



# YOUTH COUNT 2.0!

Full Report of Findings

May 13, 2015

Sarah C. Narendorf, PhD, LCSW

Diane M. Santa Maria, DrPH, RN

Jenna A. Cooper, LMSW

## ACKNOWLEDGEMENTS

---

YouthCount 2.0! was conducted by the University of Houston Graduate College of Social Work in collaboration with the University of Texas School of Nursing and support from the University of Houston-Downtown. The original conceptualization of the study and preliminary study methods were designed under the leadership of Dr. Yoonsook Ha at Boston University with support from Dr. Diane Santa Maria and Dr. Noel Bezette-Flores. The study implementation was led by Dr. Sarah Narendorf and Dr. Diane Santa Maria and coordinated by Jenna Cooper, LMSW.

The authors wish to thank the Greater Houston Community Foundation Fund to End Homelessness for their generous support of the project and the Child and Family Innovative Research Center at the University of Houston Graduate College of Social Work for additional support. The interest and enthusiasm for YouthCount 2.0! began with the Homeless Youth Network who assisted in funding the initial stages of the project along with The Center for Public Service and Family Strengths at the University of Houston-Downtown..

Throughout the project we received whole-hearted support from service providers across Harris County. Special thanks to Covenant House Texas for making their staff available for outreach and supporting every aspect of the program, the Coalition for the Homeless for technical assistance and help with the HMIS data and to Houston reVisions for their advice and support. Other partners included Arrow Ministries, Bridge over Troubled Water, Communities in Schools, DePelchin Children's Center, Grace Place, Harris County Protective Services, Homeless Youth Network, Houston Alumni Youth Center, Houston Area Community Services, Houston Area Women's Center, Homeless Outreach Team - Houston Police Department and MHMRA, Houston revision, Montrose Center and NEST Project, Open Door, Open Gate, Salvation Army Young Adult Resource Center, Santa Maria Hostel, SEARCH Homeless Services, Stand Up for Kids, and Star of Hope.

From start to finish, the project was guided with input from our Community Advisory Board who generously provided their time and recommendations into all aspects of the study. The Board was led by Noel Bezette Flores and included Joel Levine, Julie Crowe, Tom Chappell, Charles Rotramel, Gary Grier, Katherine Barillas, Jeanne Stamp and Eva Thibadeaux.

We also received support from staff and students at the University of Houston, Graduate College of Social Work and the University of Texas, School of Nursing. Special thanks to Rene Brooks, Maria Wilson, Yasi Kanga, Linda Leon, Erica Walker, Patrick Bordnick, David Nguyen, and Deidra Carroll. And a huge thank you to the UT Nursing Students and GCSW foundation research students without whom this study would not have been possible.

Suggested Citation:

Narendorf, S., Santa Maria, D. & Cooper, J. (2015). YouthCount 2.0!: Full report of findings. Houston, TX.

## TABLE OF CONTENTS

---

I.	Introduction to YouthCount 2.0!	1
II.	Background & Methods	3
III.	Count Findings	6
IV.	Survey Findings	8
	a. Demographic Characteristics	9
	b. Homeless Experiences	11
	c. Educational & Vocational Experiences	14
	d. Service Experiences & Service Needs	15
	e. Social Support	18
	f. Mental Health	19
	g. Sexual Health	21
	h. Physical Health	23
	i. Violence and Victimization	24
	j. Substance Use	25
V.	Focus on Subpopulations	26
	a. Youth that are Pregnant or Parenting	27
	b. Lesbian, Gay, Bisexual, Transgender & Questioning Youth	29
	c. Youth with Histories of System Involvement	31
	d. Sheltered, Unsheltered and Unstably Housed	33
VI.	Discussion	35
VII.	Recommendations	37
VIII.	References	40
IX.	Appendix A	41

## List of Tables

---

Table 1: Summary of Count Findings

Table 2: Demographic Characteristics of Homeless Youth Participants Surveyed in Harris County

Table 3: Where Youth Stayed the Previous Night

Table 4: Reason for Current Living Situation

Table 5: Highest Grade Completed

Table 6: Sexual Risk Behaviors across Populations

Table 7: Substances Used

Table 8: Comparison of Mothers, Fathers, and Other Homeless Youth

Table 9: Comparison between LGBTQ Youth and Other Homeless Youth

Table 10: Comparisons by Involvement in Public Systems of Care

Table 11: Comparison of Youth by Housing Status

## List of Figures

---

Figure 1: Areas Canvassed and Locations Where Surveys Were Collected

Figure 2: Reason for Coming to Houston

Figure 3: Age First Became Homeless

Figure 4: Devices Used at Least Once a Week

Figure 5: Social Services Used in the Past

Figure 6: Reasons for Not Staying at a Shelter

Figure 7: How Did Youth Find Out About Shelter or Services They Used

Figure 8: Thought About Going to a Shelter but Did Not Because...

Figure 9: Number of Supports They Can Talk To

Figure 10: Percentage With No Supportive Adults

Figure 11: Prior History of Mental Disorder Diagnoses

Figure 12: Mental Health Services

Figure 13: Self-reported Health

Figure 14: Adverse Childhood Experiences

## INTRODUCTION

---

### *Youth Homelessness*

The National Alliance to End Homelessness estimates that 550,000 unaccompanied youth experience an episode of homelessness each year (NAEH, 2015). Youth often become homeless due to family problems such as conflict with parents, lack of family support, and parental substance use (Toro et al, 2007). They have elevated histories of trauma prior to becoming homeless and are at high risk for continued victimization once on the streets. Prior studies of homeless youth have found that these youth have high rates of substance use, mental health problems, and risky sexual behaviors compared to their housed peers (Childress et al, 2015; Edidin et al, 2012). Increasing recognition that youth homelessness is a distinct problem that requires specific initiatives has led the federal government and communities across the country to focus on homelessness among youth to develop better interventions to end youth homelessness. Supporting these youth to become stable and self-sufficient now can set them on a more positive course for the rest of their lives.

A lack of strong data about the size and scope of the homeless youth population has presented challenges to developing interventions to end youth homelessness. Conflicting definitions of youth homelessness across service systems make it difficult to correctly identify the size of the youth population experiencing homelessness. For example, The McKinney Vento Act definition used by school systems to identify homeless youth utilizes a much broader definition of homelessness than that used by Housing and Urban Development for local point in time counts of the homeless. And it is widely recognized that current strategies for counting homeless youth likely undercount the number of youth experiencing unstable housing because these youth are less visible (United States Interagency Council on Homelessness, 2011). The United States Interagency Council on Homelessness released a framework to end youth homelessness in 2013 with specific recommendations on actions that need to be taken to achieve the goal of ending youth homelessness by 2020. This report calls first for better data to understand the scope of the problem and the service needs of youth experiencing homelessness.

### *Youth Homelessness in Harris County*

The Harris County community has recognized the need for better data and come together to respond by supporting YouthCount 2.0! The current estimates of the scope of youth homelessness in Harris County range widely. In the Point-In-Time (PIT) count conducted by the Coalition for the Homelessness in 2014, 442 youth ages 18-24 were counted as being homeless using a strict definition of youth staying in shelters or on the streets. The Harris County

Homeless Management Information System (HMIS), a computerized data collection system for homeless persons, reported about 2,186 youth ages 18-21 used homeless services in 2014. The Covenant House Texas, the largest Harris County emergency shelter serving youth 18-21 years old, reported assisting over 3,111 youth in 2014 while the National Runaway Switchboard received 848 calls from the Houston/Harris County area in 2014. Data from the Houston Independent School District identified 19,589 children of all ages who were in unstable housing in 2014, 3,522 of those in unaccompanied situations where they stayed in shelters, hotels or were unsheltered. The wide range in the numbers reported across different systems has underscored the need to try new strategies for finding and counting homeless youth in Harris County in order to better understand the problem. In addition, there is a need for data to understand specific subgroups of homeless youth such as former system youth, pregnant and parenting youth, and lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth.



## BACKGROUND & METHODS

---

### *Origins of the Study*

YouthCount 2.0! began when the Homeless Youth Network of Harris County identified the need for better data. They recognized that until they had a better idea of how many youth were in homeless situations, what the specific needs of the population were, and how to define which youth were most at risk among those in unstable housing situations, they could not move forward to advocate for community wide solutions to tackle the problem. Together with the University of Houston, Graduate College of Social Work, they decided to invest in laying the foundation for better research on homeless youth in Harris County.

### *Preliminary Study: Focus Groups*

It soon became clear that in order to plan and implement a count and survey that would capture these youth, an exploratory study was needed. Therefore, a qualitative study was conducted using focus groups that specifically targeted an array of youth who experienced homelessness and were staying both in shelters and on the streets (n=64). The goals of this first study were to identify locations in the greater Houston area frequently visited by youth, learn more about socialization patterns of youth and explore social and human service needs. These data were used to inform outreach efforts, study design and sampling strategy. We also learned about survival behaviors and use of social services to better understand the type of questions to ask in the survey.

Several findings came from the formative study that shaped the methods and survey questions used in YouthCount 2.0! We found that youth...

- Do not see themselves as homeless once they have a place to stay, including homeless shelters
- Spend a significant amount of time moving around family and friends' homes before they stay on the street
- Move from place to place frequently
- Separate themselves from each other and homeless adults (i.e. low social connections)
- Tend to hide before sunset and blend in
- Engage in risky behaviors (i.e. trade sex, crime, substance use) to meet immediate needs for shelter, food, and money
- Seek help from homeless service providers (i.e. health and social services) as a last resort

### *Aims of Youth Count 2.0!*

YouthCount 2.0! was designed as a pilot study to learn more about how to find, count, and survey homeless youth and the specific situations and behaviors of youth that could assist with service planning. We proposed the following aims for the study:

- determine the number of youth ages 13- 24 years old currently experiencing homelessness or housing instability in Houston/Harris county
- examine factors that help with program planning in the community, including the composition of homeless youth (e.g., minors, sexual orientation, parenting status, race/ethnicity, immigration status), perceived causes of homelessness, service utilization, social supports, and prevalence of risk behaviors
- develop an innovative counting and survey methodology for assessing youth homelessness that could be used in other large, diverse urban centers across the nation.

### *Study Methodology*

In order to have adequate time to locate youth who we knew were difficult to find, the count ran for 4 weeks. YouthCount 2.0! took place between October 25 and November 21, 2014. We utilized 4 different strategies to find, count and survey youth:

1. Outreach teams visited shelters and transitional living facilities across Harris County to count and survey youth staying in these facilities.
2. Outreach teams visited magnet events to count and survey youth visiting these events. We targeted two types:
  - those that were specifically designated for homeless youth including hot meals and a drop in center
  - those that would attract a wide variety of youth, some of whom might be in unstable housing situations. We hosted our own events at libraries in the community and visited community events such as a resource fair for middle and high school students and a break dance night that attracted youth.
3. Outreach teams led by seasoned outreach workers conducted street outreach to designated areas. These included identified hotspots and canvassing of areas and apartments identified as likely to have youth in unstable housing situations.
4. We asked youth to recruit others they knew in similar situations, a technique called respondent driven sampling. Participants who reported they knew at least 3 other youth they could recruit were given coupons to recruit 3 others for an extra \$5 gift card for each referral who subsequently took the survey.

