

BACKGROUND

- SYLVIA'S PLACE: services and contacts
- SYLVIA RAE RIVERA: biography
- STATE OF THE CITY'S HOMELESS YOUTH REPORT 2005:
compiled by the New York City Association of Homeless and
Street-Involved Youth Association (on the Web at
empirestatecoalition.org).

Please see pp. 45-48 and pp. 73-77 of the report for
specific information on LGBT young people.

SYLVIA'S PLACE

Sylvia Rae Rivera (1951-2002) was a Stonewall Riots veteran and LGBT/drag queen activist. On her deathbed, she insisted that Reverend Pat Bumgardner of the Metropolitan Community Church in New York City promise that the church would create accommodations so that LGBT youth could find a safe space to spend the night when all other options were exhausted.

Born from that promise is Sylvia's Place, an emergency overnight shelter for self-identified gay, lesbian, bisexual, and transgender youth from 16 to 23 years of age. Its primary focus is to provide a safe space, a good meal, a cot for the night and breakfast in the morning. The care workers provide a listening ear, affirmation, and a friendly voice of encouragement.

-- from www.sylviasplace.org

For more information about Sylvia's Place, please contact:

Kate Barnhart, Director
manager@sylviasplace.org

For more information about MCC NYC, please contact:

Metropolitan Community Church of New York
446 West 36th Street, New York, NY
212-629-7440
www.mccny.org

SYLVIA RAE RIVERA (1951-2002)

Born in 1951, Sylvia Rivera began her life as a drag queen at the ripe young age of 10. While on the streets in the 1960s she became involved with the Young Lords, the feminist movement and the anti-war movement. She was present at and participated in the Stonewall Rebellion, which was crucial to the beginnings of the modern Queer Rights movement in the U.S. She later became a founding member of both the Gay Liberation Front and the Gay Activists Alliance. In 1970, she and the late Marsha P. Johnson founded STAR (Street Transvestite Action Revolutionaries), a group dedicated to helping homeless young street queens.

Sylvia remained a consistent mover and shaker in the queer community. Her most recent political activities centered on AIDS, homelessness, and transgender rights. In 1998 American Boyz named her the "Mother of all Transgender People."

In the early 1990s Rivera's life fell apart due to substance abuse problems, and she found herself homeless on the Christopher Street piers. She often described this period in very positive terms, pointing out that a group of homeless gay people living on the piers were able to survive by working together and sharing food and shelter.

In 1997, Rivera joined the Transy House Collective in Park Slope, Brooklyn, a group of transgender activists. At Transy House she helped provide financial assistance and counseling to young transgender people until the time of her death. She received requests for speaking engagements from transgender and gay groups all over the world, including the World Pride Rally in Rome in 1999, and was particularly popular with young people, the "children" as she called them. She became the conscience of the LGBT community, advocating the inclusion for all within the community.

In recent years, Sylvia Rivera became an active member of the Metropolitan Community Church of New York, where she was the director of the food service program. She found her true home and family in the church, which was important to the political work she carried out in her last years. Sylvia died of cancer of the liver on February 19, 2002.

-- excerpted from www.sylviasplace.org

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



State of the City's Homeless Youth Report

2005



TABLE OF CONTENTS

INTRODUCTION.....	2
ASSOCIATION HISTORY.....	4
ASSOCIATION PARTICIPANTS.....	5
ALTERNATIVES TO INCARCERATION.....	6
EDUCATION.....	11
EMERGENCY HOUSING.....	12
FOSTER CARE.....	16
HIV/AIDS.....	20
IDENTIFICATION.....	25
IMMIGRANT YOUTH.....	30
INCARCERATED YOUTH.....	33
JOB DEVELOPMENT AND PLACEMENT.....	37
LEGAL ISSUES.....	41
LESBIAN, GAY AND BISEXUAL YOUTH	45
MEDICAL CARE.....	49
MENTAL HEALTH.....	54
PARENTING AND CHILDCARE.....	59
PERMANENT HOUSING.....	63
STREET OUTREACH.....	66
SUBSTANCE USE	70
TRANSGENDER YOUTH.....	73
TRANSITIONAL LIVING PROGRAMS.....	78
VIOLENCE.....	81
WELFARE REGULATIONS.....	86
RECOMMENDATIONS.....	90
AUTHORS AND AFFILIATIONS INDEX.....	98
NOTES.....	99



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. As a result of little or no change, 2005's report has increased by 30%.

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 a worked on collaboratively and then independently reviewed by other members of The Association. This document is not an agency-specific resource guide, 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 vary in many chapters. Though we have tried to be specific, the number fluctuates, as do the existence of programs and their funding. The reality is that no hard and fast data gathering tool has been used to match the mobility of homeless youth.¹ 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

¹Emergency Housing, p.8, est.: 20,000-30,000; Job Readiness, p.26, est.: over 20,000; Legal Issues, p.30, est.: over 20,000; Street Outreach, p.51, est.: 32,000; Transitional Living Programs, p.58, est.:20,000-40,000.



fact that there are a great number of youth that we do know about who are underserved and deserve to be counted.

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 began as two separate groups in 1996. The National Development Research Institute had convened a body of providers during its Youth-At-Risk Study to help guide the research and the Empire State Coalition of Youth and Family Services, through a New York City Department of Youth and Community Development grant, 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 that their work should not only focus on specific tasks but also function as a group to process problems and educate both internally and externally. As a result, in 2002, the original Task Force voted to change their name to better reflect the work they conducted. The group settled upon and voted in favor of changing the name to 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 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."

NYCTFHY 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 PARTICIPANTS

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, research, job, medical and supportive services. The following is a list of our current participant agencies (in alphabetical order).

Administration for Children's Services

Ali Forney Center

Callen-Lorde Health Center/Health Outreach to Teens

Covenant House

The Door

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

FIERCE

Girls Educational and Mentoring Service (GEMS)

Good Shepherd Services

Greater New York Task Force for LGBT Homeless Youth

Green Chimneys

Greenwich Village Youth Council/The New Neutral Zone

Lawyers for Children, Inc.

Mt. Sinai Adolescent Health Center's Connect 2 Protect

The National Development Research Institute

The New York Children's Health Project

NYC Gay and Lesbian Anti-Violence Project

KISS Program - New York Presbyterian Hospital

Project Renewal

Promesa, Inc

Public Resources

SCO Family of Services – Independence Inn

Safe Horizon's Streetwork Project

Safe Space

Stand Up for Kids

Street L.I.F.E Project

Sylvia's Place

Urban Justice Center-Peter Cicchino Youth Project

* Oversees administrative and organizational management of The Association



ALTERNATIVES TO INCARCERATION

When she was just 5 years old, Shaniqua and her 2-year-old brother were taken away from their crack-addicted mother and placed in foster care. At age 12, Sheniqua started running away and subsequently spent her adolescent years bouncing between the juvenile-justice and foster-care systems. By the age of 18, she was homeless, without a high school diploma and engaged in an array of street economies in order to survive. These activities led to her cycling in and out of the criminal justice system for committing survival crimes. At age 19, Shaniqua is finally assigned to an Alternative to Incarceration program through the New York City Department of Probation. As a participant in the program, she received an assessment that resulted in being linked to community services that included being enrolled in a counseling program, registered for educational services, job preparedness and connected to residential services under the eye of intense supervision.

