated throughout different episodes of his life.

Jason is currently residing in a crisis shelter and has begun to reach out for support. His anxiety has heightened because he feels he has no where to go after his short stay. He has been accepted to NY NY I and II housing, but there are no beds available. Jason and his case manager have been diligent in following up with the limited number of programs who are willing to work with adolescents, but the waiting lists are long. Jason is enrolled in a life skills and job training program designed for those with mental illness and he is doing well, but his housing remains a stressor. Staff at the crisis shelter have reached out to several transitional programs to discuss the possibility of housing Jason until a permanent housing placement is available, but the programs are resistant to working with a client who has a long history of hospitalizations and his fear of compliance with mental health services.

While Jason has met with a psychiatrist to complete his psychiatric assessments required to apply for housing, he continues to refuse medication that may help ease his anxiety and calm the voices inside his head. His case manager has worked tirelessly to encourage Jason to access further mental health services, but his traumatic history makes him resistant to treatment.

Currently the only housing option that appears to be an option for Jason is the adult shelter system. Like many other homeless youth with serious mental health problems housing options are very limited. He will likely be warehoused into a DHS shelter where he will not receive the ongoing and supportive interventions that could help him develop trust in the mental health system. Adolescents living in the adult shelter system, particularly those with serious mental health issues are often abused and mistreated, by residents and staff. This continued trauma will only exacerbate Jason's anxiety and orientation. He will likely wind up back on the streets, disconnected from programs and decompensate, putting him in danger of incarceration, hospitalization or worse.



CURRENT STATE

Youth with mental health problems are likely to be found in greater numbers on the streets than they are in the general population. This disproportionate statistic is not surprising for many reasons: homeless and street-involved youth often come from backgrounds characterized by abuse and neglect (which is often a precursor to mood and psychotic disorders as well as personality disorders and general social/emotional difficulties); that homeless and street-involved youth tend to have higher levels of stress than housed youth which can lead to developing mental health problems; and that youth who are mentally ill tend to “drift into” homelessness due to their reduced ability to cope. It is clearly the case of a catch-22: mental illness can both lead to homelessness (e.g. antisocial behavior in the home leads to a parent/guardian kicking a young person out) and be a result of it (e.g. clinical levels of depression as a reaction to the hopelessness of living on the street). In some cases, mental illness that contributes to homelessness may end up worsening as a result of trauma, lack of treatment, and/or heightened triggers experienced in shelters and/or on the street.

One of the largest studies done on NYC's homeless youth living in the shelter system revealed that 90% met the Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria for an emotional or behavioral disorder. Three quarters of these youth met the criteria for a mood disorder, 41% had considered suicide and 25% had attempted suicide (Feital, B. et. al., 1992). At one drop-in youth program, approximately one third of all clients reported a history of contact with the mental health system (i.e., individual or family therapy, psychiatric hospitalizations, psychotropic medications or school-based interventions). Another study of homeless adolescents revealed that 29% experienced psychotic symptoms (Mundy, P. et al, 1990).

Involvement in the street economy (sex work, drug dealing, etc) and homelessness, in addition to backgrounds characterized by severe emotional deprivation and physical and sexual abuse put street youth significantly at risk for Post-Traumatic Stress Disorder and Anxiety Disorders. In a study of trauma and victimization among street-involved youth in New York City, almost all (86%) of youth reported that they had experienced at least one traumatic event in their lifetimes, and with most (63.5%) experienced multiple types of trauma. For example, half (51.8%) had some form of sexual trauma, about two-thirds



(68.2%) experienced physical assault, and 42.4% had experience some other form of trauma (for example, serious accidents, natural disaster, etc). There were gender differences in the types, but not prevalence or magnitude, of childhood maltreatment and traumatic events experienced, where females were more likely than males to experience sexual trauma, as well as emotional neglect in childhood, and young men were more likely to experience physical neglect. This study also found that the level of impairment experienced by these individuals as a result of past trauma was significant. Partial symptomatology of PTSD was common for females but not males. Further, symptoms of depression and anxiety were found to co-occur with PTSD for females, which may complicate treatment efforts. The study also highlighted the need to better understand the effects of trauma on homeless young men (Gwadz, Nish, Leonard and Strauss, 2007). In a study done in 2000, rates of victimization among study participants for the three months prior to being surveyed were very high; burglary, robbery, physical assault, and rape were reported by these youth (Cauce, et.al., 2000). In general, mental health issues put already at-risk youth at risk for serious crises like becoming HIV positive, contracting STDs, developing increased symptoms of mental illness, and more.

Many street youth are eager to access or re-engage in mental health services. In some instances, young people seek help from youth service providers when they are on the threshold of a serious mental health crisis. If these youth are properly engaged they stand a chance of having the impact of this crisis ameliorated by consistent support and access to badly needed care. Additionally, some youth are hesitant to engage in services (or quickly change their minds about engaging) because early trauma can impact their ability to trust and to form relationships with anyone, much less a provider. A lot of street youth have had negative experiences not only in early relationships in their lives (most likely a primary caretaker) but also from service providers who did not fully understand the young person's situation or needs or were unequipped to provide for the young person if they did understand.

For seriously and persistently mentally ill youth, trouble accepting their diagnosis is common. This can be compounded when they explore services that are tailored primarily to older mentally ill clients. For clients who need low-threshold services (i.e., drop-in or clubhouse model programs), the presence of older adult clients can be



intimidating. The clubhouses for mental health clients that exist are not equipped to handle the special needs of a younger population. It can also be extremely frightening for a newly diagnosed young person to see the progression of a mental disorder in an older person.

An overwhelming majority of homeless youth report some level of substance use, which can exacerbate psychiatric symptoms and render psychotropic medication ineffective. For these MICA (mentally ill chemical abusers) clients, it may be difficult for them to accept that their non-mentally ill peers are better able to handle their drug use than they are. Without access to the psychotropic medications that they need, some youth attempt to “self-medicate” their symptoms by using the drugs that are available to them. Psycho-education is important to help MICA clients understand the impact of their drug use, however many youth are not at a point where they are willing to give up their drug of choice “cold turkey” which makes them ineligible for abstinence-based MICA programs. MICA programs with a harm-reduction orientation are much more likely to be attractive to youth, but even these can be intimidating to young clients if the staff is not familiar with the unique needs of adolescents.

CURRENT STATE AND EXISTING SERVICES

Homeless youth can access mental health services in a variety of ways. Drop-in center providers may offer counseling, therapy and psychiatric services. Programs serving a broader section of the adolescent population may offer these services as well, although homeless youth may be less likely to seek them out because of the combined stigma of being homeless and having mental health issues. There is only one emergency shelter in the city that has beds specifically designated for mentally ill youth. Although this shelter also offers a psychiatric day treatment program, these services are short-term only and not available to clients who are over 21. Other emergency shelters and transitional living programs in NYC report that they have more difficulty accommodating clients with serious mental illness. One transitional program director explained, “Youth who have mental health issues that keep them from working aren’t able to adequately prepare for discharge within 18 months. [Admitting them to transitional programs] sets them up for failure because they have nowhere to go when it’s time to graduate from the program. It’s hard enough for youth without mental health issues to find housing when



they leave these programs.” Line staff often feels inadequately trained and other residents may feel intimidated by psychotic symptoms or behavior. Mentally ill clients can often find themselves in harm’s way when other clients feel frightened or threatened by their symptomatic behavior.

It is difficult to find safe and appropriate housing for all homeless youth, but a client’s psychiatric history can make the process even more onerous. It is particularly difficult for MICA clients, clients with histories of multiple suicide attempts or clients with histories of violence or fire-setting. Although in theory, New York City HRA housing providers accept mentally ill clients for supportive housing who are 18 and up, residences may be reluctant to take younger clients who they perceive as wilder, too street-involved or more disruptive than older clients. The existing number of supportive housing beds for all mentally ill adults falls far short of the estimated need. In recent years HRA has established more youth specific housing, but the number of units that have been built has barely scratched the surface in meeting the need. In the current adult model housing environment, it is even less likely that housing providers will take a risk on a younger person when they can select an older, “more stable” client to fill the same bed.

Homeless youth service organizations that do not have their own comprehensive mental health services on-site report difficulty in finding localized services and a lack of providers sensitive to the needs of homeless youth. For these organizations, referrals to other youth providers can be limited by the specific intake requirements of other programs. Quality psychiatric care, including medication management, is in alarmingly short supply with even the largest youth agencies only providing a few hours of psychiatric time per week to meet the needs of hundreds of clients. This has resulted in many young people having to manage their symptoms in emergency rooms after things have reached crisis proportions.