Outreach teams consisted of a trained team leader and student or community volunteers. Students from the University of Texas, School of Nursing and the University of Houston, Graduate College of Social Workers did the majority of the interviewing under the direction of the study investigators and project coordinator. 74 volunteers, primarily students, were involved in the data collection efforts.

Youth were included in the count if they met either of the following criteria:

- Currently homeless - living in an emergency shelters, transitional housing, hotels/motel, cars, abandoned buildings , on the street, or in a space not designed for human habitation
- Unstably housed - staying temporarily with friends, family or acquaintances and do not know where they will stay a month from now.

Youth were not excluded if they were currently staying with families in a homeless situation so the sample included both accompanied and unaccompanied youth. Youth who met eligibility criteria were surveyed using an audio assisted computer interview or a standardized paper survey depending on the location and available materials. The survey contained approximately 100 items that assessed living situation, services utilized, mental health, substance use, and risky sexual behaviors. The survey was available in both English and Spanish. Questions were based on standard measures and items from large national surveys such as the Youth Risk Behavior Survey, the National Survey of Drug Use and Health, and the Monitoring the Future study.

Data were collected on 97 occasions at 47 different locations, including 26 shelters/transitional housing, 24 magnet events and 47 different outreach targets. Outreach was conducted through Covenant House, the Salvation Army, and the Houston Police Department Homeless Outreach Team.

Administrative data from the Homeless Management Information System (HMIS) was used during the count period to identify locations to target for counting. At the end of the count, HMIS data for the 4-week count period were reviewed and assessed by location and date to determine additional youth staying in shelters that had not been interviewed and should be included in the final count.

## COUNT FINDINGS

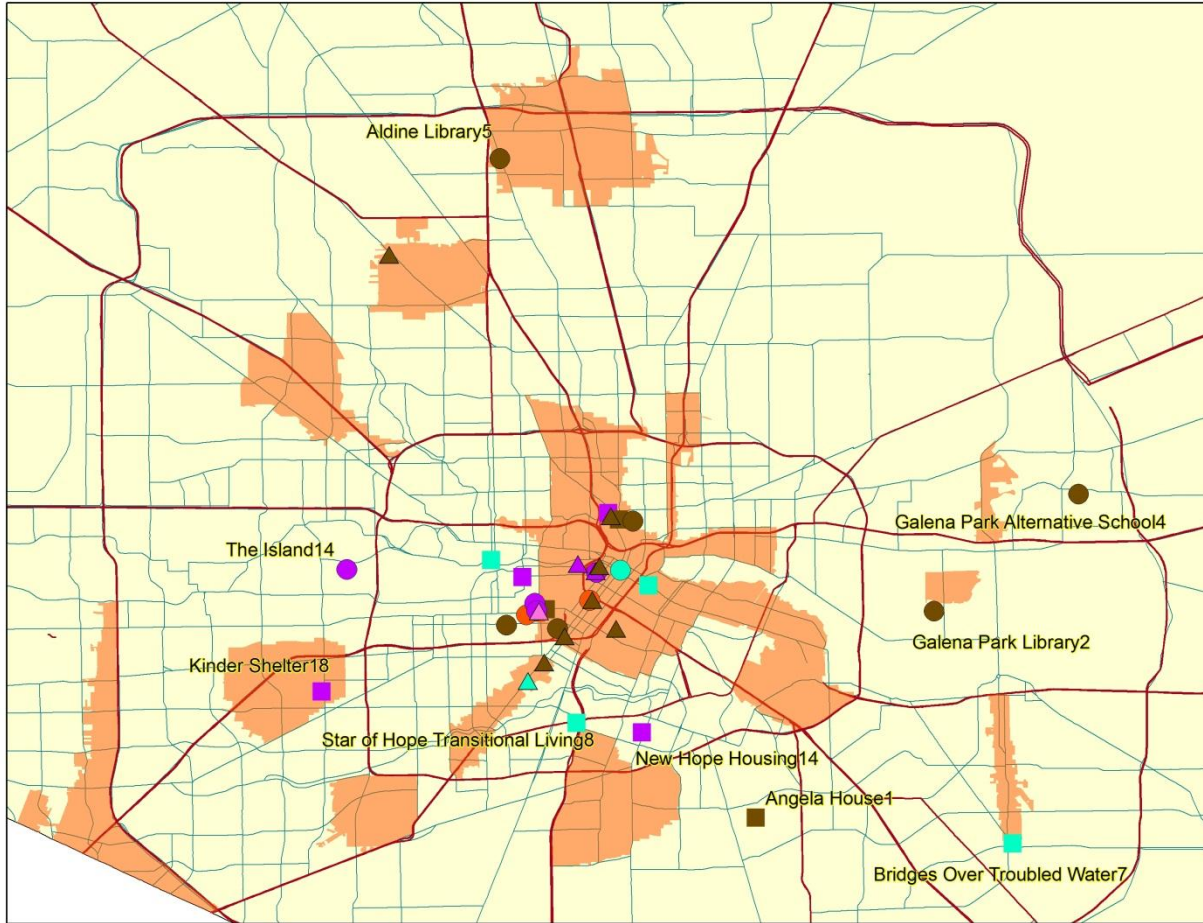
---

The official number of youth counted during the 4 week count period in Harris County was 632. Of these, 420 were surveyed. 212 youth were added to the count based on the HMIS administrative data, 113 of those were sheltered accompanied minors. Only 3 youth were counted by us but not surveyed. The number of unaccompanied minors and young adults counted was 513.

**Table 1: Summary of Count Findings**

	Sheltered	Unsheltered	Unstably Housed	Total
<b>Accompanied Minors (13-17)</b>	116 (13 Survey)	2	1	119
<b>Unaccompanied Minors (13-17)</b>	18	3	11	32
<b>Young Adults (18-24)</b>	283 (174 Survey)	134	64	481
<b>Total</b>	417 (205 Survey)	139	76	632 (420 Survey)

**Figure 1: Areas canvassed (shading) and locations where surveys were collected (dots)**



The map in Figure 1 depicts Harris County and the areas where we surveyed youth. Most youth were found in the Montrose and Downtown areas. These areas had both more youth on the streets that identified as homeless and more shelters and magnet events where youth were surveyed. Locations depicted on the map include: Covenant House, Houston Area Women’s Center, Kinder Shelter, New Hope Housing, Harbor Lights, Depelchin, Star of Hope Transitional Living and Family Shelter, Bridge Over Troubled Water, the Women’s Home, Santa Maria Hostel, Angela’s House, the Hawthorne Dinner at Bering United Methodist Church, the Salvation Army Young Adult Resource Center, Food Not Bombs, The Island at St. Martin’s Church, Grace Place, Street Church, the Beacon, Aldine Library, Stand Up for Kids at St Stephens, the Montrose Center, Galena Park Library, Galena Park Alternative School and the Houston Alumni Youth Center.

## SURVEY FINDINGS

---

The final number of youth included in the survey data is 434. While 420 were surveyed during the official count period in Harris County, we extended the count for 2 weeks after the official count period to continue outreach to schools and follow up on initial contacts. These surveys were not included in the official count but are included in the survey results. We also had 9 youth that were surveyed outside of Harris County but were connected to a homeless service agency in Harris County. These youth were not included in the count but are included in the survey results.

Survey respondents were interviewed at shelters (n=153), transitional living programs (n=35), magnet events (n=154), or on the streets (n=92). Just less than half completed the survey on paper (n=196) and the other half completed it on computer (n=238). Youth were classified as sheltered, unsheltered or unstably housed based on self-report of where they had spent the previous night. 50% were sheltered (n=216), 33% were unsheltered (n=141), and 18% were in unstable housing situations (n=77).

The following sections present results of the survey, first by topic area, then focusing in on a few subpopulations of homeless youth that have been identified as particularly vulnerable.

## DEMOGRAPHIC CHARACTERISTICS

The majority of youth who completed a survey were between the ages of 18 to 24, with a mean age of 20. Youth ages 13 to 17 comprised 13% of the sample. Across the entire sample, more than half were male (54%). For race, participants could select multiple racial groups. The majority identified as African American (61%). Further breakdown of age, gender, sexual orientation and race of the youth participants can be seen in Table 2.

**Table 2. Demographic Characteristics of Homeless Youth Participants (n=434)**

<b>Age</b>	<b>(n)</b>	<b>%</b>
13	9	2
14	5	1
15	14	3
16	14	3
17	16	4
18	67	15
19	57	13
20	75	17
21	40	9
22	39	9
23	45	10
24	52	12
<b>Gender</b>		
Male	232	54
Female	184	42
Transgender women	4	1
Transgender man	5	1
Intersex/Non-binary gender	1	.2
Something else	8	2
<b>Race*</b>		
Black or African American	264	61
White	71	16
American Indian or Alaskan Native	13	3
Native Hawaiian or Other Pacific Islander	4	1
Asian	5	1
Hispanic	64	15
Multiracial	50	12

\* Note youth were able to select multiple options to identify their race.

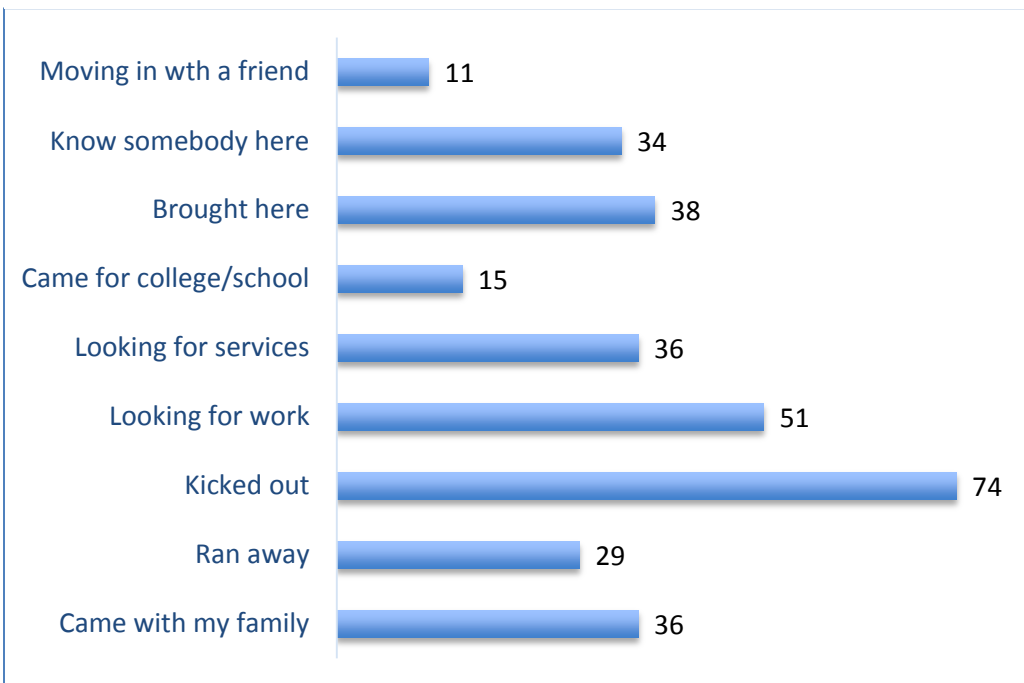
### Geographic Origins

The majority of the sample reported they were born in the United States (n=403). Those reporting they were born outside of the United States (n=26) came from Mexico, Somalia, Honduras, El Salvador, Haiti, Dominican Republic, the Philippines, Puerto Rico and the Bahamas.