STATEMENT OF THE PROBLEM

Jail and detention facilities too often are the de facto institutions for homeless youth, but data supporting a correlation between incarceration and homelessness is not available. Nonetheless, homelessness is increasingly likely to be a cause of incarceration in New York City as homeless young people more frequently face arrest for violation of “*quality of life crimes*”. This is because the city continues to criminalize activities such as sleeping, standing, or begging in public spaces, (*those with homes do not tend to be prosecuted for these behaviors*). On the other hand, incarceration often results in homelessness because young people who leave jails and prisons without a plan, a destination, the resources necessary to secure stable housing, mental health services, addiction treatment, and primary health care, have few places to turn other than shelters and the streets which frequently leads back to jail.

Consequently, young people, as are most persons, who are remanded to Rikers Island (*the New York City jail*) have been there at least once, according to Correction Department statistics. Many return several times a year, creating a revolving-door effect in which low-level crimes lead to relatively small punishments (i.e. probation or short jail sentences) that do little to alter their behavior or help stabilize their lives. To aid in eliminating the cycle, criminal justice experts recommend that the city take its turnstile jumpers, beggars and other relatively harmless lawbreakers - many of whom are homeless, jobless youth who are at times addicted to drugs - out of jail, where they receive little help. They propose that they be placed in community-based Alternative to Incarceration programs (ATIs) that help them gain



practical skills. Studies by criminal justice researchers show that ATIs reduce jail time, and successfully treat people in the community without compromising public safety.

CURRENT STATE

New York City has created an ATI system in the courtroom to encourage the use of alternative sentences. ATIs are part of a mix of factors that have allowed New York City to reduce crime, reduce jail and prison populations, and help individuals. This mix includes a combination of specifically designed ATIs and problem solving courts (*i.e. the Drug Courts, Manhattan Youth Court, the Midtown Community Court, the Redhook Justice Center and Brooklyn's Mental Health Court*). Instead of sentencing someone to jail or prison, this mix allows a judge to sentence someone to a program where a young person receives treatment, education and employment training in the community, all while remaining under strict supervision. Currently, The New York City government contracts with ten nonprofit organizations to operate ATIs for felony offenders. These programs specialize in one of four subpopulation groups: general population – *i.e. adults without serious addiction or mental health issues who typically have stable employment* (3 programs), women (4 programs) and youth (2 programs) – one for juvenile offenders (ages 13-16) and the other for youthful offenders (ages 16-19).

Among the funded programs, only one of these programs is residential and is not youth specific. In addition to city-funded contracts, a host of community-based youth focused organizations run ATIs that are generally borough-specific. These programs are not funded by the city but nevertheless participate in the system process of alternative sentencing working mostly with those who commit minor offenses. All of the ATIs in the system however, act as court representatives. These representatives must persuade reluctant judges, prosecutors and public defenders to routinely use ATIs in appropriate cases to send them individual offenders who would otherwise go to jail.

ATIs focus on stabilization, supervising compliance, and providing supportive services as needed and offer a similar core of services for whatever population group they serve. As a result, ATIs share a common philosophy of providing services to address whatever needs and problems participants may have to make sure that participants comply with court requirements. These include drug treatment and counseling, life skills classes, general education, job training, and job placement. Many of the programs also provide classes in parenting and HIV education and support. All of the programs provide some material resources for clients throughout their involvement including daily lunch, clothing when needed, and occasionally even money. Money must be used for rent, medication, obtaining identification, or emergencies. Staff also provides crisis intervention and often there are regular excursions to museums, parks, and performances for both participants and family members.



Each program supplements and tailors their core services to address the special characteristics of its population group. The general population program provides the greatest flexibility for its participants, reflecting the fact that more than a quarter of them are employed and so permits participants who have daytime jobs to attend evening counseling instead of full-time day treatment. Programs for women and substance abusers, populations with the most extensive needs, offer the widest range and highest intensity of services. And programs for youth focus on case management, monitoring, stable activities such as school, and vocational training in each participant's neighborhood, providing fewer on-site services.

More specifically, the one ATI that targets 16-19 year olds has a capacity of 480 and is by far the largest of the city-funded programs. It operates in partnership with the New York City Department Of Probation. Its current census indicates that it is not at full capacity and most recently established a component exclusively for young women. It is not a full-time day treatment program because the participants are not regular drug users. The sessions focus on job training and development. Participants are required to attend services at its offices between 3:00 p.m. and 6 p.m. Most participants are expected to attend high school until 3:00 p.m. and those not in high school are required to be in an approved activity, from 9 a.m. to 3 p.m. Participants who are not in school attend educational classes during the day initially, and are transitioned into full-time educational and/or vocational programs in their communities. Activities take the form of group classes and group and individual counseling. Support services are also available on-site to assist participants in maintaining constructive activity and supplement agency resources including the development of a program plan in the first four weeks of programming. Participants must attend 180 days of the program and either be attending school or have a job to complete the program.

SERVICE GAPS

The ATI was born from a desire to effectively divert people away from jail and prison but now there is movement away from diversion to treatment. This environment leaves few options for the young person who is living on the street and involved in street economies who is cycling in and out of jail but is neither chronically addicted nor presents some element of mental disorder. This dilemma is further compounded by the fact that the city effectively funds only one ATI for the general population and only one ATI specifically targeting youth ages 16-19 with a capacity of fewer than 500 slots. Moreover, according to the findings in a report from the Vera Institute Of Justice, women's programs enrolled most of all women in ATIs, which appears to result from the youth and general population programs enrolling almost no women. There are just 127 slots set-aside specifically for women – 22 of which is residential and again not youth specific but does work closely with mothers and their children. This however, does



not allow for an opportunity to address young women's issues in the context of their developmental stage because they are not youth focused.

There are insufficient residential ATIs. Across social service communities, it is an accepted understanding that housing almost always tops the list in terms of structural interventions of any kind. Yet among the ATIs identified and/or funded by New York City, only one has a residential program and again that program is not a youth program nor is it youth oriented. Furthermore, the one youth ATI does not work with their participants in the framework of sexual orientation or gender identification and expression.

ANTICIPATED BARRIERS

New York City lawmakers, not unlike those across the country, are trying to balance public safety with the need to curtail growth in prison populations which criminologists attribute to a large extent "get tough" sentencing and corrections policies. Thus, the present focus of the criminal justice community is heavily oriented to prison re-entry and that is where the resources are directed. In the midst of this atmosphere, both the State and City of New York are closely scrutinizing their budget in consideration of cuts to ATIs. Cuts to ATIs could jeopardize their existence and the City could end up paying far more than it saves in the short term by driving up jail populations and incarceration costs.

ATIs are far less costly than locking young people up, and are far more successful in reducing crime, drug abuse and violence. New York City's Correction Department is spending an average of nearly \$59,920 per inmate in the 2005 fiscal year. But when all city expenses are factored in - insurance and pension benefits for correction staff, for instance, as well as more than \$150 million for jail medical care - the yearly per-inmate cost is closer to \$100,000, according to the city's Independent Budget Office. What's more, regarding those remanded by the Department of Juvenile Justice or the Office of Children and Family Services (OCFS), it costs an estimated \$149,650 a year to confine a young person in a secure detention facility, compared to an average of \$3,500 per year to place a youth in a structured alternative to incarceration/detention program.