Homeless youth often do not have medical benefits in place, despite their eligibility. And those that do have medical benefits usually have Medicaid, which is clearly limiting in service options. Clients without legal status in the country are not eligible for benefits at all. Not having Medicaid or other benefits in place is an obstacle to obtaining on-going treatment, medication and housing. Programs offering psychiatric services to clients



without medical benefits face the additional problem of needing funding to cover prescription costs when the psychiatrist determines that psychotropic medication is indicated. Once clients age out of the youth system, they have even fewer options for referral if they continue to not have medical benefits.

Although there are a variety of services in place for homeless youth to address mental health issues, they are strikingly insufficient to meet the demand. A greater understanding of the needs of this under-served population is needed within the mental health community. Youth with mental health problems who are living on the street are at risk of remaining there and becoming the chronically homeless, older, hardened “street people” and “bag ladies” of the future, who have little hope for ever leaving street life. While the traumas experienced during homelessness continues a young person’s mental health will only continue to decompensate. How can a young person be treated for Post Traumatic Stress Disorder while the trauma continues? And the trauma will continue while their housing remains precarious.

Appropriate housing is the most critical of all of the immediate needs of this vulnerable population. Some estimate that 20% of the City’s homeless youth are in need of psychiatric care and supportive housing. The New York State Office of Mental Health is equipped to provide these services to only 700 of these young adults. Out of the 10,000 supportive housing beds for the mentally ill in New York City, only 22 are specifically for young adults. This number is grossly inadequate, given that by conservative estimates, services are needed for over 4,000 youth. So young adults are placed in (and competing for beds with) adults of all ages and of varying mental illness. It is estimated that it costs \$36,000 a year to shelter an individual, but it costs only \$15,500 per year to provide supportive housing for them. (Covenant House Mental Health Policy Brief, January 2003).

For housing to meet the needs of these youth, it needs to be safe, having staff that are trained and prepared to address the issues that come up and to provide sufficient structure for clients who may not otherwise be able to create structure for themselves. Without proper care and treatment, street youth are more likely to find themselves incarcerated, transferring the problem from the streets to the penal system.



Aside from being admitted to the psychiatric ward of a hospital, there is an overall shortage of psychiatric services available for homeless youth. Psychiatric providers need to be sensitive to the needs of street-involved youth and must be open to working within a harm-reduction framework. The intricacies of homelessness affect youth in a different way as compared to their adult counterparts. Additionally, there is a lack of funding for psychotropic medications for clients who are without medical benefits. The current state of mental health services geared toward supporting this particularly underserved group of young people is almost non-existent. We have an opportunity to address the unique needs of this population but only if we take heed to the unique needs of this population and begin to understand their plight.

REFERENCES

- Cauce, A.M., Paradise, M., Ginzler, J.A., Embry, L., et al, 2000. *The Characteristics and Mental Health of Homeless Adolescents: Age and Gender Differences*, Journal of Emotional and Behavioral Disorders, Winter 2000, Volume 8 (4), pg.230-239.
- Feitel, B., Magetson, N., Chamas, J., Lipman, C. 1992. *Hospital and Community Psychiatry*, February, Volume 43(2), p. 155 – 159.
- Gwadz, M. V., Nish, D., Leonard, N. R., & Strauss, S. M. (2007). Gender differences in traumatic events and rates of Post-traumatic Stress Disorder among homeless youth. *Journal of Adolescence*, *30* (1), 117-129.
- Mundy, P., Robertson, M., Robertson, J., Greenblatt, M., 1990. Journal of the American Academy of Child and Adolescent Psychiatry, September, Volume 29(5), p. 724-731.



RECOMMENDATIONS FOR MENTAL HEALTH SERVICES

- ☞ Fund and provide more supportive housing beds targeted for youth under 24;**

- ☞ Develop more MICA residences willing to work within a harm-reduction framework, which is a more successful approach to working with the developmental level of youth;**

- ☞ Offer more drop-in/low threshold model services targeted especially to youth, in order to provide access to a greater number of youth with mental health issues that may interfere in application/intake processes in other programs;**

- ☞ Establish transitional living programs (TLPs/TILs) specifically designed to meet the needs of homeless youth with psychiatric issues to provide longer term, on-going milieu support and treatment;**

- ☞ Increase funding for non-residential psychiatric services, accessible to youth and/or onsite at youth programs;**

- ☞ Provide trainings and educational opportunities for staff of homeless youth organizations to increase skills in working with mentally ill young people;**

- ☞ Strengthen relationships and understanding between agencies working with homeless youth and those agencies providing residential mental health treatment;**

- ☞ Assist clients in securing Medicaid so that they will have more treatment options;**

- ☞ Establish connection between RHY providers/system and Office of Mental Health services.**



PERMANENT HOUSING

20 year old Alexis is the model TIL/TLP resident. She came through a youth shelter in to a transitional program and spent her first year in the program working and attending college. She has saved up \$2000 from her job and has completed 2 semesters of her Bachelor's degree. She has 6 months left in the program and is starting to think about where she is going when she's discharged. Her options are limited: she doesn't qualify for Section 8; she has stable mental health and no substance abuse issues; and she only brings home about \$500 a month from her part time job.

STATEMENT OF THE PROBLEM

"If you can make it here, you can make it anywhere," so the song goes. New York City is a tough place to survive, especially for a young adult with limited income and limited housing options. Runaway/homeless youth programs are usually based on a positive youth development framework that helps youth set goals and builds on successes to reach next steps. When it comes to housing, however, the path isn't so clear.

Homeless youth in New York City are supported via street outreach, drop-in centers, emergency shelters, and transitional programs (TLPs or TILs). Many youth service providers are focused on the immediate needs, solving crises, and getting youth into a bed. Transitional programs are the end of the road for a homeless youth continuum. However, many youth (and transitional program staff) are stuck with the difficult question, "What next?" Where youth go once they leave a transitional program varies based on their individual situations. Although many enter a transitional program with the hopes of securing their own apartment after the 18 month stay, hardly any are able to achieve this seemingly basic goal. And what's most desired, is helping a young person launch into their future in a positive, upward direction, and preventing a return to homelessness shortly after graduating from a transitional program.



Apartment rents in New York City have continued to rise, many to amounts that are unreachable for a single adult with a college degree and an entry level job, much less a young person exiting a transitional living program. Some examples of where youth move to following a positive discharge from a transitional program include moving in with a family member, moving in with a friend/romantic partner, renting a room, or entering another transitional program that has a higher age limit. Other options exist for youth with certain needs. This includes supportive housing/NYNYIII programs for youth with diagnosable mental health conditions and/or substance abuse problems. For youth who are in foster care post-18, they can apply for a Section 8 voucher and move into subsidized housing following foster care. Lastly, in an attempt to develop more permanent housing resources, DYCD and DHS recently made an agreement for DHS to provide 50 Section 8 vouchers to DYCD for youth leaving DYCD-funded TIL programs; agencies operating the TILs have to provide 2 years of follow up case management to youth who participate in this initiative. Some of the first youth to benefit from this are just beginning to get approval for vouchers at the time of this writing.

CURRENT STATE

The majority of government (federal or city) funded homeless youth transitional programs end at age 21. A DYCD funded TIL can house a young person for up to 18 months, or the 21st birthday (whichever is sooner). There are some programs that are able to serve youth past the 21st birthday; these programs have become the next step for some youth who are not ready to leave a TIL even though their time is up or have not secured a positive, safe discharge resource.

1. DYCD/DHS agreement for 50 Section 8 vouchers; agencies agree to 2 year follow up case management.
2. Foster care youth access Section 8 – top priority
3. NYNYIII – youth with diagnosable mental health, substance abuse, chronic homelessness
4. Room rentals



SERVICE GAPS

Clearly, despite best efforts by DYCD to partner with DHS, there are transitional programs that have very few options to help youth graduating to move to a more realistic permanent step. Most transitional programs rely on a plan of saving money and looking for an affordable housing opportunity: usually moving in with a friend or family member. While this does not provide a clear sense of “permanency,” it may be somewhat developmentally appropriate for a 21-24 year old. Unfortunately, coming from the world of youth homelessness, young adults who leave transitional programs in less than desirable circumstances have more of a likelihood of failing later on than a similar circumstance for a young adult who is leaving college or a family home with a support network in place.

If not part of the DYCD continuum, transitional programs are even more limited in resources for post TLP housing. Furthermore, there is extremely limited funding for aftercare services, separate from housing. Youth that graduate from transitional programs could likely avoid a return to homelessness with support services and referrals. Sometimes, the most difficult period is right after leaving the security of a program.