About two-thirds of the sample reported that their last permanent home was in the Houston Area (66%). While participants reported coming from all over Houston, the largest numbers came from Southwest (n=55), South (n=43), Northwest (n=34) and North (n=32).

For those who reported coming from outside Houston, many had come from other parts of Texas, some from New Orleans, and a few from out of state. Among the youth who came from outside the Houston area, the primary reason for coming to Houston was because they were kicked out of their prior home (Figure 2).

**Figure 2: Reason for Coming to Houston (n=147)**



\* Note youth were able to select multiple options to identify their race.



## HOMELESS EXPERIENCES

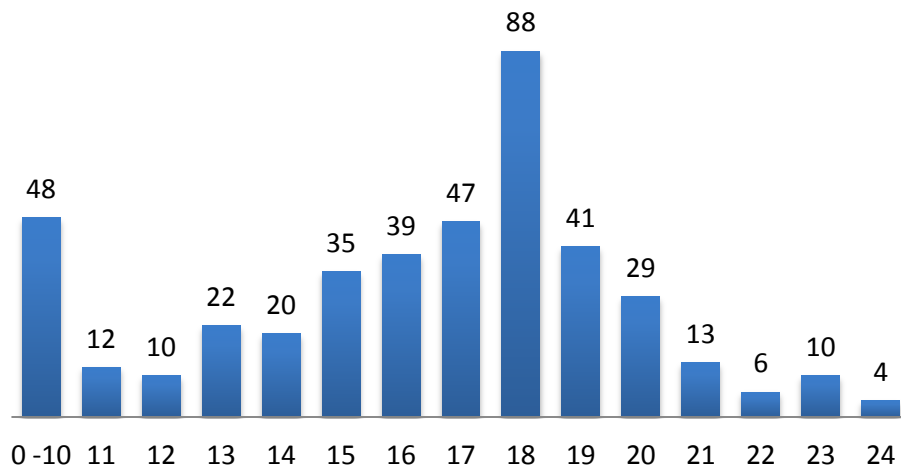
Youth reported where they had stayed the previous night and this was used to determine eligibility for the study. Table 3 displays detailed information about where youth in the sample had stayed the night before they were interviewed.

**Table 3: Where Youth Stayed the Previous Night (n=434)**

	(n)	%
Shelter	175	40
Transitional Living Program	32	7
Street, Park, Bayou, Outside	108	25
Abandoned Building	10	2
Bus, metro or train or car	7	2
Hotel/Motel	12	3
Relative/family home	28	7
Home of friend/acquaintance	38	9
Home of girlfriend/boyfriend/partner	5	1
Other	19	4

For the majority of youth in the sample, this was not their first time experiencing housing instability. Approximately 68% reported that they had been homeless in the past prior to the current episode. Most youth reported histories of housing instability with 41% saying they had moved 6 or more times in the past 2 years, 29% reporting between 2 to 5 moves, and 28% reporting less than 2. Peak age for the onset of first homelessness was 18 (see Figure 3).

**Figure 3: Age First Became Homeless (n=424)**



The majority of youth reported that the reason they are currently homeless is because they were kicked out of family, relative, or foster home (Table 3).

**Table 3: How Youth Became Homeless (n=433)**

	(n)	%
Nowhere to go when they left hospital	22	5
Family is homeless	28	6
No place to go when released from prison or jail	47	11
Fleeing domestic violence	47	11
Aged out of foster care or juvenile justice	53	12
No place to stay when moved to Houston	52	12
Could not pay rent	56	13
Ran away from Family, relative, or foster home		
Family Home	44	10
Relative Home	14	3
Foster Home	25	6
Kicked out of family, relative, or foster home		
Family Home	164	38
Relative Home	58	13
Foster Home	33	8

\*Note Youth could endorse multiple options

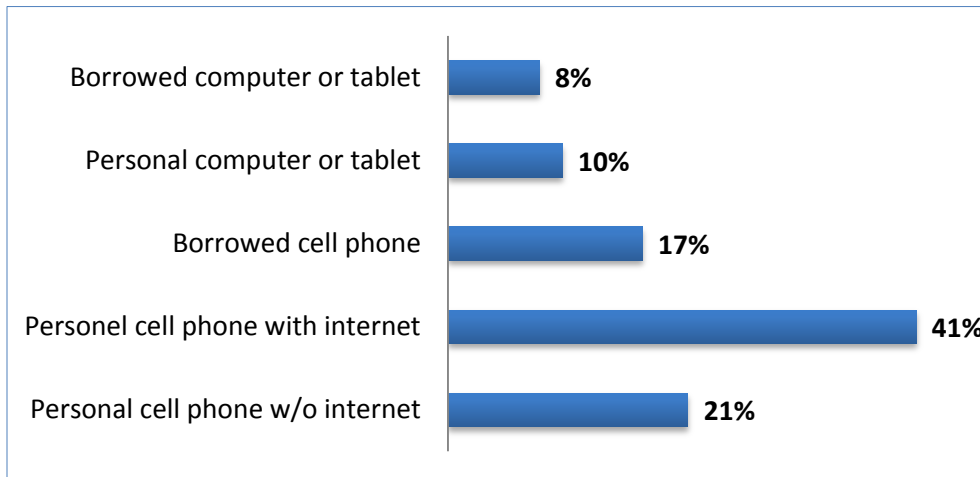
### *Meeting Basic Needs*

Being homeless was also associated with high rates of survival behaviors. Youth were asked what they did to meet their basic needs. 11% had stolen items, 24% had traded sex, 26% said they work to earn the money they need, while 20% borrow from others. One third of youth (31%) reported they get money from seeking services such as food banks, shelters, healthcare, public assistance or social security.

### Technology Use

While youth struggled to meet basic needs, they did retain access to technology. When asked what devices they use at least once a week, the majority of youth use a personal cell phone with Internet (Figure 4).

**Figure 4: Devices Used at Least Once a Week (n=433)**



## EDUCATIONAL & VOCATIONAL EXPERIENCES

---

### *Educational Experiences*

Overall, 58% of youth had completed high school or gotten their GED. Of youth ages 18-24, 63% had completed high school or received their GED. 28% of youth overall were still in school but 90% of those ages 13-17 were still in school. About a quarter of participants (27%) reported that they had been involved in special education while in school.

**Table 5. Highest Grade Completed (n=431)**

<b>Grade</b>	<b>(n)</b>	<b>%</b>
8 <sup>th</sup>	38	9
9 <sup>th</sup>	38	9
10 <sup>th</sup>	48	11
11 <sup>th</sup>	58	13
12 <sup>th</sup>	150	35
GED	31	7
Some College	64	15
4 Year College or more	4	1

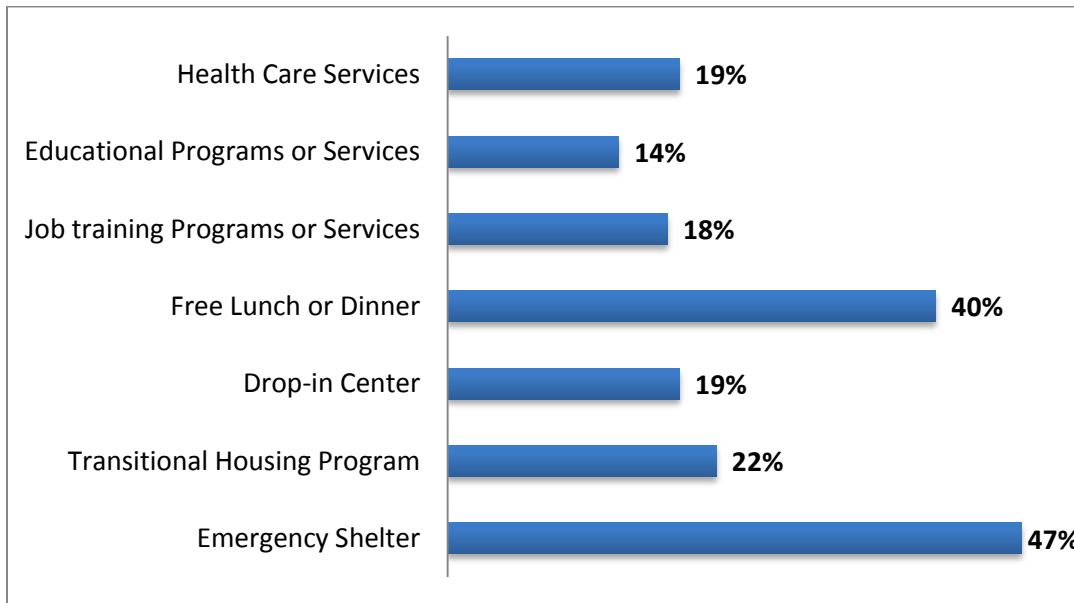
### *Vocational Experiences*

Less than a quarter of the sample was currently employed (21%) with only 24% of those ages 18- 24 reporting that they are currently working. A small number of our sample had served in the military (n=14).

## SOCIAL SERVICE EXPERIENCES

Youth reported what type of services they had previously utilized. The top two services utilized were emergency shelters and free meals (Figure 5).

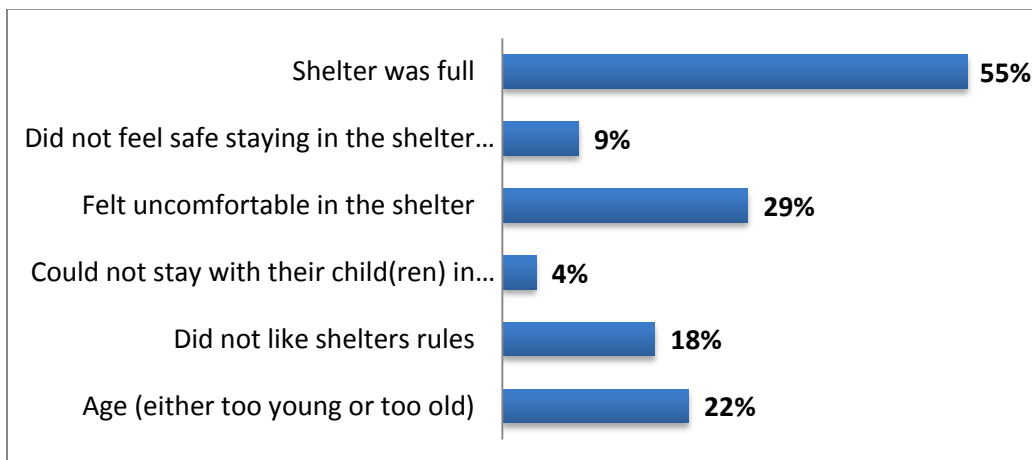
**Figure 5: Social Services Used in the Past (n=432)**



\* Note Youth could endorse multiple options

Thirty seven percent of youth in the sample reported they had gone to a shelter and not stayed the night (n=165). Top reasons included that the shelter was full, they felt uncomfortable in the shelter, or they were too old or too young to stay in the facility (Figure 6).