Many nonviolent youth offenders who are not charged with serious crimes are nevertheless held in secure facilities simply because alternative programs are filled to capacity. "For \$90,000 or \$100,000, the city could put young people in housing, in treatment, in college or a whole range of things that would lead to better outcomes. For that reason, if ATIs close, young people who, with the right mix of services, programs, supervision and second chances, could return to their communities to productive lives would be needlessly stunted. In a recent Fiscal year, there was a 1.96 million dollar reduction in Alternatives to Incarceration Contracts and an addition one million in juvenile justice intervention services and thus there allocations have remained fairly constant since then.



Another barrier officials face in deciding to fund ATIs is a shortage of comparative studies documenting the impact of sentencing alternatives on incarceration rates. Specifically, the worry is that offenders placed in ATIs represent a greater risk to the public than those incarcerated. Accordingly, as overall crime rates continue to fall, the pressure on ATIs to prevent re-offending is intensifying. Of offenders sent to ATIs, it is believed that one-third are rearrested and subsequently convicted, mostly for minor offenses. Notably, the general population group is, in effect, predominantly male and also significantly younger on average than either the substance abusers or women's groups. This is thought to indicate the reluctance of judges and prosecutors to use ATIs for men who possibly have more extensive criminal histories. But whatever the mix of punishment and treatment in ATIs, politically accountable officials want to be satisfied that offenders placed in the system do not threaten public safety.

Finally, the juvenile justice system, criminal justice, non-justice systems, and community service providers lack a coordination mechanism. This limits youth participation in ATIs and reduces the benefits of participating in grassroots-level services. Limited availability of community-based services or lack of knowledge about community-based support services by the juvenile/criminal justice system and social service system personnel often prevents court-involved youth from receiving services closely aligned to their diversion/treatment requirements and other needs, especially from those programs that focus on the social and developmental requirements of traditionally underserved populations. And most significantly, misconceptions and lack of knowledge about the needs and characteristics of court-involved youth by providers of community-based support services may exclude youth from these services.

RECOMMENDATIONS FOR ALTERNATIVES TO INCARCERATION

- ⌚ **Encourage research to provide needed information about the impact of particular sentencing policies including Alternative To Detention programming on prison populations;**
- ⌚ **Advocate for an expanded use of ATIs in order to redirect funding from prison re-entry to ATI;**
- ⌚ **Youth Organization Coalitions across focus areas must begin to coordinate their work by forming multi-discipline consortiums to maximize resources.**



EDUCATION

Sean is 20 years old and is living in a transitional living program. He has been out of school for 3 years. Starting when he was 10 years old, Sean was shuffled from one foster home to the next. In high school he was placed in several group homes, and left the last one when he was 17, the same time he left school. Sean has almost enough credits to graduate and would like to return to high school to get his diploma, but has to work as a condition of his stay in the transitional living program. He is considering giving up on his education because he just doesn't see a way for him to re-enroll given his work schedule and his age.

STATEMENT OF THE PROBLEM

The educational system is generally set up to work for youth who have a relatively stable home environment—one which provides food, clothing, and shelter. Unfortunately, the current educational system has great difficulty meeting the needs of a young person whose energy and attention are focused on attaining basic survival necessities and whose educational history is interrupted because of homelessness.

CURRENT STATE

Many youth who are homeless have a history of school failure, very few receive their high school diplomas, and overall youth experiencing homelessness are twice as likely as the overall student population in NYC to receive special education services. When a youth is living without parental care or without a stable address, it is often difficult for them to access their records, or enroll themselves in school. 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 alternative options available to them when they try to return.

EXISTING SERVICES

There are options currently available for GED-seeking youth. Some programs 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. They are often located in larger youth-serving agencies or 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 or failure of these youth. However, youth may be encouraged to enter these programs rather than mainstream diploma-granting programs.







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, which is especially important given the large number of LGBTQ youth among those youth experiencing homelessness.

SERVICE GAPS

Although the Department of Education has a program that specifically works with children and youth experiencing homelessness—the Students in Temporary Housing Program—it does not reach out to or specifically work with runaway and homeless youth who are not living with their parents. As a result, youth who are homeless are often times not informed of their right to immediate enrollment in school without proof of identification, residency or any other document normally needed for enrollment, or their right to transportation to and from school. Nor are they assisted with enrollment and transportation as are children and youth temporarily residing in family shelters. Additionally, 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. Finally, 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.

RECOMMENDATIONS FOR EDUCATION SERVICES

-  **Outreach by the Department of Education's Students in Temporary Housing Program to youth who are homeless to assist them to 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;**
-  **Increased literacy programs designed specifically for adolescents and older youth;**



EMERGENCY HOUSING

Carrie is 18 years old and has been homeless for 5 years. At the age of 15 her mother kicked her out and she was placed in a group home. For 3 years she went back and forth between group homes, friends, relatives, and the streets. While living in the group homes, she experienced verbal abuse from other residents, and witnessed a lot of violence. At one point she took an overnight job to avoid staying in the group home. During the day she would sleep at various friends' houses. She was offered a few nights respite at a local church. Carrie was never able to stay anywhere more than a few days.

At the age of 18 Carrie found out she was pregnant. She was placed in a shelter for pregnant women, the day of her abortion, she was discharged.

Carrie is afraid to go into the adult system. She has heard stories of violence, theft, and abuse. One friend told her that the best things she could do in the adult shelters was, "not fall asleep." She would rather sleep on the trains, and risk harassment by the police and other late night riders, and be street homeless than enter the adult system.

For the past year she has been rotating between the different youth shelters. She tries to make things work, by getting employment and obtaining all necessary documents, there are many stumbling blocks. With the short stays there is a lot of difficulty in maintaining stability to achieve all of her goals. Carrie will continue the rotation between youth shelters and save money as she can to be able to obtain her own room or apartment.

STATEMENT OF THE PROBLEM

"In 1849 New York's first police chief reported that 3,000 children – or close to 1 percent of the city's total population – lived on the streets and had no place to sleep but in alleys and abandoned buildings or under stairways." Stephen O'Connor, Orphan Trains, Houghton Mifflin, 2001

From the very beginning of our nation's history there have been children and youth who have made the streets their home. New York City has had a long and interesting series of responses including a makeshift shelter for Newsies (boys who hawked newspapers on the streets of the city) to the Orphan Trains, the now notorious program that sent street children to the Midwest and South to live with farming families. Solutions set forth by caring individuals met with varying degrees of success and, of course, there was never a shortage of individuals who saw an opportunity to exploit, harm and even murder the youth who no one seemed to be caring for.



Our more recent history has seen the passage of both federal and state law to regulate services for homeless, runaway and street-involved youth. In 1974 congress passed the Runaway and Homeless Youth Act which recognized the need for immediate access to emergency services for youth on their own. New York State passed similar legislation in 1978 making it the first state in the nation to enact legislation protecting homeless and runaway youth.

According to New York State, crisis programs are residential programs where youth can voluntarily stay without parental/guardian consent for a period not to exceed thirty days. The goal of the program is to stabilize a young person, provide shelter and safety, and assist the young person in making decisions about their lives including where to go following their stay in the program. For youth who have been traumatized by living on the street or while at home, this first residential program is crucial to helping them find long-term stability. The voluntary nature of the program has been one of the hallmarks of its success in engaging youth.