RECOMMENDATIONS FOR PERMANENT HOUSING FOR HOMELESS YOUTH

- ☞ City agencies work together to develop more opportunities like the Section 8 vouchers through DYCD and DHS;**

- ☞ Develop more supportive housing options, either through NYNYIII or through other systems;**

- ☞ Develop post-TIL programs with higher level of independence, ideally for 21-24 year olds;**

- ☞ Develop aftercare programs to support youth who leave transitional programs to avoid stints of homelessness.**



STREET OUTREACH

The outreach team covered the neighborhood once, maybe twice a week. A group of youth familiar to the outreach program would regularly approach the staff to say ‘hi’, update them on their life or get condoms. Lately, every time the group approached there would be a quiet, hard looking youth waiting for them halfway down the block. An outreach worker walked over to the lone individual and made an introduction. The young person didn’t give their name but listened to the outreach worker explain the services that their program provided. This happened for the next three or four meetings.

Eventually, through pieces of information gained from each contact, the outreach worker discovered that for the past year ‘Skeeter’ had been staying with friends or trading sex for a place to sleep. When he was unable to stay with someone, he would sleep down by the tracks just inside the subway tunnel to keep warm in the cold.

Each time the outreach workers saw him, they continued to make an effort to interact with Skeeter, reminding him of the services available and the location of the drop-in center. Skeeter began to relax and talk more with the outreach worker about wanting to get off the street. The outreach worker supported Skeeter’s choices and began to offer steps they needed to take in order to get closer to getting off the street.

Eventually, after about 3 months, Skeeter agreed to come into the drop-in center to relax, get some food, wash his clothes and make some phone calls and talk about finding a place to stay.

STATEMENT OF THE PROBLEM

During 1992, it only took 3 New York City-based street outreach projects to make contacts with 13,000 young people. While the collection of comprehensive



demographics on the population is extremely difficult, a study done by the National Development and Research Institutes (NDRI), has provided some detailed information. In the early 1990's, NDRI conducted the Youth at Risk (YAR) study of the City's street youth. NDRI enrolled over 900 youth between the ages of 12 and 23 who were homeless and/or dependent on the street economy for survival. Street youth were primarily male (74 percent). Most identified as heterosexual (63 percent), with 24 percent identifying as bisexual and 11 percent as lesbian or gay. About a third were White, and 29 percent were Black/African American. Twenty-nine percent were Latino/Hispanic, and 2 percent were from other ethnic backgrounds.

In the spring of 2007, Empire State Coalition conducted NYC's first ever homeless youth survey. From this survey of 1,000 homeless youth, it was gleaned that each night over 3,800 youth and young adults go without a home. This survey found that youth spend time at various places over the course of a month and over 48 percent of youth have had contact with runaway and/or homeless service providers. Street-based outreach oftentimes functions as a program's or a group of programs' marketing resource.

Street-based outreach to homeless youth throughout New York City is conducted in various ways, from on-foot outreach to community tabling. The purpose of Street Outreach is to go to areas where disenfranchised youth congregate, meet them where they're at and connect them to support and provide services. Subtle, non-judgmental outreach focused on reducing the harm of homelessness provides the most viable means of connecting with unaccompanied youth. Without such outreach, runaway, homeless and street-involved youth are seldom even aware of the services available to them. The role of street outreach is to identify street youth and provide those youth with consistency and individualized attention over a period of time. Good street outreach doesn't only deliver safer sex materials, emergency food and water; it provides emotional safety and trusting ground necessary to connect marginalized youth to effective services and essential resources.

Repeated outreach contacts breed familiarity with individual young people. Consistency creates an atmosphere of safety and comfort for the unaccompanied young person. As



trust is established, outreach workers engage the client in progressively supportive services, helping the unaccompanied client reach toward stability.

In the NDRI study cited above, only about 40 percent of street youth in the study had ever been contacted by an outreach worker (usually once to four times a month). If the study of the sampling of 900 individuals is indicative of the population, we can extrapolate that the 13,000 youth contacted by the 3 programs represent a comparable 40 percent of the population of NYC street youth. Thereby, The NYC Association estimates that there may be as many as 32,000 youth on the street in any given year.

In the past few years outreach has become more challenging. Neighborhoods where youth traditionally congregate have been gentrified. The city has made a concerted effort to rid those areas of street people. The palpable police presence frightens unaccompanied youth. While some New Yorkers appreciate extra police presence, homeless and runaway youth retreat further out of sight to ‘squats’, train yards, ‘tricks’, roofs, subway cars, buses and drug houses.. Young people becoming homeless are increasingly inclined to remain in their own neighborhoods, spreading the problem of homelessness to outer boroughs. This trend concurs with increasingly fractilized communities of marginalized youth who rely progressively on technology to communicate. Combined with a paucity of resources for outreach workers, these two forces have made finding, identifying and serving youth in crisis a complicated endeavor in 2010.

CURRENT STATE

Street outreach is used by professionals as a portal to either connect a young person to existing services or to address their immediate or urgent needs on the street. Homeless youth programs in New York City report that youth discuss a range of health-related topics with outreach workers. Unlike the majority of services for youth that require on-site attendance or in-school involvement, street outreach removes all barriers to services including transportation. The mobility of street outreach reaches youth wherever they are. Results from the YAR study indicated that outreach is an effective means of linking street youth to accessible services in their area. Those youth contacted by outreach



were more likely to follow-up with treatment for sexually transmitted infections, HIV counseling and testing, health care, drop-in centers and meal services. Unfortunately, prevention-based services are not targeted toward unaccompanied youth who often require immediate shelter, crisis counseling, emergency nutrition and referrals to urgent health and mental health care.

Throughout the past 25 years, street-based outreach workers have gone out into the communities where homeless youth commonly gather as well as their communities of origin. General services for homeless youth have become more centralized through city funded drop-in services for multi-borough outreach programs. The proven success of outreach is based upon taking the services to the youth and developing them in their community. Providing only one drop-in center per borough doesn't sufficiently serve the young person who doesn't feel comfortable in that neighborhood, and reducing accessibility to all youth in need.

The city seems to be modeling their service design on an adult model of centralized services. While this may work well for adults, centralization is antithetical to how youth operate. Young people from East New York are not necessarily going to feel comfortable going to a drop in center in Williamsburg. And as young people don't always have access to non-public transportation, reaching services outside of their immediate neighborhood or near public transportation hubs becomes extremely problematic. City funded outreach targeting unaccompanied youth relies almost totally on a prevention model that does nothing to address the immediate needs for shelter, crisis management, nutrition and health care that many runaway and homeless youth present. With fewer than 300 emergency beds for runaway and homeless youth, 3800 hard to reach youth, as defined by Empire State Coalition's *2007 Survey of Homeless Youth*, are served by too few outreach workers with too few resources to extend. The most effective programs specialize, working in discreet geographical areas and targeting specific populations in need.

Street outreach is an interpersonal service that allows the service provider and the young person to build a rapport and strengthen communication, creating trust and familiarity. It is the role of street outreach programs to consistently find youth where they



gather, whether they are homeless or at risk of homelessness. Outreach workers, as a result, become very aware of any changes in youth trends. Street outreach workers are also the first to identify changes in drug activity, violence, sex work and gang activity. One street-based peer youth outreach program, after listening to some of the peers, found that youth were doing a combination of internet and street sex work allowing the young person to develop and respond to regular “clients”, but still working out on the street. Street outreach programs are identifying the rapid increase of the use of internet and Web 2.0 social networking sites as resources for homeless youth to remain connected to each other, and in some cases, programs they have built relationships with in the past. Homeless youth are engaging in sex work off the streets with private escort services and online. Homeless youth employ social networking sites as well as sexual hook-up sites to manage their sex work and alleviate their homelessness at the same time.

Street-based outreach projects are seeing the benefit of engaging and developing the expertise of homeless youth by providing peer youth street outreach. This model was developed in the early 90's and has expanded to various homeless youth service programs throughout New York City. Currently, there is only one NYC program funded by the Department of Youth and Community Development (DYCD) that provides outreach to all homeless youth in NYC. Other agencies with peer outreach program components tend to be issue specific addressing HIV/STD prevention and medical care and making general service referrals. There has been discussion that another homeless youth emergency housing program is in the process of developing outreach specifically to homeless youth.

EXISTING SERVICES

In New York City, street outreach mainly consists of two models of outreach; by foot and by van. These two outreach tactics can often be complementary when using each to heighten the effectiveness of the other. Outreach on foot allows the service provider to reach those youth that, untrusting, are not always drawn to a larger van. Having access to a van, in turn, allows the service provider to cover a more extensive area throughout the city to areas where subway or bus service is limited and provide health, food or clothing supplies to youth on the street.



New York City's Department of Youth and Community Development (DYCD) currently funds one centralized drop-in center for each borough. As research has shown, adolescents are more likely to follow through on a referral when it is immediately accessible and in a familiar setting. The city's development of a single drop-in center for each borough is unlikely to meet the needs of most young people. With the borough of Manhattan becoming less inviting and affordable to homeless youth, for the past 20 years outreach programs have been seeing the trend of homeless youth remaining closer to the communities in the outer boroughs in which they were raised.