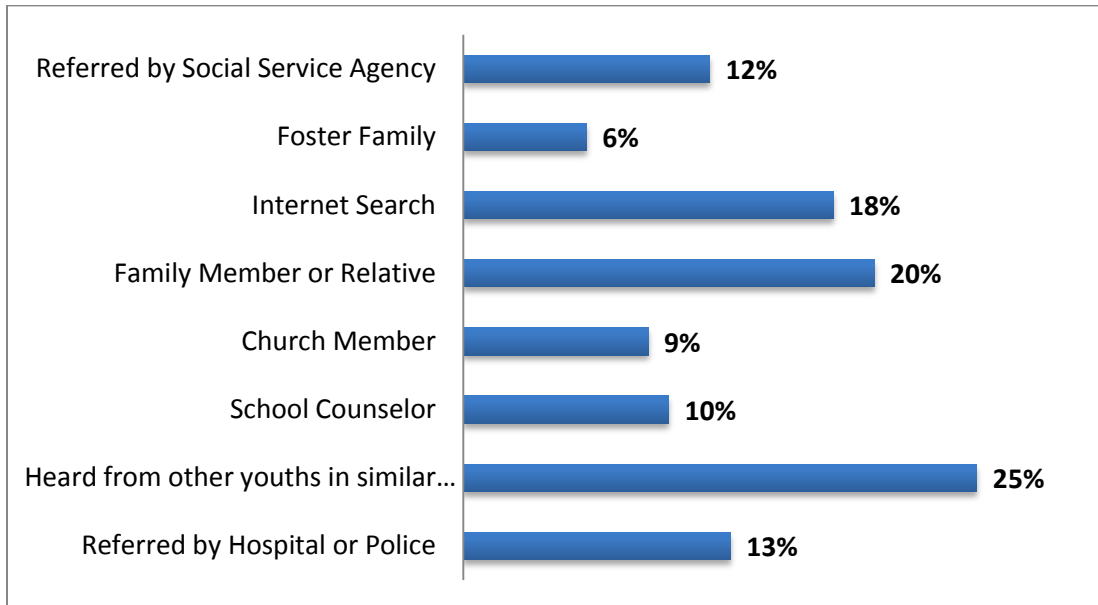
**Figure 6: Reasons for Not Staying at a Shelter (n=174)**



\* Note Youth could endorse multiple options

Youth reported finding out about shelters and services from a variety of sources. A quarter of youth heard from other young people who were in similar situations (Figure 7). Youth were also asked how many other young people they knew in situations like theirs. While 24% reported they did not know anyone, 60% knew three or more and nearly half (47%) said they know 10 or more youth. This supports the fact that youth may rely on other youth as a source of information about services.

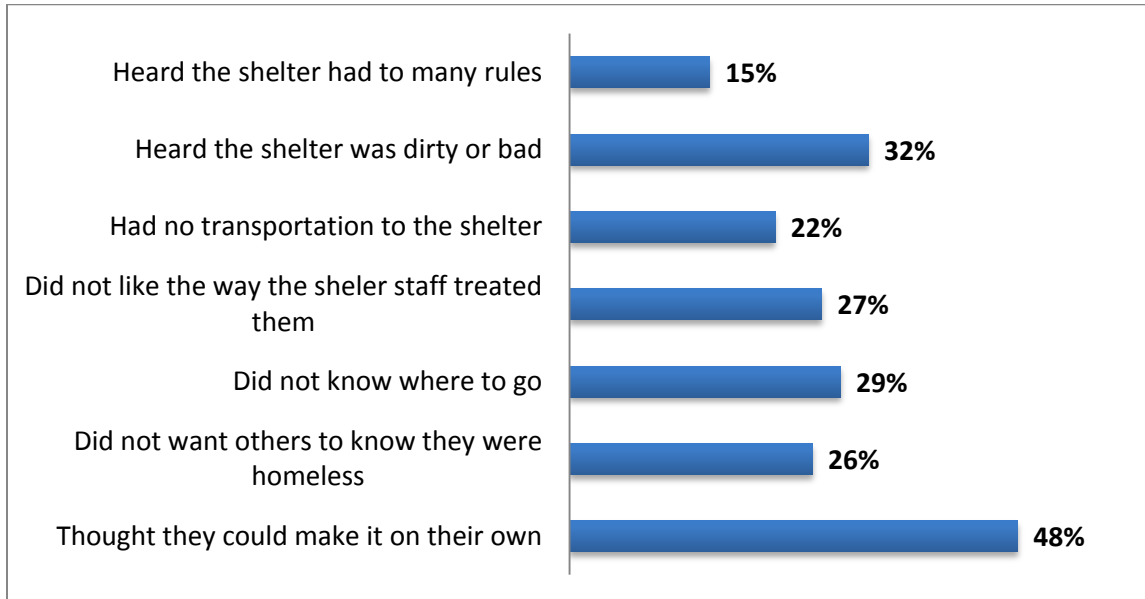
**Figure 7: How Did Youth Find Out About Shelter or Services They Used (n=431)**



\* Note Youth could endorse multiple options

Half the youth reported that there was a time where they thought about going to a shelter but did not go (50%). The top reasons for not going included that they thought they could make it on their own, heard the shelter was dirty or bad, or did not know where to go (Figure 8).

**Figure 8: Thought About Going to a Shelter but Did Not Because... (n=221)**



\* Note Youth could endorse multiple options

## SERVICE NEEDS

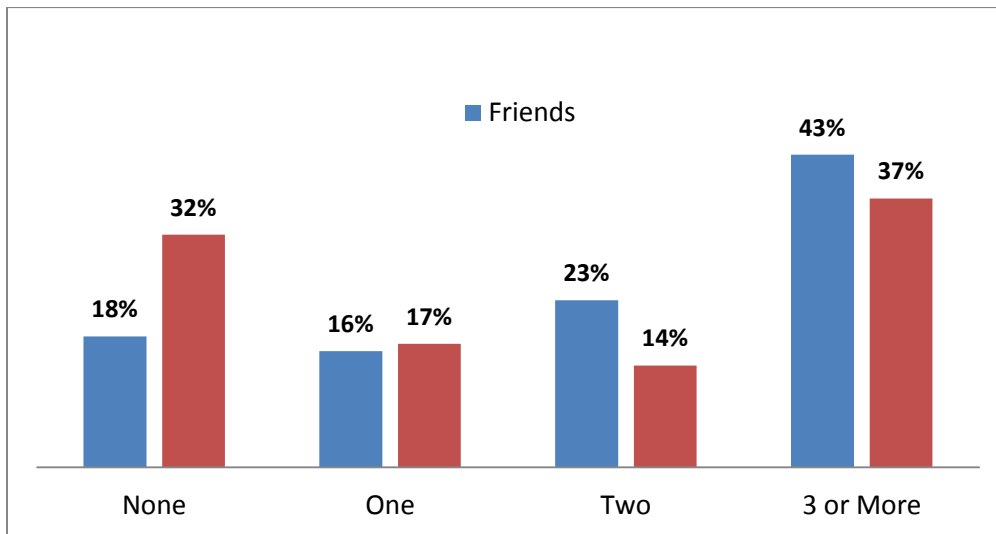
---

When asked what types of services would be most helpful right now two thirds of the sample selected housing (66%), followed by job training or job search services (51%), educational opportunities (44%), and health care or mental health services (33%). Many youth also reported they did not have basic documentation needed to get jobs and services. 36% reported they did not have a social security card, 49% do not have a license or state id, and 49% do not have their birth certificate.

## SOCIAL SUPPORT

Youth were asked to report how many close friends and how many close relatives that they can talk to. Almost one third of young people reported that they have no relatives they can talk to (32%) and a smaller number, 18%, reported having no friends they can talk to (see Figure 9).

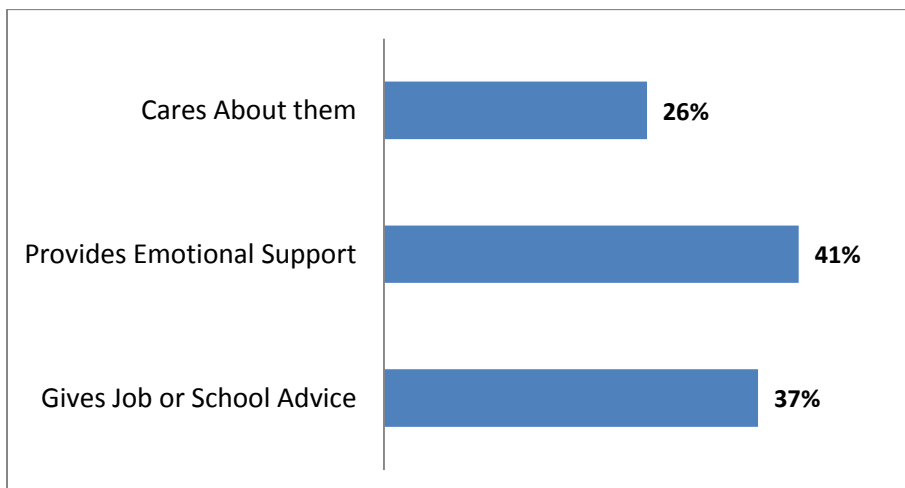
**Figure 9: Number of Supports They Can Talk To (n=402)**



### *Caring adults*

Youth were asked three questions about the presence of any adults in their lives who they could go to for job or school advice, go to for emotional support, or who cares about them. Responses to these items indicate that between 26-41% have no adult who fills a supportive role for them (see Figure 10).