CURRENT STATE

Current laws regarding the care of homeless youth state that thirty day residential services are divided into two possible age groups: under 18 and 16 – 21 and New York State Office of Children and Family Services (OCFS) is charged with certifying programs for youth under the age of 18 or between the ages of 16 – 21. In New York City, the Department of Youth and Community Development is the contracting agency for programs providing shelter and services for the population. In April of 2005, New York State amended the PINS law (Person in Need of Supervision) to allow “youth in need of crisis intervention” to access runaway and homeless youth services with the consent of a parent and either the local department of social services or the county probation department. In New York the agency charged with that responsibility is the Administration for Children’s Services. New York City’s Department of Youth and Community Development can fund programs certified by OCFS. Programs for youth ages 18 and over can fall into the adult service system. In other words, there are now three separate systems programs may have to comply with to serve our homeless and runaway youth.

EXISTING SERVICES

Today, in New York City, the estimated 15,000 to 20,000 homeless youth have less than 300 crisis shelter beds available. Every single shelter bed is in the borough of Manhattan. In addition to the dearth of available beds, there are strict criteria youth must meet to access these limited resources. Fifty-six of the beds are reserved for females with children only, 50 of the beds are overnight only, and an additional 16 beds are for GLBTQ youth ages 16 through 24. There is only 1 shelter available to youth under the age of 16. While there has been an increase in the number of crisis beds available during the last two years, the need continues to far exceed the existing resources.







GAPS IN SERVICES

Less than 10 years ago there were crisis shelters in every borough (Staten Island technically did not have a shelter but could house youth in community host homes.) Today the only shelters that exist are in Manhattan and only one exists for youth under the age of 16. Aside from the sheer lack of beds available, there is the greater issue of the need for a diversity of service options. It is incumbent upon us to create a system that meets the needs of our youth. Some young people are comfortable in large facilities, while some need the intimacy of a small program. Some youth will only feel safe in a homogeneous setting (single gender, GLBTQ, parenting, etc.) while others need to interact with a diversity of people. In small, rural areas the luxury of choice is not always available. In New York City, where the most conservative count of homeless youth tops 10,000, service options are not only doable, they are essential.

Further, if our goal is to reunite youth with their families and integrate youth into their communities, small, community-based programs that work with and are an integral part of a neighborhood work best. Youth need to be close to the school they attend, as well as the friends and families who support them, and to use the community's resources where they will most likely reside.

RECOMMENDATIONS FOR EMERGENCY HOUSING

The Department of Youth and Community Development has recently issued a concept paper on its plan for services for homeless, runaway and street-involved youth. This is an important first step. Unfortunately the proposed budget for these services are wholly inadequate to provide the 24 hour crisis care called for under New York State law. Over the next two to three years, NYC Department of Youth and Community Development and the NYC Department of Homeless Services must reconfigure their service system to better meet the needs of homeless youth by:

-  **Supporting small crisis shelters in communities throughout the city;**
-  **Funding myriad models of services to meet the needs of youth;**
-  **Insure residential services are available in communities throughout the city;**
-  **Provide adequate funding for agencies to comply with state and federal certification requirements.**



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 center (RTF) which was located hours 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 two months 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 mens' and womens' facilities. 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 in to care and that they had closed her case because she had been out of touch with them for more than six months.

Katie's case highlights two 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 mismanagement 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 eloped from the foster care system, and others were discharged to homelessness 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, foster care services have contracted significantly during the past two years and young adults have been shuttled around to different agencies and group homes as facilities are closed and private agencies' contracts are canceled.

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 strains 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 protection from. ACS's constantly retracting budget has resulted in facilities that are run by often insufficiently trained staff using overly-rigid rules. Foster boarding homes are most often located in underserved neighborhoods and are often plagued by the same limitations as the young people's birth families. Youth often report that congregate care facilities (which most often serve teenagers and young adults) are rife with theft, drug use and abuse, and the potential for violence. In addition, their cases continue to be managed by overworked caseworkers. 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

While the past few years have seen a rise in the number and variety of placements for older youth, the number of existing supportive apartments (SILPs) and smaller group home settings do not begin to address the level of need. Many of the placements that are available often fail to meet the developmental, educational and social needs of young adults. There are still too few residences available for gay, lesbian, bisexual, gender-nonconforming and questioning youth. While progress in these areas has been promised by the newest Commissioner, significant changes have yet to "trickle down" to youth.

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 on the part of ACS 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. Recently, ACS improved its policy of automatically giving teenagers a goal of "independent living" in favor of working to place them in family settings. 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.

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 as a result



can be especially frustrating for youth who are accustomed to living without the structure of school, work and 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. Though they are being officially reviewed, services for adolescents have yet to be improved or significantly expanded. 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 GLBTQ 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, and relatives willing to sign papers but unprepared to provide a permanent home for a young person exiting foster care. Currently, ACS policy forbids caseworkers to discharge a young person without a stable housing option and forbids caseworkers to discharge youth 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 are returned 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.

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 they are eligible for including some housing and medical benefits. ACS is currently unable to provide the kind of attention youth in foster care need to overcome their significant disadvantages compared to peers their age. 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. A significant increase in the ACS budget could make it possible to offer better and more appropriate services to all youth in foster care including those at high risk for homelessness and street-involvement.

RECOMMENDATIONS FOR FOSTER CARE SERVICES







More facilities designed for youth between 16 and 21 such as SILPs and small group homes;



Reserved emergency and transitional beds for foster care youth whose housing resources have failed within to years of discharge;



-  **Aftercare specialists to provide resources to youth for the two years after they have left foster care;**
-  **More comprehensive independent living training;**
-  **Improved policies governing dress codes, body modification and other forms of non-gang related self-expression for young adults, and**
-  **Competitive wages and more comprehensive training for direct care staff working with adolescents.**



HIV/AIDS

Jason is a 20 year old young man who entered an emergency room last fall because he was having trouble breathing. After hearing that he was homeless, and briefly reviewing his history, the attending physician suggested that he be tested for HIV, and Jason agreed.

Jason was quite concerned about his risk for HIV. He told the doctor that the past few years had been rocky for him, and the past six months, even more difficult than usual. Jason had not lived with a family member in over twelve years. At that time his grandmother had died and his mother, who had serious mental health problems, was unable to care for him. He was placed in numerous facilities and foster homes around New York City, and spent some time on the streets in between placements.

Six months ago Jason was ejected from a group home after getting in an argument with a staff person. He began staying with various friends for short periods. To support himself, and to save money to get his own apartment, 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, when he saw no other option, he traded sex for money. Although he more often than not practiced safer sex with his romantic partners, he became "apathetic" during this period and stopped obtaining condoms from the drop-in center he visited and avoided outreach workers. Over time he became increasingly run down and began to experience shortness of breath. He entered the emergency room one cold night, where he was diagnosed with bronchitis.

The next few days were a blur for him. He remembered being told his HIV test was positive, but not much else that was said. He was discharged with a supply of antibiotics and the name of a doctor to follow up with. The paper with the doctor's name, and other important papers, were left at a friend's house and accidentally thrown out. Jason said he "couldn't deal" with the concept that he was 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 knowledgeable. 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-positive diagnosis. One night, he confided in her that he had tested HIV-positive.

They discussed his options and he decided to attend a medical clinic at a mobile van 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 treatment 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). Furthermore, while the development of new treatments for HIV has created a great deal of hope; homeless youth who contract HIV experience significant barriers to treatment benefits.