SERVICE GAPS

Centralized services miss their targets due to lack of specificity and focus. Smaller programs serving localized populations have, in the past, been defunded and replaced with borough-wide services that the majority of chronically homeless youth will not utilize. With DYCD currently funding street-based outreach, youth referred for emergency shelter via DYCD-funded outreach workers can only be sent to DYCD-funded shelters. Effective street outreach doesn't operate in a vacuum: it relies on a continuum of services and, therefore, must be securely linked with a youth-centric drop-in services and with emergency and long-term housing.



RECOMMENDATIONS FOR STREET OUTREACH SERVICES

- ☞ Localize and geographically diversify street outreach services, as opposed to borough-wide only;**

- ☞ Sensitize public officials to the complex and comprehensive needs of street outreach services;**

- ☞ Emphasize the personalized counseling and street-based harm reduction components of Street Outreach, when possible;**

- ☞ Fund community-based multi-service centers as linkages to outreach services.**

- ☞ Relax the currently restrictive referral process for DYCD-funded outreach programs**



SUBSTANCE USE

Jose had been running away since he was 14, trying to get away from his stepfather who terrorized and beat his mother, regularly threatened Jose and told him he was “nothing.” A traumatized boy with a hair-trigger temper, Jose was thought of as tough at school, yet he was uncomfortable with all the fights he seemed to attract and all the ways he felt put down by peers and teachers, so he stopped going. He wound up couch surfing, having sex he didn’t want for a places to stay or for money, and sleeping on subways at 17.

Jeremy was raised in and out of foster care in California by an emotionally unstable mother who was struggling to stop using crystal meth and to find work and who had little time for her eldest son. At 17, he met other young people who travel the country by hopping freight trains, and after attacking his mother’s boyfriend for beating his little brother, he started living as a freight hopping “hobo” with peers, panhandling all over the U.S. to get enough money for the heroin and alcohol that bound his social group.

Jose and Jeremy met at a low threshold drug user’s support group at a homeless youth drop in center in New York. Jose criticized Jeremy for panhandling all day and spending what he made on heroin “like a pathetic dopefiend.” Jeremy replied, “You’re an even more pathetic dopefiend ‘cause you don’t even do real drugs!” Jose didn’t think of himself as a drug user because his favorite drugs, over-the-counter cough medicines containing Dextromethorphan, a powerful dissociative when taken in high doses, were legitimate medications found in mainstream drugstores. He had no idea what the harms of these medications could be when taken in large doses, though he spent days at time disoriented, aggressive, euphoric and confused when “tripping” on them. Jeremy had learned from more seasoned users and syringe exchange program staff about the dangers of heroin and alcohol use, and he shared these, as well as the pleasures of the same, with the group.



These young men found some common ground that night when they shared their reasons for using drugs in the group. Jeremy said, “at least when I’m chasing dope I have something to do all day, and anyway, I have to chase it to keep from getting dopesick. The routine keeps me focused and I can forget about everything else.” Jose said, “I know I got a lot of work to do to raise myself up, but not today. Today I’m just tripping ‘cause how am I supposed to get a job and a life when I don’t even have clothes or a shower or a family? These streets are crazy, so while I’m out here, I’m gonna stay crazy so my insides match my outsides.”

STATEMENT OF THE ISSUE

Homeless young people who use drugs in any significant way, especially “hard” drugs, are excluded from social services, especially youth-specific services, and from almost all forms of housing unless they are ready to enter drug treatment programs. This situation leaves many young people in dangerous structure-less environments where their drug use increases and becomes more chaotic as they try to cope with stresses, trauma, abuse, over-stimulation and boredom of life on the streets. It is commonly recognized and confirmed by most research that the more time a young person spends street homeless the worse health, mental health and HIV risk outcomes accrue. It is not uncommon for injection drug using youth to succeed at methadone maintenance or abstinence-based drug treatment ten years after starting to inject drugs in their teens or early twenties, but to have received almost no services that would have prevented their contracting Hepatitis C, spending time in jail, getting assaulted and rape--all common outcomes of homelessness-- in the intervening ten years. Shelter and housing policies that confirm and reproduce the norm of the “homeless crackhead” or “homeless junkie” foster this personal devastation and the associated social and economic losses to the society as a whole. Shelter policy around drug use and drug users is shaped by abstinence-based approaches which hold that it is a normal for drug addicts to lose everything before sensing the need to change themselves and being able to engage in services productively. In this framework, homelessness is conceived as a normal



consequence of addiction for individuals rather than as a failure of society, government and policy to stabilize the most vulnerable for their good and the good of the whole community.

There is a critical lack of detailed, non-judgmental information and education about drugs, their dangers and their pleasurable and unpleasurable effects in schools, youth programs and homeless youth programs. If young people are to be reached with information, open and non-judgmental conversations about drugs and drug use must be fostered, and expertise about drug issues must be developed in school and social service staff. A brief look at the meager selection of standard drug education pamphlets aimed at youth will reveal a paternalistic or alarmist tone and information too general to be of use or be credible to youth. A harm reduction approach to drug education, recognizing that drug users can make rational decisions to protect their health and well-being even in periods of chaotic and out-of-control drug use, has to be promoted for there to be any belief in the effectiveness of offering such information to drug users and potential users.

In general drug use tends to be viewed and treated separately from other issues, another consequence of abstinence-based thinking that defines addiction as the primary, overarching problem that must be addressed before other issues can be tackled. This mindset has separated mental health and drug treatment systems such that getting mental health treatment, psychiatry or even counseling and case management can be very difficult for homeless young people who are often turned away from these services in favor of referrals into drug treatment programs that they often will not accept. Even where counseling and case management are offered to drug using youth at homeless youth programs, providers may have no idea how to proceed with a person who has an obvious drug problem but is not ready or willing to address it in counseling. Sometimes membership in programs may be withdrawn if a young person's drug use is seen as too chaotic or a safety risk. Tough love approaches can influence even the most well-meaning program to believe it is in a young person's best interest to withdraw services in order to push them to change their behavior. Where serious drug use is concerned, this nearly always increases drug use and cuts off relationships that can be vitally important supports. By contrast, harm reduction approaches are reality-based and hold that



people can be engaged in services promoting any positive improvement to their stability, safety and quality of life no matter what level of drug use they are involved in.

CURRENT SERVICES AND GAPS

There are a number of daytime drop-in centers for homeless youth in New York City, and these programs are the most able to work with homeless youth who use drugs due to drop-in centers' low threshold service delivery model. One drop-in center has an injection drug user focus and operates a syringe exchange with related idu health services such as o.d. prevention, low threshold opiate dependency treatment and drug counseling services.

There is a terrible shortage of youth shelter beds in New York City, and at the time of this writing, the only emergency youth shelter that can house youth over 20 years old has only 24 beds in a congregate environment and is only for LGBT young people. New York City's inability to shelter the 21-24 population in youth shelters is a consequence of federal and state law that defines youth as under 21, though the homeless youth population is clearly not served by this unfortunate definition. Of the few existing youth shelters, none are set up specifically to house current drug users, or to provide drug education, though some can shelter them if their behavior and ability to adhere to program structure are not too compromised by their use. One small shelter attempts to alter its structure somewhat to meet the needs of injection drug users. Some adult shelters, available to youth over 18, routinely ignore residents' drug use but provide no support or education to these residents, so this is neglect rather than tolerance. Generally, homeless youth rarely use the adult shelter system.

There are no longer term transitional residential programs for youth who use drugs unless they are in abstinence based treatment, and it is even difficult to place youth in these programs if they have past histories of drug use. Methadone maintenance or Buprenorphine maintenance are not considered adequate as drug treatment for placement in transitional living programs. Getting homeless young drug users emergency shelter or longer transitional living help is close to impossible unless they hide their drug use (and thereby compromise any honest caring relationship they could develop with a service provider) or their drug use is not really an issue for them.



HRA's NYNY III housing agreement has recently opened permanent supported housing beds for homeless people who have been diagnosed with drug addiction and a chronic disabling condition, and about 50 beds have been set aside for youth 18-24. This is a very promising and hard won housing model, and its success remains to be seen.