**Figure 10: Percentage with No Adult Who... (n=427)**





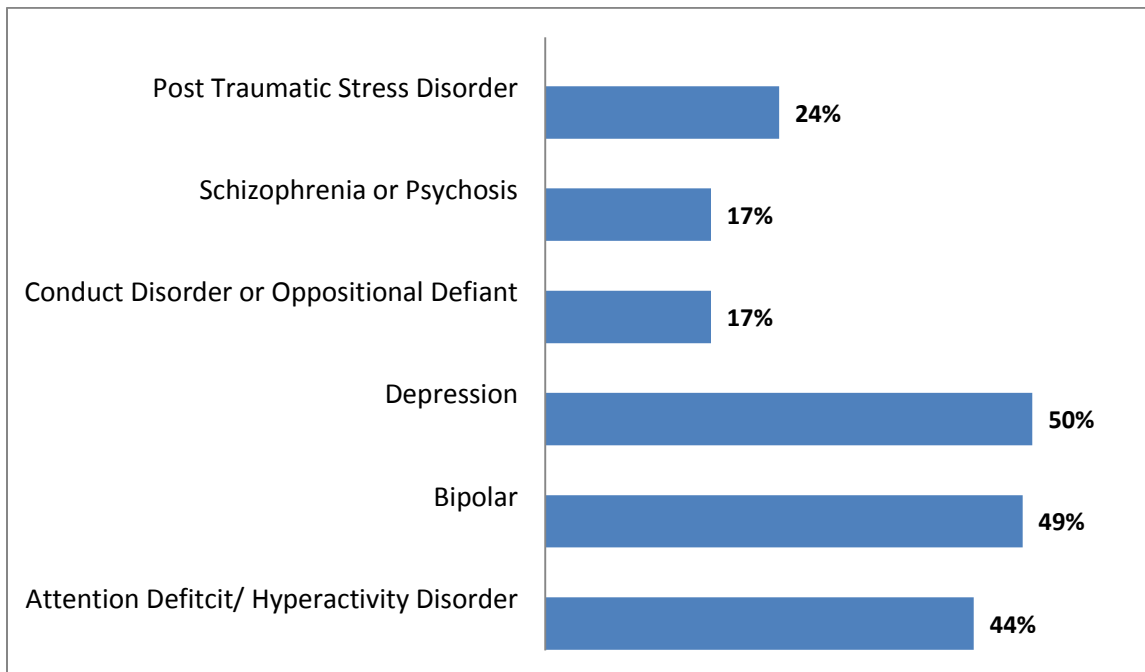
## MENTAL HEALTH

---

### *Mental Health Histories*

Youth in the study were asked to report whether they had been diagnosed by a doctor or mental health professional with a number of different mental health diagnoses. Many youth reported mental health histories. 70% of youth said yes to at least one of the prior diagnoses and 61% reported at least one of the three diagnoses that make them eligible for mental health outpatient services (see Figure 11).

**Figure 11: Prior history of mental disorder diagnoses (n=420)**



### *Current Mental Distress*

Current mental distress was assessed with the Kessler 6 which asked youth how often they felt hopeless, restless or fidgety, nervous, depressed, worthless, and that everything was an effort in the past 30 days. Each item was rated 0-4 and summed. Those that had scores above 13 were considered to have mental distress in line with recommendations from the scale developers. 48% of participants met this criteria for mental distress. This can be compared with 8% of young people nationwide who met this criteria for the same measure in the national survey of drug use and health.

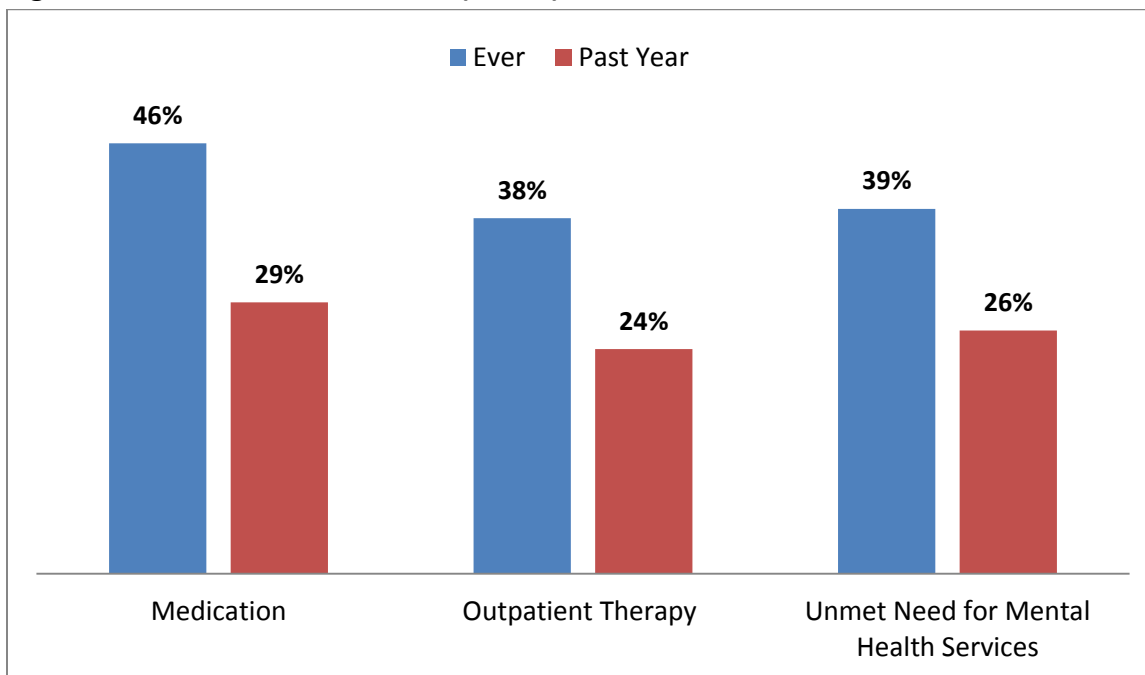
### Other Mental Health Indicators

About a third of youth in the study reported having considered suicide (31%) and one quarter reported that they had actually attempted it (24%). 42% of the sample met criteria for being moderately to severely stressed on the Perceived Stress Scale-4,

### Mental Health Treatment

Just over half of the study participants reported receiving medications or counseling at some point in their lives (55%). About a third had received therapy of counseling in the past year. 39% reported needing mental health treatment but not receiving it at some point. Among those who reported unmet, the most common reasons included cost (35%), did not know where to go (28%), concerned about being committed to inpatient or given medication (23%), thought they could handle the problem without treatment (31%) and did not think treatment would help (26%).

**Figure 12: Mental Health Services (n=420)**



## SEXUAL HEALTH

---

### *Sexual Behaviors*

In Youth Count 2.0!, we found that 75% of youth reported they have had sexual intercourse with 69% of those reporting oral sex, 81% vaginal sex, and 23% anal sex. A high percentage of participants had an early age of sexual debut with 34% reporting their first sex at ≤ 13 years of age and multiple sexual partners with 68% reported having more than four lifetime sexual partners. Participants (24%) reported trading sex in exchange for a place to stay or for other needs.

Condom and contraceptive use were about the same as Houston, yet lower than national rates (Table 6) with 54% reporting that they used a condom the last time that had sex and 13% reporting use of another form of birth control. Other sexual health risks that emerged were substance use at last sex and having sex against one's will. Substance use at last sex was much higher in homeless youth than Houston or the nation with 34% reporting that they drank alcohol or did drugs last time they had sex.

**Table 6: Sexual Risk Behaviors across Populations**

<b>Sexual Risk Behavior</b>	<b>U.S.</b>	<b>Texas</b>	<b>Houston</b>	<b>Homeless Youth</b>
<b>Sexual debut &gt;13 years</b>	5.6%	5.2%	7.9%	34%
<b>&gt; 4 lifetime sexual partners</b>	15.0%	14.9%	14.9%	68%
<b>Condom use at last sex</b>	59.1%	52.9%	55.7%	54%
<b>Contraceptive use</b>	25.3%	20.2%	13.9%	14%
<b>Substance use before last sex</b>	22.4%	23.8%	24.8%	34% <sup>§</sup>

### *Sexually Transmitted Infections*

Self-reported cases of STIs were high; 3.4% reported being HIV positive, 3% reported Hepatitis A, B, or C; 12% had tested positive for Chlamydia, and 7% had tested positive for gonorrhea. In total, 21% had at least one STI and 11% reported having more than one STI. Those reporting an STI were more likely to be female (28% vs. 16%) and more likely to have traded sex (33% vs. 19%).

### *STI Testing*

Reports of being tested in the past year were also substantial. Testing for HIV and STIs was high, indicating a strong community-wide effort to screen this high risk population. About 81% had been tested for HIV in the past year and 78% had been tested for STI in the past year.

### *Stress and Sexual Health*

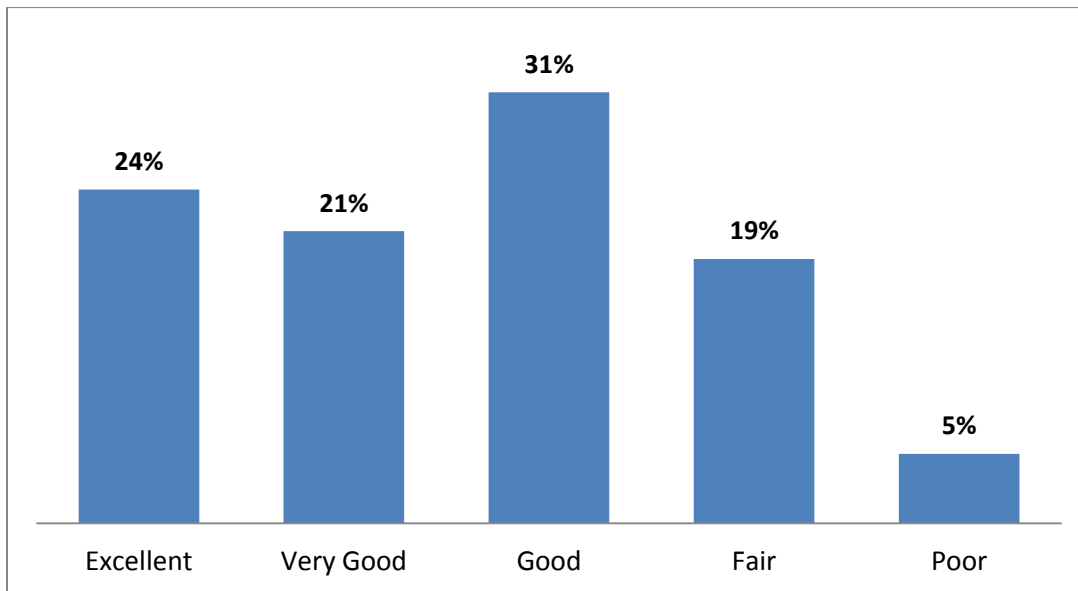
Homeless youth are a highly stressed population with 42% of the sample being moderately to severely stressed with no differences by gender, age, race/ethnicity, or sexual orientation. Youth with a higher self-reported level of stress were more likely to engage in trade sex, oral and anal sex, and report having sex against one's will. Stress appears to be a significant contributing factor to some sexual risk behaviors in homeless youth that may increase risk for HIV.

## PHYSICAL HEALTH

---

Participants were asked to rate their overall health on a scale from excellent to poor. The participants in YouthCount 2.0!, generally felt they had good to excellent overall health.

**Figure 13: Self-reported health (n=428)**



Over half of the participants indicated that they had health insurance (57%) - 41% had Medicaid, 4% had private insurance, and 13% had other insurance.

When asked where they receive healthcare services, 43% reported they go to a clinic, 31% said the emergency room, 9% said urgent care, and 26% said they do not use healthcare services.

One in five youth (22%) indicated that they had a serious health problem being treated by a doctor. These conditions included asthma, ADHD, bipolar, depression, HIV, hypertension, hives, diabetes, Hepatitis C, epilepsy, schizophrenia, and Asperger's syndrome.

Finally, 38% of youth indicated that they got enough sleep on five or less days this month.