There are many service challenges associated with HIV, and housing is a critical issue in all of them: First, homeless youth who are HIV-negative require on-going prevention efforts. It is more difficult for youth to maintain sexual and drug safety when their lives are unstable. And yet, youth whose HIV-status is unknown may consider HIV testing. But because testing youth in unstable situations may have negative clinical and public health consequences, service providers work with youth to prepare them for the potential consequences beforehand. Finally, HIV-positive homeless youth require medical care, case management, secondary prevention, and mental health care. However, youth with unstable living situations have marked difficulty adhering to complex medical regimens and making medical appointments.

CURRENT STATE

Based on available research data, it is estimated that 10-30% of homeless youth in New York City are HIV-positive (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. Within the homeless population, sexual minority males (i.e., those who identify as gay or bisexual) experience the greatest vulnerability to HIV.

The factors that place homeless youth at risk for HIV are complex, and can 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. Many are thrown out because of their sexual orientations, or because they are transgender. Over time, these issues contribute to a range of challenges, including limited education, lack of marketable job skills, and general emotional and cognitive instability.

Homeless youth must support themselves, and typically perceive no choice but to turn to the "street economy" for survival. Some shoplift and others sell drugs, which can contribute to their own substance use problems. About a third engage in "sex work;" that is, they exchange sex for money, drugs or a place to stay. Some use drugs intravenously, an activity that places them at great risk for contracting HIV and other infectious diseases such as the Hepatitis C virus. Sex work and drug use are



inextricably linked. In a typical scenario, a youth is exposed to drugs and sex work when he or she becomes homeless. He or she may then begin to use drugs, in large measure as an attempt to cope with homelessness. Sex work is then a means of paying for drugs, and drugs are then a way of dealing with the psychological consequences of the sex work experience. As drug use escalates, so does sex work, and so on. Drug use, an attempt to cope with a problem, may become a problem in itself.

Sex work, sexual risk behavior with non-paying partners, and drug use, combined with malnutrition and exposure to the street environment itself creates exceptional vulnerability to a number of poor health outcomes, including HIV, as well as other sexually transmitted diseases, Hepatitis B, Hepatitis C, and mental health problems.

For these reasons service providers 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, there is a consensus that testing a youth who is in crisis or acutely unstable results in little benefit for the individual or the public health. Instead, homeless youth must first be assisted to reduce risk behavior and increase stability prior to HIV testing, and prepare for the consequences of either a negative or positive result. However, it is difficult, although not impossible, for a youth to attain stability without a permanent place to live.

Adherence to medical treatment is a challenge for any individual, regardless of housing status, and homelessness complicates adherence efforts substantially – and in some cases makes it quite unrealistic. Anti-HIV regimens, referred to as Highly Active Anti-Retroviral Therapy [HAART] or anti-retroviral therapy (ARV), are 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.

EXISTING 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. Some 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 intensive services. Most importantly, they 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, HIV prevention is addressed in individual and group sessions in community-based organizations, and by health care providers, some of whom reach youth in mobile vans. Preparation for HIV testing, including counseling, and the testing itself, is also conducted in community-based organizations. Because, as research has shown, a negative HIV test result does not automatically translate into reduced risk behavior, newly-tested HIV-negative youth are linked to prevention services. The medical and mental health consequences of HIV are treated in a number of facilities in New York City, including on mobile medical vans that bring state-of-the-art services to homeless youth.

SERVICE GAPS

The greatest barrier that service providers face in combating the HIV epidemic in the homeless population is 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.

RECOMMENDATIONS FOR HIV/AIDS SERVICES

- 🕒 **Increase number of emergency shelter beds, as well as transitional living and independent living arrangements specifically for youth;**
- 🕒 **Fund intervention and treatment programs to assist homeless youth with making the transition to a stable living situation, including attending school and holding jobs;**
- 🕒 **Continue to fund outreach efforts, as well as the community-based organizations to which they are linked, so that at-risk youth can be served.**

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.
- Cuba, 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.* J Adolesc 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.
- 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.
- 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.



IDENTIFICATION

At the age of 19, James got into a fight with his stepfather and was kicked out of his house late one night with none of his belongings. Through the help of the local police precinct he found his way to a youth shelter. At the youth shelter he was asked for identification documents. James had none. He had been thrown out with nothing. Over subsequent days, he attempted to contact his family to obtain his birth certificate but his mother refused to give him anything. She threatened to call the police if he came near their home. The caseworker at the shelter told James that they could apply for replacements of all of his documents but that this could take up to 6 weeks. James was stuck; he couldn't get a job without a State ID but he couldn't get a State ID without a number of supporting documents. He was forced to look for "off the books" jobs and wait even though the length of time he could remain at the shelter was limited.

STATEMENT OF THE PROBLEM

Homeless youth are in a particularly difficult position when it comes to identification documents. Birth certificates, Social Security cards, State ID cards, school ID cards, and health insurance cards can easily be lost by youth in their journey of homelessness, if they were even in possession of them in the first place. Other times, family members will withhold them, will say they were lost at an earlier time, or actually did lose them. Regardless of how the documentation was lost, disenfranchised youth are left to "start from scratch." What has been discovered is the familiar dilemma of requiring youth to possess ID in order to *obtain* ID.

Papers specifically explaining the difficulty of procuring state-issued ID for disenfranchised populations are scarce. This lack of discussion and analysis is somewhat offset by the myriad documents issued by advocacy organizations, which are generally available on their websites. For example, the National H.I.R.E. (Helping Individuals with criminal records Re-enter through Employment) Network conducted a national survey of statewide identification requirements for newly released prisoners. The survey, while intended to help people with criminal records obtain identification and ultimately achieve employment, yielded a resource that is tremendously useful for youth and homelessness advocates: a chart detailing each state's requirements for ID cards.

A particularly relevant report, *Illegal to be Homeless: The Criminalization of Homelessness in the United States* (National Coalition for the Homeless, 2003) discusses a related issue: the selective enforcement of ordinances banning everyday activities such as eating, sitting, or sleeping in public and semi-public places. Ordinance enforcement happens when the homeless individuals it targets lack identification; additionally, undocumented persons are easier targets for persecution justified as



protecting public security. The report goes on to explain that “criminalization masks the social exclusion of homeless people under the guise of public safety interest” (National Coalition for the Homeless, 2003, p. 11).

CURRENT STATE

New York State currently has one of the toughest sets of regulations on record for obtaining a non-drivers state identification card. This puts disenfranchised youth in this state in an even more difficult position when they try to improve their individual situations. There are no exceptions to the stringent rules for youth. Although it might be easily assumed that these strict regulations were a response to 9/11 or even part of the Patriot Act, they were indeed put into place a year prior to the events of 9/11.

Public safety and homeland security concerns have complicated homeless people’s attempts to obtain identification. In what may be the most salient article relating to this topic, Foscarinis describes the requirements for ID in the state of Virginia as an example of how tightened security presents obstacles for homeless people. Before September 11th, sworn affidavits or certificates from shelters and social service providers served as acceptable proof of clients’ identities for the purposes of obtaining a state-issued ID. Currently, however, the process for obtaining identification is proving more difficult for a homeless adolescent.