While existing drug treatment models work wonders for some people, those people are in the minority and are often helped after many years of getting no help because they are not interested in or willing to participate in traditional drug treatment. Homeless youth tend to be particularly ill-served within these models because those that are youth focused are designed with young people who have middle class family support and follow-up in mind and because they are less sensitive to the multiple problems that create youth homelessness and require close one-on-one work. The harsher therapeutic community treatment models (that have lost some credibility in recent years) can be re-traumatizing to homeless youth with multiple challenges such as mental illness or having to face homophobia or transphobia as people on the LGBT spectrum. While Methadone maintenance treatment is available to homeless young opiate users who can get Medicaid, it is also not designed for youth and is mainly used by older users, making it unappealing to youth who do not identify with the "old timers". Buprenorphine treatment, with its office-based flexibility and one-on-one treatment focus could have a wide appeal to young opiate users, but structural barriers to prescription have prevented its being rolled out as widely in New York City as it has been in other cities, and it is marketed to middle class drug users, so that doctors often do not consider the homeless opiate using youth population eligible for this form of treatment. However, doctors who have begun prescribing buprenorphine to this population have seen marked improvements in health, mental stability and diversion from criminal activity.

Structural barriers preventing all homeless young people in New York City from getting identification and benefits also prevent drug using youth from accessing the forms of drug treatment, medical and mental health care that are available to them. Fortunately, advocates for New York City's homeless youth have been able to negotiate a deal with the Department of Motor Vehicles last year to carve out a special provision to help this population obtain state identification.



RECOMMENDATIONS FOR SUBSTANCE USE AND HOMELESS YOUTH

- ☞ Create program models for shelter, transitional living programs and permanent supported housing for homeless youth who use drugs in order to promote stabilization, healthcare and drug treatment access;**

- ☞ Introduce harm reduction-based drug education, HIV and Hepatitis C and Overdose Education into schools, youth programs and homeless youth programs;**

- ☞ Increase abstinence-based drug treatment beds for youth who decide to pursue abstinence and supported housing beds for disenfranchised youth who use drugs;**

- ☞ Develop harm reduction based drug treatment models appropriate to youth;**

- ☞ Make homeless youth a special category to receive expedited access to Medicaid and identification;**

- ☞ Incorporate syringe exchange into existing social programs and institutions and train staffing harm reduction approaches.**



TRANSGENDER YOUTH

Sam, a 20 year old transgender male, sought services at an LGBT youth shelter program following his release from an inpatient psychiatric hospitalization. After years of living with abusive foster parents, he opted for the streets rather than continued physical and verbal abuse directed at his gender presentation and sexual orientation. He coped with his abuse the only way he knew how – through self-mutilation. His cutting landed him in the hospital many times, leaving him with a laundry list of diagnoses, including Major Depressive Disorder, Borderline Personality Disorder, PTSD and Munchausen’s Disorder. He faced difficulty in the shelter programs, which required he live in close proximity with multiple people, something he found it very difficult to do. He has not been able to stay in any one program long enough to be connected to appropriate care. Each time he leaves a program and spends time on the streets, his self-harming behavior resurfaces. Like many other traumatized homeless trans youth, existing systems of mental health treatment and crisis shelters are unable meet his specific needs.

STATEMENT OF THE ISSUE AND ITS CURRENT STATE

For transgender and gender non-conforming youth, the prevalence of discrimination leads to a perfect storm of crisis. Transgender youth are even more likely than their lesbian, gay and bisexual peers to be rejected by family and friends; to face widespread discrimination in housing, employment, education, government services and healthcare; and to experience increased susceptibility to addiction, substance abuse and the risks associated with sex work.

Many runaway and homeless transgender youth are victims of past abuse, assault and extensive trauma. This trauma is re-lived and repeated in mainstream youth shelters, where transgender youth routinely experience violence, transphobia and sexual assault at the hands of their straight peers.



Terrifying experiences in the previously mentioned facilities leads to their avoidance, such that trans youth are the least likely to receive or reach out for mental and medical health services. Thus, high rates of depression, substance abuse, anxiety, post-traumatic stress disorder, etc. go untreated and often multiply while these youth live on the street. Similarly, sexually transmitted infections as well as other medical conditions from bronchitis to dental cavities are untreated. Many homeless trans youth lack identification that matches their presentation, which complicates their ability and willingness to access medical care, social services, educational and employment opportunities.

Despite improvements in legislation to protect transgender individuals, many social service employees continue to erroneously employ the standard of full genital surgery as a condition of transgender identity. Transgender youth are often told that they are making the process of accessing services harder for themselves by failing to “act like” or dress in accordance with the gender they were assigned at birth. The detrimental affect of this discrimination cannot be overstated. Such attitudes shift the onus of responsibility away from the agencies that should be protecting transgender youth, the most disenfranchised population within the runaway and homeless youth community. As a result many youth, like Sam, find little help within government agencies and find the street more welcoming than shelters.

When faced with this pressure to “pass”, many transgender youth turn to street hormones in order to quickly enhance their appearance and acceptance within society. Hormones obtained on the street in uncontrolled doses can have dramatic and long-lasting affects on the mental and physical health of these youth. Those transgender youth who have access to medical care are met with a system that depends upon the pathologizing of transgender individuals as a criteria of further treatment, and youth can wait for months and years before receiving the hormones or surgical referrals they require.

Many trans homeless youth are caught between the dire need to have money and shelter and the physical and mental dangers that are associated with what is often the only way out: sex work. The more one “passes” the more money he or she might make;



therefore, the more use of street hormones and injections. Homeless youth (and trans youth especially) have found a somewhat safer and more convenient form of sex work through the internet. Youth advertise themselves and respond to ads on websites such as “Craig’s List” and “Black Planet” and arrange to meet their “dates” later. Different forms of sex work can be set up this way – from escorts and massages to the more traditional form of exchanging sex for money. While an internet café may be safer than the stroll (with lesser chances of arrest), trans homeless youth still face the same risks: assault, death, rape, infection, etc. In many ways, the lack of visibility of Internet sex work/escorting works against youth: the dangers are not as obvious and therefore not as anticipated. The lack of visibility also creates a lack of awareness in the community; it’s the case of out of sight, out of mind.

The four LGBT youth shelters in the city have utilized limited resources to develop programming, case work and psychiatric services specific to transgender youth, but without a supportive network of government agencies, social service and healthcare providers, transgender runaway and homeless youth do not have the resources they need to transition to self-sufficiency.

EXISTING SERVICES

According to 2007 data from the Empire State Coalition for Youth and Family Services, over 5% of the 3,800 youth who are homeless in New York City identify as transgender. An additional 18% did not identify a gender. Citywide, there are only 65 beds for LGBTQ homeless youth: not enough to serve even half of transgender runaway and homeless youth population. There are no adult transgender or LGBTQ specific shelters, either public or private, throughout the five boroughs, making it extremely difficult to ensure the safety of transgender youth aging out of homeless youth programs. None of the service providers contracted by the City to operate drop-in programs offer trans-specific programming.

Despite these setbacks, there are currently three trans-specific support groups available to transgender youth within the network of runaway and homeless youth providers. Three organizations offer trans-specific case management, and two offer psychiatric and medical services specifically designed for transgender youth, which include hormone



therapy maintenance. Two agencies offer legal assistance to transgender youth, including assistance with discrimination complaints, name and gender marker changes. One agency offers job and life skills training for transgender youth, with a focus on building community among generations of the transgender community.

CURRENT STRENGTHS

Due to an increase in collaboration and inter-agency education, more runaway and homeless youth providers are aware of and sensitive to the specific needs of transgender and gender non-conforming youth. Increased outreach has insured that even those agencies unequipped to serve transgender youth are aware of the programs and services, however limited, available to these youth through other service providers.

Within the past three years, the city has made some headway in improving conditions for transgender runaway and homeless youth. In February 2006, the New York City Department of Homeless Services announced that individuals accessing housing would be assigned to the appropriate Intake/Assessment shelter based on their gender identity, regardless of the gender stated on their documentation. Anecdotal evidence suggests that security at these facilities may still not be fully equipped to handle the response of other clients to the presence of transgender residents, but the policy change represents an important step towards transgender inclusion in city services.

In March 2008, the Office of Children and Family Services enacted new policies to prohibit discrimination against LGBTQ youth among OCFS staff, volunteers and contract providers. In addition, OCFS issued guidelines for the treatment of transgender youth in the juvenile justice system, including policies enforcing the use of preferred names, preferred gender pronouns, dress codes and bathroom facilities for transgender youth in residential and aftercare programs. These policies take a critical step towards changing the attitude of service for transgender individuals.



GAPS IN SERVICE

Secure Housing

As stated above, transphobia, violence and harassment at mainstream shelters make it impossible for transgender youth to feel safe at the facilities that other runaway and homeless youth rely upon. As a result, hundreds of trans youth who cannot find space in one of the two existing LGBT youth crisis shelters, wind up sleeping in public spaces such as trains or parks, or trading sex for a place to stay. Until runaway and homeless youth programs have access to training and funding for security to maintain the safety of these youth more LGBTQ specific beds must be secured to make sure that this population receives the services they need.