## VIOLENCE AND VICTIMIZATION

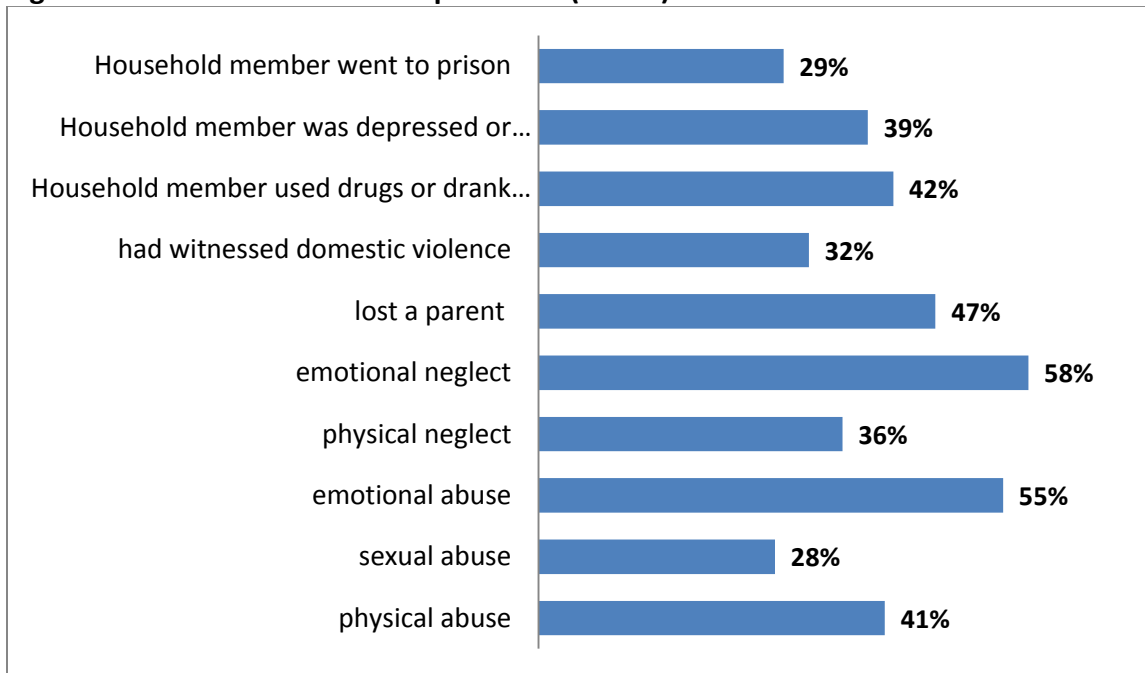
---

Participants in YouthCount 2.0! reported high levels of past trauma and experiences of victimization and violence.

### *Adverse Childhood Experiences*

We measured past trauma using the Adverse Childhood Experiences Scale. This asks them yes or no questions about whether they have experience 10 different types of adverse events during childhood. Figure 14 depicts the rates for each of the trauma indicators. The mean number of trauma symptoms for youth in the study overall was 4.2 (SD=3.1). Females in the study had significantly higher trauma scores than males. Females had a mean of 4.9 traumatic events compared to the mean of 3.4 for the males in the study.

**Figure 14: Adverse Childhood Experiences (n=407)**



In addition to these childhood adverse experiences, 23% reported having had sex against their will. Thirty six percent reported that someone they dated in the past year had physically hurt them – 46% of female respondents and 29% of male respondents. Two thirds (66%) had been in a physical fight in the past year – 61% of female respondents and 71% of male respondents.

## SUBSTANCE USE

---

Substance use was common across the sample with over half of youth reporting that they smoke cigarettes, have used marijuana or used alcohol.

### *Alcohol*

Two thirds of youth in the study reported that they had alcohol at some point (66%) and 37% reported drinking in the past month. Some youth showed indications that their alcohol use was problematic. 28% reported drinking more than once a week in the past year, 12% reported there had been a time in the last year where they were drunk for more than two days, and 13% reported that they had gotten into trouble while drinking in the past year.

### *Tobacco*

Over half of the participants reported smoking cigarettes (58%) and 38% reported using other forms of tobacco. For those that report smoking cigarettes, 55% said they smoke them every day.

### *Other Drugs*

Questions on illegal substance use were taken from the Monitoring the Future study which asked whether youth had used a list of different substances: ever, in the past year, and in the past month. The responses are presented in Table 7. The most commonly used substances were marijuana, synthetic marijuana (kush), cocaine, opiates and promethazine (cough syrup).

**Table 7: Substances Used (n=406)**

Substance Used	Ever Used	Used Past Year	Used Past Month
Marijuana	66%	55%	36%
Synthetic Marijuana (Kush)	36%	28%	17%
Cocaine	23%	13%	5%
Crack	8%	4%	4%
Opiates (Vicodin, Xanax)	22%	15%	8%
Heroin	6%	2%	1%
Meth	13%	9%	6%
Ecstasy	16%	9%	6%
Hallucinogens	10%	6%	2%
Promethazine (Cough Syrup)	17%	10%	5%

## FOCUS ON SUBPOPULATIONS

---

Homeless youth are not a homogenous population. The United States Interagency Coordinating Council on Homelessness (USICH) has identified a few populations that are uniquely vulnerable and in need of specific services and supports – pregnant and parenting youth, LGBTQ youth, and youth involved in foster care and the juvenile justice system. The following sections highlight the characteristics of these subpopulations in YouthCount 2.0!

In addition, we were interested in understanding the differences between youth staying on the streets, those in shelters, and those in unstable housing situations. We look specifically at differences in characteristics and risk behaviors between our groups of youth based on where they were staying.



## YOUTH THAT ARE PREGNANT AND/OR PARENTING

---

Youth who are parents or pregnant have special needs for services and supports. In YouthCount 2.0!, 24% of youth reported that they are parents and 6% reported that they are currently pregnant. Among parents, 57% reported having one child, 19% report having 2, and 22% reported having 3 or more. Just over half of those reporting they had children were mothers (54%) and 96% were between ages 18-24. Less than half (41%), said their children currently live with them.

### *Differences from other youth in the sample*

Compared to youth in the sample who were not parents, youth that were pregnant or parenting were more likely to be African American (74% vs. 55%) and to have had their last permanent home in the Houston area (78% vs. 63%). They were more likely than other youth to say they had thought about going to a shelter but had not gone (61% vs. 47%). They were more likely than other youth to say that they do have an adult they can go to for emotional support (67% vs. 56%) or for job and school advice (74% vs. 60%) and to say there is an adult who cares about them (86% vs. 71%). On the whole, this group had lower rates of mental distress compared to other youth in the sample (42% vs. 50%) but reported greater histories of diagnoses of depression (60% vs. 47%), bipolar (60% vs. 47%), and schizophrenia (23% vs. 14%).

### *Differences between mothers and fathers*

Women with children were less likely to say they were kicked out of their homes as a reason for homelessness than men with children (36% vs. 52%). Mothers were much more likely to have stayed the previous night in a shelter or transitional living program (69%) and fathers were most likely to have stayed on the streets (58%). Mothers reported higher rates of PTSD than fathers (31% vs. 18%)

Fathers reported more risky behaviors. They were more likely to have spent time in a detention center jail or prison (78%) compared to mothers (50%) or other youth in the sample (50%). They were much more likely to smoke cigarettes (85%) and to have smoked marijuana (69%) and kush (38%) in the past year. Fathers also reported higher rates of ADHD (63%) than mothers or other youth in the sample.

Table 8 provides a detailed comparison between mothers, fathers, and other homeless youth in the study.

**Table 8: Comparison of mothers, fathers, and other homeless youth (n=406)**

	Mothers (n=61)	Fathers (n=52)	Other Homeless Youth (n=292)
<b>Race/Ethnicity</b>			
African American	70%	79%	56%
White	16%	14%	18%
Hispanic	16%	10%	16%
<b>Stayed last night</b>			
Sheltered	69%	23%	52%
Unsheltered	23%	58%	30%
Unstable housing	8%	19%	19%
<b>Last Home in Houston Area</b>			
	75%	81%	63%
<b>Education/Employment</b>			
Graduated HS/GED	51%	64%	58%
Currently in School	23%	21%	30%
Currently Working	23%	21%	23%
<b>Social Support</b>			
Adult Cares About Me	88%	83%	71%
Adult for Job/School Advice	69%	79%	60%
Adult for Emotional Support	72%	61%	56%
<b>Mental Health</b>			
Bipolar	56%	65%	45%
Depression	62%	57%	47%
ADHD	34%	63%	42%
PTSD	31%	18%	23%
Schizophrenia	23%	22%	14%
Current Distress	45%	39%	50%
Attempted Suicide	13%	23%	26%
<b>Sexual Behavior</b>			
Traded Sex	30%	30%	22%
Sex Without Condom	54%	40%	48%
<b>Past Year Substance Use</b>			
Smokes	46%	85%	55%
Alcohol	50%	71%	54%
Marijuana	30%	69%	59%
Kush	14%	38%	29%
Cough Syrup	2%	15%	11%
Opiates	7%	15%	16%
<b>In Jail, Detention Center, or Prison in past year</b>			
	19%	39%	34%

## LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUESTIONING (LGBTQ)

Of the 434 youth surveyed, 106 (25%) identified as lesbian, gay, bisexual, transgender or something else. Their ages were similar to the overall survey with 13% between ages 13-17 and 87% between ages 18-24. Among those included in the LGBTQ group, 30% identified as Lesbian or Gay; 44% as Bisexual; and 26% Questioning/Something Else. When youth identified as something else, they were asked to specify. Responses included pansexual, confused, asexual, and me.

Table 9 displays the characteristics, histories and risk behaviors for these youth compared to other youth in the study. The LGBTQ group was significantly more likely to be white than youth who were not LGBTQ in the sample. They were significantly less likely to be male than other youth in the sample (28% vs. 62%) and to have come from outside the Houston area (44% VS. 31%). LGBTQ youth had significantly higher scores on the adverse childhood experiences scale and reported higher rates on all mental health diagnoses except ADHD. They also were at higher risk for trading sex and using some substances including kush, opiates, and cocaine.