Currently, the Department of Motor Vehicles requires 6 points worth of identification *in addition to* a birth certificate/passport and a Social Security card (fig 1). Youth often do not have the 2 necessary documents of a birth certificate and Social Security card much less any supporting documents. Those who are fortunate enough to have these 2 documents often are not in possession of the other requirements. These supporting requirements are usually symbols of financial means, independence, job status, or even marriage. Disenfranchised youth are just getting started in establishing their independence and do not have these symbols of adulthood. The DMV does give credence to a parent or guardian in vouching for a young person’s identification but, needless to say, a homeless young person does not often have a parent or guardian available to escort them to the DMV.



(Fig 1)

	Required Identifying Documents	Sample Primary Documents	Sample Secondary or Further Required Documents
NY	Proof of identity equaling six points, plus proof of date of birth and a Social Security card or letter from the Social Security Administration. Signature must be included on one or more documents, and no more than one document of a specific type may be used for points (i.e. you can present either a cancelled check or a bank statement, but not both).	Documents worth 4 points: current or recently expired U.S. passport, DMV form MV45 (Statement of Identity) for applicants under 21; 3 points: certificate of citizenship, various INS documents, U.S. military ID card, welfare, Medicaid, or NYS Food Stamp card with photo	2 points: U.S. high school ID card with report card, U.S. marriage or divorce document, court issued name change document, welfare, NYS food stamp, or Medicaid card without photo, Social Security card with signature; 1 point: health insurance card or U.S. medical prescription, utility bill; bank statement, cancelled check with preprinted name, ATM or debit card, or valid major U.S. credit card (can only use one of these); pay stub or employee ID card; h.s. diploma or GED

This very crucial documentation is needed for young people to obtain legitimate employment, cash paychecks, and even open bank accounts. Without a State ID, young people are unable to get started on their road to self-sufficiency. Previous to December 2000, DMV policy allowed an agency's letter of support for a homeless youth to account for 3 points. This assisted a great number of youth to obtain ID and get started on their goals.

Activism designed to change state policy has been very limited. Many New York City-based youth and homelessness advocacy agencies and direct-service providers, however, regularly assist individuals with gathering documents and paying for government-issued IDs. Like one comprehensive youth development agency in NYC, several organizations create their own ID cards for client use. This agency's situation is rather unique: because the agency offers a GED program, its identification cards are considered school IDs when accompanied by an enrollment letter, and thus count for two points toward the DMV's requirements (E. Stotland, personal communication, March 17, 2004). The ID cards created by many other agencies may help in certain situations, but obviously cannot take the place of official identification.

In addition to assistance in gathering documentation for ID cards, some advocacy efforts to actually change the state documentation requirements are underway. One New York City-based coalition recently initiated a campaign to influence policy affecting the DMV's requirement for identification in New York State. The coalition drafted a letter, dated March 15, 2004, to the Albany-based DMV, explaining that "for young persons living in precarious social conditions, gathering the many necessary documents to satisfy current criteria presents an extraordinary obstacle to stabilizing their lives" (J. Bolas, Empire State Coalition of Youth and Family Services, personal communication, March 15, 2004).

EXISTING SERVICES



While an alternative method for obtaining identification from the DMV does exist, it is not widely publicized and is used primarily by agencies that provide services to foster care youth, not homeless and street-involved. In fact, it appears that few homeless youth organizations are even aware of its existence. Interested agencies must contact their local DMV offices and request permission to utilize the arrangement. This is because while the ultimate responsibility for DMV policy resides with the governor, granting use of the plan to homeless youth and foster care agencies is left to the discretion of individual DMV office managers.

This arrangement requires that youth-serving agencies establish a liaison with the DMV; provide a letter certifying the youth's use of services; create an agency ID for the youth; and have the agency liaison escort the youth to the DMV with an original or certified copy of a birth certificate and a Social Security card. A fee of \$15 is then assessed for the creation of the ID card.

While this arrangement sidesteps the frustrating process of gathering identification points, it is far from ideal. Proof of address is the only item that is waived through this arrangement. Acquiring an original or certified copy of one's birth certificate and an original Social Security card entails another set of obstacles. These include gathering documentation required by the Social Security Administration, including proof of age, identity, and U.S. citizenship or lawful alien status; locating an address to which the Social Security card can be mailed—not always an easy task when one is homeless; procuring the money to pay for a certified copy of one's birth certificate (\$15 in New York); or sending away to another state if the individual in need of ID is not from New York. All of these are time-consuming activities that again present the familiar dilemma of requiring youth to possess ID in order to obtain ID.

SERVICE GAPS

Some individual programs in NYC have built relationships with their local representative at Department of Motor Vehicles where they are aware of the organization, its services and the predicament of homeless youth. Unfortunately, this is inconsistent citywide.

Individual programs need to do what they can in order to support their client's needs. However, there is still a limited level of coordination and collaboration between agencies, particularly in the capacity of relationship building with DMV. Until the regulation can be adapted to become more conducive to the disenfranchised homeless population, particularly youth as they are doubly disenfranchised by their age, it behooves programs to offer support to each other in order to ease the process.



RECOMMENDATIONS FOR IDENTIFICATION SERVICES

- 🕒 **Programs should advocate on a state level to address the stringent state regulations;**
- 🕒 **Individual programs that have established relationships with their local DMVs should offer their support as a conduit to those agencies that don't;**
- 🕒 **Programs should work collaboratively to assist youth in collecting “points” toward their State ID, identifying one agency as the primary agent.**

REFERENCES

Foscarinis, Maria (2002). Terror's Other Victims. *Legal Times*, 25(49). Retrieved March 2, 2004 from www.lawyerscomm.org/publications/spring2002.pdf

National H.I.R.E. Network (2003). National Survey of State ID Requirements. Retrieved February 20, 2004, from http://www.hirenetwork.org/State_ID_detail.htm

National Coalition for the Homeless. *Illegal to be Homeless: The Criminalization of Homelessness in the United States*. Retrieved February 20, 2004, from <http://www.nationalhomeless.org/civilrights/crim2003/report.pdf>



IMMIGRANT YOUTH

Angie is 20 years old and she has been homeless for approximately two years. She is an immigrant from Mexico, but New York is the only home Angie has ever really known. She was brought to the U.S. by her parents at the age of nine, and has no ties to the Mexico. In fact, she barely remembers living there. Angie attended a New York high school and has spent over half her life in the United States, but she has never had permanent legal immigration status here.

Since becoming homeless two years ago, Angie has lived in several temporary shelter programs, but has never been able to find long-term housing. It is illegal for Angie to work because of undocumented immigration status, and she is also ineligible for most government benefits. Angie cannot imagine how she will ever support herself or get off the street.

STATEMENT OF THE PROBLEM

Immigrant homeless youth face particular challenges in accessing the services they need to survive and make the transition to permanent housing. 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.

CURRENT STATE:

While there are no statistics on the percentage of homeless young people who are immigrants, the most recent census data indicates that 38 percent of New Yorkers are foreign born (Cheng, 2002). This suggests that at least a third of the 20,000-40,000 homeless youth on the streets of New York are immigrants, which means thousands of young people face the dual challenges of being homeless and an immigrant.

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.

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, formerly the INS.) 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. 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.

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.

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 SERVICES

Immigrant young people 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.

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, many homeless immigrant youth have no legal remedy and are ineligible to change their status even with a lawyers' help.

SERVICE GAPS

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.