Healthcare

Runaway and homeless youth providers currently rely on one community health center as the primary referral point for transgender clients. There are few providers citywide that specialize in either transgender-specific medical or psychiatric care. This lack of coverage leaves transgender youth at risk of using street hormones, or failing to secure treatment for other medical and psychiatric conditions. No residential substance abuse programs are currently designed to serve LGBTQ youth, and transgender youth are often misplaced based on the gender they were assigned at birth.

Employment

Transgender youth are at high risk for pervasive poverty due to discrimination in employment and chronic underemployment. Often transgender runaway and homeless youth are forced to turn to sex work and the drug trade in order to survive. The unemployment rate among the transgender community is as high as 35%; 60% of transgender individuals earn less than \$15,300 a year.

Criminal Justice

Although trans youth are frequently arrested, existing programs that provide alternative-to-incarceration services for youth are not prepared to provide services to trans youth. In addition, programs working with sex workers are frequently focused on biological females, and do not include trans females engaged in the same type of activities, who face the same dangers.



Affirmative High Schools

Transgender youth are less likely than their straight, gay, lesbian or bisexual peers to complete high school. Many transgender youth face discrimination and harassment by their peers, making learning impossible. Without the protection of a supportive administration, many find high school unbearable. The Safe Schools Improvement Act, introduced in Congress in May 2009, represents an important move towards nationwide protection from bullying and harassment based on a number of categories including gender identity or expression.

Housing Options for Transgender Adults

There are currently no shelters in New York City for LGBT adults. The kind of discrimination that transgender youth experience does not end when they turn 24, and for those youth who have entered the shelter in their mid twenties, there are few safe options for referral after they have aged out of the youth shelter system. Though city shelters have adopted policies for transgender clients many transgender youth are unprepared to navigate the city shelter system and until there is proof that these facilities are secure for transgender adults, many social service providers remain uncomfortable referring young adults into the city shelter system.

ANTICIPATED BARRIERS

Policies for transgender inclusion often face challenges based on misinformation about transgender individuals and the practices that transgender inclusion would entail. Social service agencies working towards a culture of respect for transgender individuals should offer direct and concise statements to combat these misperceptions and should be clear that inclusion is not “special treatment,” but rather a guarantee that all clients are treated with equal respect.

Without these conversations and policy changes, New York City will continue to fall short of it’s responsibility to transgender youth, and will continue to bear the ongoing burden of policing, housing and incarcerating transgender youth. With adequate and sensitive services, the city’s social service agencies can empower a community of transgender



youth who are employed, healthy, self-sufficient and able to act as role models and educators for the next generation of transgender youth.



RECOMMENDATIONS FOR TRANSGENDER SERVICES FOR HOMELESS YOUTH

- ☞ All city agencies, including contracted service providers and law enforcement agencies, should approve and enact policies for serving transgender and gender non-conforming clients/participants based upon the policies proposed by the New York City Human Resources Administration in 2009, to include policies on name and pronoun usage, client confidentiality and the necessity of consequences for clients who threaten the safety of transgender youth. Underscoring these trainings should be the message that all transgender individuals will be welcomed and respected within New York City social service programs;**

- ☞ Develop programs designed specifically to address the obstacles transgender youth face when seeking employment. In the employment arena, transgender adults should be encouraged to serve as mentors/role models to help counteract young people's perception that being transgender automatically equals sex work;**

- ☞ Prioritize funding for programs that specifically address the noted gaps in service for runaway and homeless transgender youth;**

- ☞ Increase the number of healthcare and mental health service providers offering services specifically for transgender youth while improving access to free and low-cost medical providers specializing in gender transition and hormone therapy.**



TRANSITIONAL HOUSING

When she was only 15, both of Sandy's parents died of AIDS. She then moved into a relative's home for a few years. At 19, she had graduated high school, started an Associate's program, and was working part-time. She was thrown out onto the street after she questioned the disappearance of her savings from her room. With no other stable support system, Sandy was forced to enter a youth crisis shelter.. She has steadily kept a job since she entered the youth shelter and is ready to move into the next step. While Sandy has taken great steps toward achieving independence, she is without her own support system and stable residence.

Sandy has already completed one year of her Associate's degree and is starting her final year. Her current unstable living situation has encouraged her to postpone her studies as she awaits placement within a transitional living program.

Sandy's counselor has her on waiting lists for two transitional living programs. The shelter stresses her out because of the constant influx of youth, being forced to leave during the day even when she is off work, and the time limit for how long she can stay. She has been waiting over a month, and continues to live in a state of crisis, which is not conducive to her aspirations to receive her Associate's Degree, maintain a job, and become a self-sufficient adult.

CURRENT STATE

Young people between the ages 16 and 24 are often seen as adults in our society, and are, subsequently, expected to be independent. However, many youth are not capable of self-sufficiency due to poor life skills, lack of preparation, trauma/mental health, and/or lack of support from adults around them. Homeless youth lack a safe, stable



environment in which they can work toward independent living. These young people may have initiative and motivation to make it on their own, but without support, guidance, and skills that most adolescents have, they may not become successful, independent adults. Transitional Independent Living programs, however, make the goal of independence more of a reality. Alarming, there is a significant lack of these vital programs in New York City for the estimated 3,800 homeless youth.

Successful independent living programs provide youth with a safety net in which to pursue self-sufficiency through working, saving money, and practicing life skills. Such life skills include obtaining employment, job retention, budgeting, paying rent, education planning, preparing meals, doing chores, looking for an apartment, planning the move to one's own place, and developing interpersonal skills.

These programs not only give youth the time they need to build their skills, but also boost their self-confidence. Many of these young people have histories that include being abandoned, neglected, and abused. TLPs provide space and opportunities to build positive, healthy relationships and confidence in their ability to create a better life for themselves. As one program's graduate said, her program gave her space to "make mistakes" and to learn from them. Unfortunately, the current shortage of transitional living beds helps shatter our young people's aspirations of independence rather than encourage them. At an age at which youth in small towns or cities may be going off to college, youth in New York City may attend college locally or still be working toward a high school diploma/GED. These particular youth are not ready to be on their own, but are not able to stay at home any longer.

One third of the youth that seek shelter at one of the largest crisis shelters come from New York City's foster care system. It is in our city's best interest to foster the goals of self-sufficiency that are prevalent among this group. National attention toward independent living programs translated into the passage of The Foster Care Independence Act of 1999 as well as the U.S. Department of Housing and Urban Development's 'Continuum of Care' model. However, young people still continue to struggle with meager supports in their arduous path toward independent living. While both of these landmark efforts were adopted with an intention to help young people



avoid long-term public dependence; these initiatives have not yet resolved transitional living shortages. Even though there is a clear consensus that homeless and at-risk youth require services to meet their goal of independent living, the dearth of options is a reality facing thousands of young people in New York City.

In December 2007, the Empire State Coalition released preliminary findings in the first ever census of homeless youth sponsored by the City Council. This survey estimated the number of homeless youth in NYC on a given night to be around 3800. There are approximately 340 transitional living beds in New York City for runaway and homeless youth currently, which clearly does not meet the need. Some of these programs serve specific sub-populations of RHY including but not limited to lesbian/gay/bisexual/transgender/questioning youth, pregnant or parenting youth with children, males only, females only, Jewish females, and sexually exploited females. These programs are supported through city funds, federal funds, and private fundraising.

SERVICE GAPS

Through support from the City Council, NYC's Department of Youth and Community Development has been able to greatly increase the number of transitional independent living beds available over the last 4 years. The TIL programs that are a part of the DYCD continuum include specialized and general population TILs. There are 104 total DYCD TIL's and 238 other transitional programs. Two agencies currently serve lesbian, gay, bisexual, transgender, or questioning youth (40 beds) and few TIL's are skilled in working with youth leaving the juvenile justice system. There are very few options for single males in terms of transitional programs – only 2 programs currently accept single males. Youth with serious mental health concerns often fail at traditional independent living program settings (as many of these programs are not focused on youth who need extensive mental health support), but these youth still need the opportunity to prepare for self-sufficiency. Sadly, they usually either end up in the adult system or on the street.

While we have seen a great increase in the past 2-3 years in the number and type of transitional programs, there is still a great need to fill the gap of the great number of youth on the streets and those maxing out their stays at crisis shelters. Additionally, the



21-24 year old age group needs more access to transitional housing. DYCD TIL programs and many other “youth” programs end at age 21.

Furthermore, as a greater number of youth access transitional programs, attention has been drawn to the next step. Permanent housing resources are very few in NYC, especially for disenfranchised youth who have minimal support. Access to Section 8 is limited and the cost of living continues to rise. Youth who successfully complete transitional programs are not guaranteed independent living success. More is needed in the way of access to affordable housing and extending some transitional programming beyond age 21 to ensure youth more of an opportunity to be ready to support themselves.