**Table 9: Comparison between LGBTQ youth and other homeless youth (n=430)**

	LGBTQ Youth (n=106)	Other Homeless Youth (n=324)
<b>Race/Ethnicity</b>		
African American	49%	65%
White	26%	13%
Hispanic	10%	16%
<b>Gender</b>		
Male	28%	62%
Female	55%	38%
Transgender	9%	-
Something Else	8%	-
<b>Stayed last night</b>		
Sheltered	50%	50%
Unsheltered	30%	33%
Unstable housing	20%	17%
<b>Last Home in Houston Area</b>		
	56%	69%
<b>Education/Employment</b>		
Graduated HS/GED	54%	59%
Currently in School	30%	26%
Currently Working	22%	22%
<b>Social Support</b>		
Adult Cares About Me	69%	75%
Adult for Job/School Advice	58%	65%
Adult for Emotional Support	62%	58%

<b># Adverse Childhood Experiences Score</b>	4.8 (2.9)	3.9 (3.1)
<b>Mental Health</b>		
Bipolar	63%	46%
Depression	65%	45%
ADHD	45%	44%
PTSD	36%	19%
Schizophrenia	24%	15%
Current Distress	63%	43%
Attempted Suicide	36%	20%
<b>Sexual Behavior</b>		
Sexually Active	76%	78%
Traded Sex	42%	18%
Sex Without Condom	55%	53%
<b>Substance Use In Past Year</b>		
Smokes	65%	57%
Alcohol Use	61%	53%
Marijuana	58%	54%
Synthetic Marijuana (Kush)	41%	23%
Cough Syrup	11%	10%
Opiates	24%	12%
Cocaine	19%	10%
<b>In Jail, Detention Center, or Prison in past year</b>	39%	32%

## YOUTH INVOLVED IN PUBLIC SYSTEMS: FOSTER CARE & JUVENILE JUSTICE

---

### *Foster Care*

Forty one percent of youth had been in foster care at some point in their lives. Among youth who had been in foster care, 49% reported they were in care for 5 or more years. Over half reported they had had 5 or more placements while in foster care (54%). Overall, 22% of youth in the sample reported they had aged out of the foster care system. When asked where they went when they aged out, the most common responses included 26% went to family home, 15% to foster family home, 5% to a relative's home, 15% to the home of a friend or boyfriend/girlfriend, 4% to a shelter, 5% to transitional living or my own place, 11% to a shelter and 8% went to the streets.

### *Juvenile Justice*

Thirty three percent of our participants had been involved with juvenile probation (n=135) and 13% reported they had aged out of the juvenile justice system. Of those that aged out, 41% reported going to a family or relative home when they left, 7% to a foster family home, 6% to their own place or transitional living, 13% to a friend or romantic partner, 8% to a shelter or group home, 9% to a motel or the streets and 13% went somewhere else. Youth with histories of juvenile justice involvement had higher rates of arrest in the past year and higher rates of substance use compared to other groups (Table 10). It was somewhat surprising given the disproportionate number of males served in the juvenile justice system, that the gender of youth reporting histories of juvenile justice involvement did not differ significantly from the gender of the sample as a whole.

### *Crossover Youth*

Youth that are served by both the foster care and juvenile justice systems are sometimes referred to as "crossover youth." In YouthCount 2.0!, 75 youth reported having involvement in both systems at some point in their lives. Comparisons between youth in foster care only, those in juvenile justice only, cross over youth, and youth in the sample who weren't involved in these systems is presented in Table 10. These youth had higher trauma score, higher rates of prior mental health diagnoses and higher rates of current mental distress compared to youth involved in foster care or juvenile justice alone.

**Table 10: Comparisons by Involvement in Public Systems of Care (n=415)**

	Foster Care Only (n=105)	Juvenile Justice Only (n=62)	Both Foster Care & Juvenile Justice (n=73)	Other Homeless Youth (n=175)
<b>Race/Ethnicity</b>				
African American	65%	50%	67%	58%
White	17%	11%	16%	19%
Hispanic	9%	29%	8%	17%
Multiracial	11%	13%	14%	11%
<b>Gender</b>				
Male	52%	58%	56%	57%
Female	48%	42%	44%	43%
<b>LGBTQ</b>	27%	13%	23%	27%
<b>Stayed last night</b>				
Sheltered	50%	44%	55%	49%
Unsheltered	35%	39%	25%	33%
Unstable housing	15%	18%	21%	18%
<b>Last Home in Houston Area</b>	70%	62%	67%	66%
<b>Education/Employment</b>				
Graduated HS/GED	71%	50%	42%	59%
Currently in School	18%	29%	32%	31%
Currently Working	20%	19%	18%	26%
<b>Social Support</b>				
Adult Cares About Me	70%	77%	68%	78%
Adult for Job/School Advice	67%	65%	66%	59%
Adult for Emotional Support	63%	59%	55%	59%
<b>Adverse Childhood Experiences</b>	4.0 (3.1)	4.1 (3.0)	5.1 (3.2)	3.9 (3.0)
<b>Mental Health</b>				
Bipolar	53%	45%	73%	42%
Depression	48%	45%	74%	44%
ADHD	59%	42%	69%	28%
Conduct/Oppositional	21%	9%	33%	11%
PTSD	30%	22%	34%	17%
Schizophrenia	18%	12%	24%	15%
Past Suicide Attempt	23%	18%	34%	21%
Current Distress	43%	45%	59%	46%
<b>Sexual Behavior</b>				
Sexually Active	77%	89%	87%	71%
Traded Sex	24%	25%	31%	21%
Sex Without Condom	49%	49%	38%	47%
<b>Substance Use In Past Year</b>				
Smokes	59%	65%	68%	53%
Marijuana	50%	75%	72%	47%
Kush	29%	38%	37%	20%
Cough Syrup	7%	22%	17%	6%
Opiates	8%	33%	19%	11%
<b>In Jail, Detention Center, or Prison in past year</b>	28%	64%	38%	25%

## HOUSING STATUS: SHELTERED, UNSHELTERED & UNSTABLY HOUSED

The expanded definition of homelessness used in YouthCount 2.0! allows us to make comparisons among youth who are sheltered, unsheltered and in unstable housing situations (Table 11). Youth who were on the streets were more likely to be male and to have come from outside the Houston area. They reported lower social support and higher rates of prior bipolar diagnoses than youth in housing situations. They were also more likely to smoke cigarettes and use synthetic marijuana (kush).

Youth in shelters were higher percent female and reported the highest rates of social support. They were most likely to be working, but a third of them also reported being in school. Youth in unstable housing situations were higher percentage Hispanic and were most likely to have had their last home in the Houston area. They reported lower rates of mental health diagnoses than the other groups and had the highest rates of being in school.

Notably, there were no significant differences between the three groups in rates of current mental distress scores, sexual risk behaviors, or using marijuana or alcohol.

**Table 11: Comparison of Youth by Housing Status (n=434)**

	Sheltered (n=212)	On the Streets/ Unsheltered (n=140)	Unstable Housing (n=77)
<b>Race/Ethnicity</b>			
African American	64%	58%	57%
White	16%	20%	10%
Hispanic	14%	11%	23%
<b>Gender</b>			
Male	45%	72%	57%
Female	55%	28%	43%
<b>LGBTQ</b>	23%	25%	28%
<b>Last Home in Houston Area</b>	67%	58%	76%
<b>Education/Employment</b>			
Graduated HS/GED	54%	65%	57%
Currently in School	34%	11%	41%
Currently Working	27%	16%	21%
<b>Social Support</b>			
Adult Cares About Me	82%	61%	76%
Adult for Job/School Advice	73%	50%	60%
Adult for Emotional Support	68%	49%	55%

<b>Mental Health</b>			
Bipolar	47%	59%	43%
Depression	52%	54%	37%
ADHD	41%	49%	43%
Conduct/Oppositional	16%	21%	11%
PTSD	23%	25%	22%
Schizophrenia	15%	20%	15%
Past Suicide Attempt	22%	24%	27%
Current Distress	46%	49%	48%
<b>Sexual Behavior</b>			
Sexually Active	76%	78%	77%
Traded Sex	25%	24%	20%
Sex Without Condom	48%	46%	40%
<b>Substance Use In Past Year</b>			
Smokes	51%	69%	58%
Alcohol	56%	56%	51%
Marijuana	54%	56%	59%
Kush	23%	41%	20%
Cough Syrup	10%	14%	4%
Opiates	13%	19%	15%
Cocaine	11%	15%	12%
<b>In Jail, Detention Center, or Prison in past year</b>	29%	37%	38%



## DISCUSSION

---

### *Number of Homeless Youth*

YouthCount 2.0! counted 632 youth, 513 of whom were unaccompanied. We report survey results from 434. Our count number is higher than prior counts from Harris County that took place over a shorter period of time with a more restrictive definition, however, it likely still undercounts a significant number of youth, particularly those in unstable housing situations. We were successful in finding youth in the Montrose and Downtown areas where there is a concentration of homeless resources and a more visible youth homeless population. Our count extensively covered known service providers and canvassed for youth visible on the streets. We connected with a number of venues and service providers who may be missed during a shorter count period. We were very successful in getting youth from these systems and engaging them in taking the survey. We were less successful in finding youth on the streets that are not connected with service systems and also in connecting with youth identified through schools. While we made attempts to reach new youth through respondent driven sampling, this did not yield many additional participants in our study. As a pilot project, YouthCount 2.0! was successful in laying the ground work for future counts and projects to improve methods of finding homeless youth.

### *Comparison with other Large Urban Areas*

One of the successes of YouthCount 2.0! is that we now know a lot about homeless and unstably housed youth in Harris County. We compared our findings to those from other cities across the country including Seattle, Chicago, and a national multi-site study (see Appendix A). Our rates of foster care involvement and LGBTQ youth are within the ranges of those found nationwide. Rates of foster care involvement tend to fall between 30-50% and ours was 41%. The percentage of LGBTQ among homeless youth has ranged from 20-40% nationwide and our finding was 25%. The high rates of victimization, substance use, and mental health problems are also similar to those found in other homeless youth across the country.

We did find a few notable differences between youth in Harris County and those across the country. The homeless youth of Harris County are majority African American, a racial composition that is most similar to Chicago rather than cities like Seattle or Los Angeles. This racial breakdown is similar to the adult homeless population in Harris County so we did not see significant differences between the demographic composition of the youth population compared to homeless adults. This information is of note in developing responsive services that are culturally competent.

We also saw evidence of some positive resources among our youth. The levels of education reported in our sample were higher than those reported in other counts – 58% of youth in YouthCount 2.0! had graduated from high school or completed their GED compared to 40% in a

Chicago count. We also saw relatively high rates of health insurance among our sample – 57% reported having some type of health insurance. While these rates are below what we would ideally desire, some youth had resources that can serve as a foundation from which to build to address some of the many challenges they face.

### *Special Populations*

Our analyses of subpopulations highlighted the need to focus specifically on a few different high risk groups. Consistent with prior literature from around the country, youth who identify as LGBTQ in YouthCount 2.0! had higher rates of mental health diagnoses and current mental distress, sexual risk behaviors, and use of some substances. They also had higher rates of suicide attempts. There is a need for services specifically targeted toward the specific needs of LGBTQ youth and for training across service systems about sensitive practice with this population. Given the higher level of risk behaviors noted in this group, a comprehensive effort across service systems to support these youth may yield great benefits. The Harris County community is fortunate to be involved in a homelessness prevention initiative targeting LGBTQ youth called NEST, <http://www.montrosecenter.org/hub/nest-home/>. Data from YouthCount 2.0! provides some baseline data to inform this community wide project.

Youth in the study widely reported involvement in the foster care system, the juvenile justice system or both and many of these had aged out of these systems. These youth are of particular concern since there is a clear point of intervention while they are involved in systems to act to prevent homelessness. These youth had higher levels of prior involvement in mental health treatment, but on the whole, were not worse off than other youth in relation to risk behaviors and mental distress at the time of the survey. At the same time, they were not any better off than other homeless youth in spite of greater access to resources such as health insurance and disability benefits. Cross-over youth who reported involvement in both of these systems were at particularly high risk among homeless youth – they had higher levels of past trauma and higher levels of mental health problems. This group may require special attention and more extensive supports as they exit care.