RECOMMENDATIONS FOR SERVICES FOR IMMIGRANT YOUTH

- ⌚ **Increased 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;**
- ⌚ **Make subsidized permanent housing programs accessible to immigrant youth, including those who are undocumented;**
- ⌚ **Create a legalization program that would allow undocumented youth to obtain legal immigration status in the U.S.**

REFERENCES

Cheng, Amy (2002). *Census Notes Vast Rise in Immigrants*. New York Newsday June 5, 2002.



INCARCERATED YOUTH

A counselor met John, a nineteen year old, while on their weekly visit to the city jail. After the staff gave his presentation to the classroom of youth on what his program had to offer for youth who would be homeless on the outside. John signed the paper going around, indicating that he wanted to speak with the counselor individually. In their meeting, John spoke to the counselor about his mother who had a drug problem, his father who was incarcerated, his history of being placed in and out of foster care and his little brother who was in foster care upstate. Because it was the second time he had been incarcerated for drug sales, John realized jail was not for him and he wanted to get [his] life together." John knew he would be homeless upon release from jail and this was making him nervous. He did not want to go into the adult shelter system, because as he said, "it's worse than jail." After speaking about what the program could offer him, education, job and vocational training, housing, counseling and help with legal issues, the counselor left his card and phone number. The counselor told John that upon release, he could go straight to the address circled.

Three weeks later, John appeared at the gate of the program and the counselor received a phone call. "John is here to see you". They talked for a while about how he was feeling about being out, what fears he had and what he wanted to accomplish while out. This was the beginning of John's successful re-entry into society.

Almost two years later, John has graduated the program with a job and a GED. He has rented a one bedroom apartment and is living independently. These last two years had a lot of ups and downs. Through John's dedication to make it and the staff who cared about his success, John made it. He will no longer be considered yet another statistic in the penal system but will be seen as one more productive citizen in society.

STATEMENT OF THE PROBLEM

New York is one of four states in the nation that treats youth ages 16 and over as adults in the criminal justice system. All other governmental agencies draw the adult/child line at 18 (Department of Health and Mental Hygiene), 21 (Administration of Child Services and Department of Youth and Community Development), or up to 24 years of age at some Community Based Organizations (CBO) and health clinics. These differences in defining the age of adulthood creates particular problems for coordination among governmental and voluntary agencies that should be responsible for the welfare and well-being of these youth pre and post release.

Statistics regarding the amount of youth found homeless upon release from incarceration are not available. But what can be said according to the statistics of a shelter for homeless youth in New



York City, is that approximately thirty percent (30%) of the youth who come through their doors admit to having a history of incarceration (Covenant House, 2001). The correlation between incarceration and homelessness for youth continues to grow while the services available to assist them in their transition do not. It is important to understand who these youth are, and the circumstances that support the cycle of homelessness and incarceration. One study shows that sixty eight percent (68%) of the youth who came from jail were living with family or guardians prior to incarceration (Covenant House, 2001).

Reasons for a high percentage of homelessness were stated as the following: Forty nine percent (49%) of the youth involved in the cycle of homelessness and incarceration have a history of foster care (ibid). When a youth in the child welfare system is sentenced to incarceration or is detained, the foster care case is closed, and the Department of Correction or the Office of Children and Family Services (OCFS) take legal responsibility for the youth. Once they are released, if they have turned 18, they cannot have a child welfare case re-opened. Similarly, it is often close to impossible to open a case for a 16 or 17 year old regardless of whether or not they have a history of incarceration. Not only is the difficulty due to the age, but also many of the youth have not had success in child welfare agencies or foster homes, and agencies become reluctant to take youth back who have frequently "gone AWOL", used substances on site, or have a history of violence. Unfortunately, this policy leaves these youth with no stability, support or agency responsible for their welfare.

Even for youth who may have family support, some binding legal issues or laws do not allow them to go back to the neighborhood they came from. Federal laws bar many ex-offenders from public housing and federally assisted housing programs. (Urban Institute, 2001) Some youth are not welcome back due to recidivism and burned bridges. Finally, some youth, due to shame or pride, simply feel that they cannot go back. These examples clearly show that homelessness is an issue for youth that have been incarcerated. Once homeless, youth are at increased risk of incarceration especially if they lack proper ID, or are engaged in street economy activity (prostitution, selling drugs, using drugs, gang activity). These two often reinforce each other. It is also pertinent to state that "Returning prisoners who indicated that their families or friends were supportive of their efforts to rebuild their lives had lower levels of drug use, greater likelihood of finding a job and less continued criminal activity. Those who went to homeless shelters were seven times as likely to abscond from parole." (Nelson, Deess and Allen, 1999). This gives insight into the high rates of recidivism among homeless youth.



CURRENT STATE

Incarcerated youth have high levels of illiteracy and school failure. Based on the statistics of one youth shelter, 80% of the young people coming from jail into a local youth shelter had neither completed high school nor obtained a GED (Covenant House, 2001). Youth with a history of incarceration are often judged to be undesirable to the school system, and have difficulty re-enrolling.

Additionally, 41% of these same youth reported a history of substance use (ibid.). Homeless young men and women often have long histories of trauma—child abuse and neglect, exposure to high levels of community violence, loss of parents to AIDS, violence, poor medical care, or prison—and may use substances to self-medicate. This can increase their risks of homelessness, incarceration or both.

Studies have shown that incarceration does not promote rehabilitation but instead reinforces institutionalization. Incarceration, or traditional punishment is –7% effective in reducing recidivism (D.A. Andrews, 1994). Once outside, the lack of services while in jail/detention/prison combined with the lack of services on the outside only helps to increase the chance of recidivism. Homeless youth are particularly vulnerable to re-offending and/or re-arrest.

The transition from incarceration to freedom is an abrupt one, and often minimal preparations are made before release. Without discharge planning, there exists no positive support network, stable living environment, or structured plan to make their transition back into society successful. Certain policies, such as late-night release times from Riker's Island, are a barrier to a youth's successful transition back to community. Inmates are often released in Queens Plaza, at 2 or 3 in the morning, with little more than two tokens. Most service organizations do not have the capacity for 24-hour programming, and therefore youth without a place to sleep that evening must fend for themselves. Inmates are often released without the items they were arrested with, including identification. A youth out on the street in the middle of the night without ID is susceptible to re-arrest. Lack of ID is particularly dangerous for youth, and it has become increasingly difficult to access this critical documentation from the state, particularly if the young person's parent's/guardian's aren't involved in their life, or alive.

Youth who have been convicted of an adult felony have other obstacles to face upon return. Due to the stigma of being an ex-offender, many employees are reluctant to hire them. Having a felony record is a legal reason for an employer to discriminate. For some, not living at the address given upon release from prison, (usually due to homelessness) itself is a violation of the conditions of their release, and can land them back in jail.



SERVICE GAPS

For formerly incarcerated youth, the transition back into society consists of an abrupt change from a controlled environment to complete freedom. Although pre-release planning is crucial to effective transition into society, there is minimal work done on the inside. Due to the high percentage of inmates and the lack of resources both physical (in terms of housing or schools that accept them when they are released) and human (social services, prevention type - family based or community based because they are not given any referrals when they leave, just a token and sent back to where they came from), discharge planning is mainly left to the few external programs that visit the jails on a weekly basis.