Lastly, some transitional programs are too restrictive for youth who are extremely independent. 24 hour supervision and curfews may create an overly rigid environment in which a young adult may rebel or appear “uncooperative” when they are simply being forced to follow rules meant for youth who are not higher functioning.



RECOMMENDATIONS FOR TRANSITIONAL HOUSING FOR HOMELESS YOUTH

- ☞ Continue to respond to the shortage of transitional living beds for youth in New York City, paying special attention to the sub-populations that are currently underserved;**

- ☞ DYCD should fund a variety of models of transitional living program settings (e.g. scattered site and congregate, supervised and unsupervised) since the youth needing transitional housing function at a variety of levels;**

- ☞ Provide transitional housing opportunities for populations that have difficulty accessing the current transitional living programs, including ex-offenders, youth with psychiatric histories, substance users who are not abstinent from use, young mothers with children, and transgender youth;**

- ☞ Access permanent housing resources for youth leaving transitional programs so that they do not cycle back through the homeless youth system after graduating from a transitional program.**



TRANSPORTATION

Damien is a homeless individual who is on probation for a previous grand larceny conviction. Damien and his wife live in a couples' shelter in Manhattan, but Damien must attend regular probation appointments on Staten Island. As part of his probation requirements, he also attends regular drug counseling sessions and job training services. Damien accesses case management services at one organization and legal services at another; these organizations are scattered throughout New York City. Some organizations hand out single-ride metrocards, but Damien must find subway fare to travel to the organization in the first place.

Recently, Damien had an appointment with his probation officer, but no money and no metrocard. Understanding how important his probation appointment was, he went to the subway station nearest his shelter, hoping he could beg enough money for one ride. When that failed, and after watching two other people duck under or jump over the turnstile, he jumped the turnstile himself. He was immediately arrested by two plainclothes police officers. Because of his record, he is being charged with a misdemeanor: "theft of services." A conviction is likely to be considered a violation of Damien's probation, and he will serve 60 – 90 days in jail. His wife will lose her bed in the couples' shelter and will be back on the streets.

STATEMENT OF THE ISSUE

In order to meet their basic survival needs, homeless young people in New York City must access services scattered throughout the five boroughs. For many young people, NYC's public transportation system is the only viable link between these locations, but legal access is often cost prohibitive. Young people who cannot afford to access the MTA legally often resort to "turnstile jumping." Because turnstile jumping can be punished with fines or even imprisonment, the pervasive lack of legal access to



transportation channels homeless young people into debt and into the criminal justice system.

CURRENT STATE

Surviving as a homeless young person in New York City requires frequent travel to far-flung locations. As service organizations are increasingly pushed out of Manhattan, accessing food, shelter, health care, mental health services, addiction services, social security and public benefits offices, case management services, legal services, and other programs, as well as a social life and sense of community, often involves trips to any and all of the five boroughs.

The fare for a local subway or bus ride recently increased, bringing the cost of one round-trip journey to nearly \$5.00. Young people are occasionally able to access free metrocards through service providers, borrow cards from friends, or beg for subway fare, but for most young people these options regularly fall short. A young person is then placed in the impossible position of accessing transportation illegally – “turnstile jumping” – or foregoing survival essentials.

Fare evasion is a violation of the MTA Rules of Conduct that may be punished in two different ways: 1) civil penalties of \$100 per violation, plus interest (with special provisions for “repeat offenders” and individuals who fail to appear on summons), or 2) criminal prosecution resulting in fine, imprisonment for up to ten days, or both. Turnstile jumping can also be prosecuted as a violation of New York Law as a Class A misdemeanor: “theft of services;” Class A misdemeanors may be punished by imprisonment of up to one year.

For many homeless young people, tickets for turnstile jumping are common. For young people with no income, paying the fines associated with these tickets can be impossible. There is no community service alternative, and the Transit Adjudication Bureau will not accept payment plans: an individual may make payments of less than the total fine amount, but the fine continues to accumulate interest and may eventually affect the individual’s credit. If a young person has a history of turnstile jumping or a criminal record, the penalty for turnstile jumping is likely to be more serious: the young person



may be charged with a violation or misdemeanor, and may end up serving jail time. Convictions for “theft of services” may have far-reaching consequences, including for a young person’s immigration status.

Because homeless young people experience intense scrutiny by the police, they are often assumed to have jumped the turnstile, even when they have accessed the MTA legitimately. Young transgender women, for example, report frequent police harassment when using special program metrocards (Student cards, reduced-fare cards, or auto gate cards): if the name on their metrocard does not appear to match their gender presentation or the name they are using, they are often accused of having stolen the metrocard.

EXISTING SERVICES

Student metrocards are available for some young people, but these come with restrictions: they are good for travel on school days between 5:30 AM and 8:30 PM, are to be used for travel to and from school-related activities only, and are good for three trips on each school day. Each card carries the name of the student who is allowed to use that card: young people who borrow cards from friends may be ticketed or arrested. Student cards are distributed to eligible students at the beginning of the school year, so they are inaccessible to homeless young people who have become alienated from the education system.

Some drop-in centers, evening programs, and other service providers hand out free metrocards to program participants: food and metrocards are a common incentive offered by programs trying to meet the survival needs of homeless young people. These cards are often single- or double- ride cards, however: enough to send a young person from that location to their next destination, but no further. Some shelters offer metrocards as well, but these often come with restrictions. One shelter, for example, requires proof that the young person has an appointment with a service provider before subway fare will be provided.



GAPS IN SERVICE

Homeless young people do not have consistent access to free legal transportation. No program exists through which all homeless young people can access unlimited ride metrocards, or even a reliable supply of limited-ride cards. The programs that fund some metrocards rarely have the resources to meet any young person's total transportation needs. The other strategies through which young people access metrocards – borrowing or begging – are unreliable. The MTA currently runs reduced-fare programs, but these are geared towards people over 65 and people with certain disabilities, not homeless individuals.

The lack of legal transportation options encourages young people to choose illegal options, including turnstile jumping. Young people who are caught turnstile jumping are often ticketed or arrested, fined or imprisoned. Once a young person has been fined by the Transportation Adjudication Bureau, there is no community service alternative, and no payment plan option that will stop the accrual of interest.



RECOMMENDATIONS FOR TRANSPORTATION ISSUES OF HOMELESS YOUTH

- ☞ Increase funding for programs distributing metrocards to participants and create a program through which homeless individuals can access free unlimited ride metrocards;**

- ☞ Reduce policing of homeless young people in the subways;**

- ☞ Reduce reliance on the criminal justice system as a way of ensuring payment of fares;**

- ☞ Create a community service alternative (instead of fines and criminal charges) for young people found guilty of turnstile jumping.**



VIOLENCE AND POLICING

Maria grew up in foster care, entering the system at age three when she was taken away from her biological mother. When she was fifteen, she was raped by her foster father and ran away from home. Homeless and without a means of sustaining herself, Maria turned to sex work to meet her survival needs, including an occasional place to sleep. One night, while sleeping in a client's apartment, Maria was attacked by the client. A neighbor called the police, but when they arrived, they put Maria in handcuffs, and told her the attack was her fault and that she was lucky to be alive.

Soon after, Maria discovered that she was pregnant. She delivered a baby girl, and although she tried to continue supporting herself and her newborn through sex work, her parenting abilities were compromised by her homelessness and by the drugs she used to prevent flashbacks and nightmares. When her daughter was nine months old, Maria was reported to Children's Services for child abuse; her daughter was subsequently placed in foster care.

STATEMENT OF THE ISSUE

Exposure to violence – child abuse and neglect, abuse within the foster care system, and the policing and criminalization of young people – increases the risk that a young person will become homeless. Homeless young people, in turn, experience heightened levels of violence in many different and overlapping forms, including: 1) state-sponsored police violence, 2) violence against sex workers and others involved in street economies, 3) violent crimes targeting homeless people, 4) violence from peers, including gang-related violence, and 5) intimate partner violence. Violence can be understood as a public-health issue that demands ongoing medical and mental health care, and untreated violence often results in mental illness, substance abuse, and more violence. Living with violence conditions some young people to respond violently to the stressors in their own lives, and the cycle of violence is perpetuated: the line between “perpetrator”



and “victim” is often thin or meaningless. The cycle of violence not only revolves within the life of a single young person, but acts across generations, impacting entire families and communities.

CURRENT STATE

Young people living on the margins of society are at great risk of encountering violence, and have few options for protection. For young people involved in criminalized economies, for example, who must conduct business with some degree of secrecy so as to avoid police contact, there are few places to turn for assistance or protection. The often-isolated nature of their work leaves these young people vulnerable to assault and abuse. Violence is a perpetual threat for the one-in-three homeless young people who engage in sex work, a group that disproportionately includes transgender women, and men who have sex with men. Sex workers face an ever-present risk of robbery, physical and sexual assault, and rape, from clients, pimps, and police officers.