## RECOMMENDATIONS

---

The following section presents our recommendations for future research targeted at finding and counting homeless youth and for services directed at homeless youth in Harris County. These recommendations are a starting point for future efforts based on our findings.

### *Research Recommendations*

- *Use of nursing and social work students.* We had great success in utilizing students to assist in collecting data for the study. The students reported learning a lot about both research and the health and social service needs of the homeless youth population. And, we were able to cover a lot of different events due to the work of the volunteers. Volunteers were most successful when they had a higher level of commitment and were able to volunteer multiple times. We recommend that future research efforts with homeless youth be planned in conjunction with student course schedules to maximize the ability of students to support and learn from these efforts.
- *Respondent Driven Sampling (RDS).* RDS did not yield very many additional participants in this study. While we gave out over 100 coupons for youth to recruit their friends, only 9 youth presented with coupons and none of these went on to recruit other youth. Some potential reasons for the dismal results using RDS may be that youth tend to not have strong social connections with other homeless youth. Youth also go to great lengths to blend in and not appear or disclose to others that they are homeless or unstably housed. The logistics of keeping track of a coupon in order to get an incentive for recruitment was likely prohibitively difficult and the recruitment incentive of \$5 per additional youth recruited. That said, over 60% of youth reported that they know 3 or more other youth who are in similar situations. So, it may be worthwhile to pursue RDS in future studies. In future work, we recommend increasing the incentive for recruitment to at least \$25 and to utilizing procedures for recruiting other youth that make it easy for youth to both tell others about the study and claim their incentive when they do successfully recruit someone else.
- *Expanded definition of homelessness.* Our expanded definition of homelessness to include youth in unstable housing situations appeared to yield additional youth with similar needs and risk factors to other youth. Unstably housed youth were at the same level of risk compared to literally homeless youth in this sample. This provides some support for the expansion of the definition to include unstably housed youth. We would recommend continued use of the expanded definition of youth homelessness for future research and counting.

- *Finding youth in schools.* One of the areas where we failed to find youth that we know were homeless was through the school systems. We attempted to connect with schools to recruit their youth to meet with us after school to do the count and survey. This was logistically very challenging. For future counts, we recommend working more closely with schools, starting far in advance to obtain research approval in order to go into schools to conduct the count and survey. In addition, questions about housing status could be included in surveys youth already take in schools such as the Youth Risk Behavior Surveillance Survey administered through the Centers for Disease Control and Prevention.
- *Reaching homeless youth who are not using service systems.* There are some groups of youth that are disconnected from the traditional homeless service systems that we did not reach in this study. For example, we did not find any youth that preferred to take the survey in Spanish. Future counts might incorporate a period of networking and relationship building prior to the data collection phase where lead outreach workers spent time connecting with special communities, building relationships, and understanding these networks in order to gain trust, build relationships and better understand where these special populations of youth can be found. Additionally, several youth were encountered while canvassing parks, under bridges, and in alleys during the very early morning hours. Therefore, we recommend including early morning (5-7am) canvassing for the Point in Time count.

#### *Practice & Service Recommendations*

- *Expansion of housing services.* The relatively limited availability of services specific to homeless youth in Houston was evident in the rates of services reported by participants. Currently there is only one young adult focused shelter in Harris County, the Covenant House. In addition, only 21% of respondents reported using a drop-in center, likely due to the limited availability of this resource in Harris County. Drop in centers have been identified in other cities as an accessible venue for connecting with youth who may avoid shelters. Service capacity in these areas as well as alternative temporary housing arrangements are needed in Harris County. Ideally, temporary arrangements could be used in conjunction with case management and social work services to either move youth quickly into independent housing or assist them in reconnecting with family or other natural supports.
- *Supplemental services.* Housing services, alone, are insufficient given the wide range of needs of these young people during this developmental period. All housing services should ensure that youth have support for securing basic documentation, are connected

with caring adults, and have access to vocational and educational services, and mental health care.

- *Trauma specific services.* High rates of trauma among homeless youth suggest the need for all services delivered to these young people to be trauma informed. This ties in with other system wide initiatives but appears to be particularly salient for homeless youth. In addition, mental health providers working with these youth should be trained to address trauma in their sessions with evidence based modalities such as Trauma Focused Cognitive Behavioral Therapy (TF-CBT).
- *Stress reduction interventions.* Stress was significantly associated with high risk behaviors. This is a potentially modifiable factor that can be targeted by interventions. Adapting mindfulness based stress reduction and mindfulness based cognitive therapy for use with homeless youth might be an effective way to reduce stress-related risk behaviors and associated negative outcomes.
- *Transition planning for system youth.* High percentages of youth in the sample had been involved with juvenile justice and foster care and many of these youth had aged out of these systems. This is a point of intervention in which systems can assist in preventing homelessness by planning for housing stability. While foster care systems are mandated to specifically consider this issue as youth age out of foster care, new strategies are needed to reduce the numbers that experience unstable housing after aging out. In addition, the juvenile justice system should increase its focus on planning for housing stability among the youth that are aging out of that system.
- *Partnerships with schools.* Our findings suggest that youth who are in unstable housing situations share similar risk factors to those who are on the streets or in shelters, yet these young people can be particularly difficult to find. Schools appear to be identifying youth in these difficult situations but may not have all the resources the highest risk youth need to achieve stability. Closer partnerships between schools and organizations that support homeless and high risk youth might assist in promoting long term stability and keep them in school.
- *Specific focus on youth who identify as LGBTQ.* There is a need for services specifically targeted toward the specific needs of LGBTQ youth and for training across service systems about sensitive practice with this population. Given the higher level of risk behaviors noted in this group, a comprehensive effort across service systems to support these youth may yield great benefits.

## REFERENCES

---

- Chicago Department of Family and Support Services & Chicago Task Force on Homeless Youth. (2014). 2013 Survey of Unstably Housed Youth in Chicago: Summary of Findings. Retrieved from [http://www.cityofchicago.org/content/dam/city/depts/fss/supp\\_info/Policy/2013HomelessYouthSurvey.pdf](http://www.cityofchicago.org/content/dam/city/depts/fss/supp_info/Policy/2013HomelessYouthSurvey.pdf)
- Childress, S., Reitzel, L. R., Santa Maria, D., Kendzor, D. E., Moisiuc, A., & Businelle, M. S (2015). mental illness and substance use problems in relation to homelessness onset. *American Journal of Health Behavior*.
- Edidin, J.P., et al. (2012), The mental and physical health of homeless youth: a literature review. *Child Psychiatry & Human Development*, 43 (3), 354-375
- King Count Committee to End Homelessness (2015). Count Us In: King County's Point-In-Time Count of Homeless & Unstably Housed Young People. Retrieved from <http://www.kingcounty.gov/socialservices/Housing/ServicesAndPrograms/Programs/Homeless/HomelessYouthandYoungAdults.aspx>
- The National Alliance to End Homelessness. (2015). *The state of homelessness in American; An examination of trends in homelessness, homelessness assistance, and at-risk populations at the national and state level*. Retrieved from [http://b3cdn.net/naeh/458837a0513453bec1\\_56m6zdn13.pdf](http://b3cdn.net/naeh/458837a0513453bec1_56m6zdn13.pdf)
- Toro, P. A., Dworsky, A. & Fowler, P. J. (2007). Homeless youth in the United States: Recent research findings and intervention approaches. in Dennis, D., Locke, G. & Khadduri, J. (eds). *Toward Understanding Homelessness: The 2007 National Symposium on Homelessness Research*. Prepared for the Department of Health and Human Services and Department of Housing and Urban Development.
- U.S. Interagency Council on Homelessness. (2011). *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness, Update 2011*. Retrieved from [http://www.usich.gov/opening\\_doors/annual\\_update\\_2011](http://www.usich.gov/opening_doors/annual_update_2011)
- Whitbeck, L., Lazowitz, M. W., Crawford, D., Hautala, D. (2014). Street Outreach Program: Data collection project executive summary. Family and Youth Services Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from [http://www.acf.hhs.gov/sites/default/files/fysb/fysb\\_sop\\_summary\\_final.pdf](http://www.acf.hhs.gov/sites/default/files/fysb/fysb_sop_summary_final.pdf)

## APPENDIX A

Appendix A: Comparison of YouthCount 2.0! to other count/survey projects

	Youth Count 2.0	Family & Youth Services Bureau - Street Outreach Program	COUNT US IN	YOUth Count Chicago
<b>Location</b>	Harris County	Austin, TX; Boston, MA; Chicago, IL; Washington, DC; Minneapolis, MN; New York City, NY; Omaha, NE; Port St. Lucie, FL; San Diego, CA; Seattle, WA; and Tucson, AZ	King County, Washington	Chicago
<b># of youth</b>	434	656	779: 317 identified through the count	541 completed survey - 400 were unstably housed
<b>Age surveyed</b>	13-24	14-21	12-25	12-25
<b>Age breakdown</b>	86% 18-24 13% 13-17	69.7% 19-21	92 12-17 707 18-25	14% 12-15 32% 16-18 33% 19-21 17% 22-25
<b>Race</b>	61% Black or African American 16% White 15% Hispanic 3% American Indian/Alaskan Native 1% Asian 1% Native Hawaiian/Pacific Islander 12% Multiracial	41.1% Black or African American 33.3% White 25.7% Hispanic 3% American Indian/ Alaskan native .5% Asian 21.7% Multiracial	32% African American 9% multiracial 39% White 3% American Indian/ Alaskan Native 2% Asian 2% Pacific Islander/Hawaiian	82% Black/African American 9% White 15% Hispanic 5% American Indian/ Alaskan Native 1% Asian 1% Native Hawaiian/Pacific islander
<b>Gender</b>	54% Male 42% Female 4% Transgender or something else	54% Male 46% Female 7% Transgendered	48% Male 50% Female 2% Transgender 1% Other	45% Male 51% Female 3% Transgender 1% Other
<b>Sexual Orientation</b>	76% Heterosexual 11% Bisexual 7% Lesbian or Gay 3% Something else 3% Not sure	2/3 Heterosexual 20% Bisexual 9.9% Lesbian or Gay 4.1% something else	73% Heterosexual 14% Bisexual 6% Lesbian or Gay 2% Questioning	61% Heterosexual 13% Bisexual 10% Lesbian or Gay 8% Prefer not to answer 1% Questioning
<b>Education</b>	58% completed high school / GED 15% reported attending some college 90% of those ages 13-17 were still in school 27% had been involved in special education while in school		6% completed 8th grade or less 45% some high school 43% high school graduate/ GED 4% some college/college degree	15% grade school 41% some high school 24% high school diploma or GED 14% Some college 1% college degree 1% some grad school
<b>Why homeless</b>	59% kicked out 19% ran away 13% can't pay rent 12% no place to stay when moved 12% aged out system 11% flee domestic violence	51.2% kicked out 24.7% can't find job 23.8% physically abused/beaten		18% violence at home 7% substance abuse by caregiver 6% eviction or foreclosure 5% death of caregivers 5% sexual orientation 5% release from system