Young people living on the streets experience violence from strangers, who may feel that this vulnerable population has no recourse. Advocates and shelter workers have reported individuals – including young people – being harassed, kicked, sexually assaulted, set on fire, beaten to death, and decapitated because of their homeless status, sometimes by “thrill-seekers.”*

Peers and acquaintances can also be a source of violence. Young people report experiencing fights and attacks in both youth and adult shelters, where large numbers of people whose basic survival needs are not being met are often contained in small spaces. Homeless youth are disproportionately involved in gang activity: poverty and lack of a support system create a sense of disempowerment that gang involvement can begin to assuage.** Many young people also turn to gangs for essential survival needs such as physical protection, temporary housing, money, and access to drugs.

* “Hate Crimes and Violence Against People Experiencing Homelessness,” National Coalition for the Homeless.

** Focus Adolescent Services, <http://www.focusas.com/Gangs.html>



Gang violence not only harms “victims,” but also exposes gang members to injury, drug dependence, incarceration, and death.

Violence exists in more intimate relationships as well. Homeless adolescents experience many of the stressors that place individuals at risk for partner violence, including unemployment, substance abuse, and inadequate social service and community support. Adolescents are particularly susceptible to dating violence because they often do not have the experience, confidence, or information to understand or expect a “healthy” relationship. Queer young people and sex workers involved in pimp relationships often must also overcome internal shame and external stigma when seeking services.

A major – and often overlooked – source of violence in the lives of homeless young people is the very organization tasked with protecting them: the police. Poor youth of color – especially masculine youth – are disproportionately watched, stopped, and arrested. The NYPD targets homeless people for the enforcement of “quality of life” crimes including sleeping on the trains and trespassing on public property. Transgender women are profiled as sex workers and are often arrested for offenses like loitering for the purposes of prostitution. Each interaction with the police places a young person at risk of state-sponsored violence. Young people report being verbally harassed (often with racist and sexist language), pushed to the ground, pummeled, maced, and tazed, often because of perceived disrespect, for offenses like turnstile jumping. Transgender women also experience excessive and humiliating strip searches, where their genitals are scrutinized. Homeless young people lacking stable family situations are also more likely to be detained after arrest, and to experience the violence inherent in the juvenile and adult criminal justice systems.

In addition to being harmful in themselves, these negative experiences with law enforcement make it nearly impossible for homeless young people to turn to the police for help when they experience violence from other sources. On the occasions that they do seek police interference, homeless young people (especially transgender and gender non-conforming young people) report that they are often arrested, despite having called for help.



The same life circumstances that make homeless and street-involved young people susceptible to violence put them at risk of becoming violent themselves, including towards their own children. Lacking social support and living with histories of parental abuse and neglect, street-involved parents may repeat the cycle of abuse and neglect and lose their children to foster care.

EXISTING SERVICES

Drop-in centers serving homeless youth address violence proactively by offering their clients and members safe spaces to spend their days, and by training staff members in de-escalation techniques to address conflicts that may arise within their spaces. Several homeless shelters, drop-in centers, and advocacy groups are also able to provide general crisis intervention for homeless young people, including immediate medical care, counseling and support, and referrals to attorneys. Community-based sex workers' organizations exist where young people engaged in sex work can build community and share safety strategies.

Young people who experience sexual violence, including those engaged in sex work, can contact a number of sexual assault programs, including programs accessible through helplines that provide immediate medical care to rape victims through crisis intervention. These programs also provide on-going services including follow-up physical care, individual and group counseling, support groups, legal advocacy, and accompaniment to court, police stations, and hospitals. Public and independent monitoring agencies exist to document and prosecute crimes involving sexual assault. Finally, victims can apply to the New York State Crimes Victim Board for assistance with ongoing medical and counseling expenses and other expenses related to the assault.

Despite the general shortage of accessible services for young people experiencing intimate partner violence, some free legal and safety planning services exist specifically for young people. Agency attorneys can assist clients in obtaining temporary restraining orders and represent them in family court proceedings. Agency attorneys can also assist clients in accessing domestic violence shelters – which are often safer and cleaner than homeless shelters – and can help them resolve housing and benefits issues in order to achieve more comprehensive and stable safety. A recent change in



the law now allows LGBTQ individuals who experience intimate partner violence may now access the family court in New York State for protection against domestic violence. LGBT young people and sex workers in pimp relationships can access similar housing and support services from agencies specifically focused on those issues.

Victims of police misconduct may contact the Civilian Complaint Review Board, or a handful of private attorneys willing to take on police brutality cases. In addition, some community organizing groups are developing community accountability responses to street and police violence, as alternatives to increased policing and harsher sentences.

Young people who worry that they may react violently to their children can access child abuse prevention hotlines. In addition, several homeless service providers specializing in care and housing for pregnant and parenting homeless youth have crisis nursery care, which includes 24-hour temporary emergency child care, intensive counseling, parenting workshops, and on-going support and referrals. By addressing the issues which precipitated the use of emergency respite care, these agencies hope to give parents the skills to keep their families together, and avoid unnecessary foster care placements.

SERVICE GAPS

Because of recent funding cuts, already-overburdened safe spaces for homeless young people are cutting hours and reducing staffing. Overcrowded and understaffed facilities are less able to de-escalate violence among members, and members who have been turned out on the streets are more vulnerable to street violence and police violence. Similar funding cuts will result in more people having fewer of their basic needs met, which means both that tensions will be higher within homeless communities, and that the population vulnerable to violent attack will increase.

There are currently no gang violence prevention models that address the structural causes of gang violence – lack of support, racism, and poverty – or are designed to provide gang members with services like housing, physical protection, or gang mediation. Gang violence programs in New York have traditionally been located within the Department of Corrections and the Police Department, and operated on a punitive model. These programs reinforce the causes of gang violence, because the racist and



classist over-policing of certain communities increases the feeling of disempowerment among young people.

Police misconduct remains a major barrier between homeless victims of violent crimes – particularly homeless sex workers – and physical and mental health services. Sex workers often experience the same forms of harassment and violence at the hands of the police as they do at the hands of their clients, including inappropriate touching, extortion of sex, physical assault, and rape. Attempts by sex workers to report crimes to the police consistently result in disregard, harassment, arrest, and violence, conduct which places blame on the victim and promotes future violence by sending the message that individuals may commit crimes against sex workers with impunity. In addition, a law enforcement culture that prioritizes the enforcement of quality of life laws does nothing to reduce the root causes of violations (a ticket for turnstile jumping reduces the likelihood that an individual will have train fare in the future), and instead increases the likelihood of police contact and drives already-vulnerable individuals further into the margins. Police-accountability structures like the Civilian Complaint Review Board have been shown to have little to no effect on police behavior.

Although there are some services targeted to adolescents experiencing intimate partner violence, they are very limited. Furthermore, many agencies that serve adult DV victims are reluctant to provide services to young people because of legal liability concerns. With limited shelter, money, means of transportation, and resources for acquiring information about available services, homeless young people face additional challenges to seeking help.

Despite the existence of child abuse prevention services, many homeless young parents' ability to take care of their children is compromised by their economic hardships and the violence in their lives. Moreover, the violence they have experienced may be used against them to justify the removal of their children by the agencies that were responsible for them when they experienced violence. Although this practice of punishing people for what occurred to them by placing their children in the same system where they experienced trauma is illogical and painful, it is a reality for many homeless parents. Parents who have had their children removed are often required to attend



classes and counseling groups on a wide variety of topics (parenting, drug counseling, domestic violence), but these classes often fail to give the parents meaningful support, and the time commitments involved can make it impossible to work.



RECOMMENDATIONS FOR VIOLENCE AND POLICING ISSUES FOR HOMELESS YOUTH

- ☞ Increase funding for drop-in spaces with staff trained in de-escalation techniques so that homeless young people can access safe spaces during the day;**

- ☞ Increase support services for young people involved in street economies so that they are not further marginalized by secrecy and isolation in their work;**

- ☞ De-criminalize homelessness by repealing quality of life crimes and/or changing NYPD practice and culture so that homeless people are not targeted for enforcement;**

- ☞ Change NYPD policy so that transgender women are not profiled as sex workers or subjected to harassing strip searches;**

- ☞ Strengthen and make truly independent the Civilian Complaint Review Board or create a different structure for meaningful police accountability;**

- ☞ Support community-based alternatives to policing so that marginalized communities may protect themselves from violence without relying on police;**

- ☞ Develop anti-gang violence programs that address the root causes of gang violence, rather than focusing on policing and punishment;**

- ☞ Develop preventative resources and support services for young street-involved parents.**



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