While programs are available on the outside for ex-offender youth, the majority are outpatient, offering job/vocational training, educational programs, general groups and guidance counseling. These are all essential to an effective re-entry into society, but as noted previously, it is an individual process and each individual has certain needs, many being more complex than the need for employment and education. Many need programs that can offer intense behavioral and cognitive therapy.

Housing is another area where there is great need, as explained above. New York City has only one program that offers immediate shelter to homeless youth, let alone youth ex-offenders, and is not designed to assist the specific needs of ex-offenders.

Because minimal preparations are made before release, there exists no positive support network or stable living environment for youth once they are released from a facility. If done insufficiently, pre-release preparations can increase societal rejections (including employment). If not addressed immediately, the resulting frustration, disappointment and anger can lead to a return to the familiar which in turn finds the youth back in jail or prison.

RECOMMENDATIONS FOR SERVICES TO INCARCERATED YOUTH

- ⌚ **Examine policies among OCFS, ACS and DOC to allow maintenance of incarcerated youth in the Child Welfare system through their 21st year;**
- ⌚ **Create half-way house/re-integration programs for youth returning from OCFS facilities and jail/prison who are over the age of 18;**
- ⌚ **Change the time of release for inmates from Riker's, or open a 24-hour service center in Queens Plaza.**



JOB DEVELOPMENT AND PLACEMENT

Jeremy has been working at McDonald's for 2 months at \$5.25 an hour. He does not have a regular schedule so some weeks he is overworked while other weeks he is only working part-time and he has to beg his boss for more hours. This is the first job Jeremy's ever had and he already wants to quit. He does not get along with his boss and coworkers and finds the job demeaning because he can't survive on \$5.25 an hour. Prior to McDonald's, Jeremy was self-employed, hustling on the streets to get by until he finally entered a crisis shelter. At the shelter, he was assisted with securing identification necessary for employment, and he attended a crash-course job-readiness program that assisted him in getting the fast food job.

Jeremy dropped out of school in the 9th grade after years of crowded classrooms and disciplinary problems. He has no legitimate work experience and does not know anybody with a full-time, steady job. He is on a waiting list to move into a transitional living program, which will require him to save money to eventually get his own apartment. However, Jeremy's paycheck from McDonald's is not nearly enough to afford an apartment in New York City. He has tried to get into a long-term training program for a security guard or nurse's aid certification, but the waiting lists for those programs are more than six months long. Jeremy would also like to attend GED classes, but his erratic work schedule makes it difficult for him to make any weekly time commitments.

Jeremy does know, though, that working at McDonald's is not a career that will transition him from a state of 'crisis' to stability and independence.

STATEMENT OF THE PROBLEM

Young people struggle to find and maintaining 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 write a resume to finding interview clothes or 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 to 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 base skills they require for that street survival. For example, the young person doesn't always see the subtle marketing skills they practice 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, or resources, are limited. Drop-In Centers with showers and/or laundry facilities don't generally open until after 9am. As mentioned previously in this report, obtaining Identification for someone who's 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 don't have phone access.

CURRENT STATE

Over the last several years, the youth unemployment rate in New York City has been 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 cities¹. Additionally, New York City's youth labor force participation rate is about half of the nation's average². This indicates that in New York City compared with the rest of the country; about twice as many youth are not looking for work because they have simply given up and are too frustrated to continue looking.

New York City's shortage of entry-level, low-skilled jobs and high unemployment rates make it difficult for almost any young person to secure his/her first entry-level job. However, homeless youth face additional challenges entering the job market and the available job readiness programs do not adequately prepare them for the competition. Of the over 20,000 runaway and homeless youth attempting to access viable jobs, there are few programs that adequately prepare them for the labor market. Although several local non-profit organizations have successfully helped young people achieve



permanent employment, it is only through these few age-appropriate job readiness programs that these outcomes are met.

EXISTING SERVICES

There are a number of government-funded and non-profit job readiness programs that prepare youth for employment.³ However, the job readiness opportunities throughout New York City are scarce and unfortunately do not meet the needs of the City's thousands of homeless young people. Successful youth training models teach young people a spectrum of skills ranging from interview techniques, effective job search, vocational training, and job retention. However, to be able to learn appropriately in a job training program, most homeless youth must first find a way to fulfill the basic necessities of food, clothing, shelter and healthcare. Additionally, homeless young adults also often require additional assistance in developing life skills such as job retention, budgeting, communication skills, workplace etiquette and apartment searching. Only through an expansion of New York City's job readiness programs, can homeless youth successfully make the transition to long-term self-sufficiency. Without supplemental funding, the future of youth employment is at great risk, and an increasing percentage of young people will realize homelessness rather than independence.

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.⁴ 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 JOB DEVELOPMENT AND PLACEMENT SERVICES

- ⌚ **Provide educational programs, job readiness and placement opportunities tailored to the unique and broad needs of homeless youth;**
- ⌚ **Recognize the benefits of, and define the raw marketable skills developed by homeless youth which, when adequately translated and applied, can aid in the employment of homeless youth;**
- ⌚ **Increase funding for job training programs on the city, state and federal levels;**
- ⌚ **Increase the number of slots available through the Summer Youth Employment Program (SYEP);**
- ⌚ **Develop and properly educate partnerships and apprenticeship programs with local industries and unions.**

REFERENCES

- ¹ Economic Notes, New York City Office of the Comptroller Alan G. Hevesi, Volume 9, No. 2, March 2001 (last accessed Sept. 2003). <http://www.comptroller.nyc.gov/bureaus/bud/teens.new.PDF>
- ² Five Borough Institute, City Job Market Tight for Teens: A Report by the Comptroller's Office (last accessed Sept. 2003). http://www.fiveborough.org/5boroughreport/teen_employment.html
- ³ U.S. Department of Labor, Employment and Training Administration, Youth Programs and Services (last accessed Sept. 2003). http://www.doleta.gov/youth_services/Programs_Services.cfm
- ⁴ Neighborhood Family Services Coalition, The Need for Summer Jobs (last accessed Sept., 2003). http://www.nfsc-nyc.org/youth_employment.html



LEGAL ISSUES

Kristine was a victim of the worst of the foster care system. Placed in foster care at the age of eight Kristine survived sexual and physical abuse at the hands of a group home staff and foster parents. At the age of 16, Kristina ran away from foster care and lived on and off the streets, staying with friends and in homeless shelters. Though she was a runaway from foster care Kristina was discharged from care at 18 while she was living on the street. By the age of 18, Kristina was homeless, without a high school diploma and was relying predominately on prostitution to survive. She found herself in and out of the criminal justice system for committing a variety of survival crimes. Within a few years Kristina had a child who was immediately taken away from her and placed into the foster care system; the very system that had failed Kristina. Homeless, undereducated and without support, Kristina was left to face the child welfare system to fight for the return of her child.

Kristina continues to struggle to find work, housing and to finish school, for both herself and her child.

STATEMENT OF THE PROBLEM

Young people who are on the streets are often there because of a long series of failures by those whose job it is to intervene and protect them. To make matters worse, the foster care system was set up to take infants and young children from neglectful and abusive homes and is not equipped to deal with the complex demands of adolescence. Although the child welfare and education systems are the greatest source of those failures, the legal system too is implicated in its failure to effectively advocate for the needs of adolescents and teenagers.

Kristina faced myriad emotional, legal and survival challenges to address in order to gain the return of her child and to be able to provide a safe and stable environment in which to raise her infant:

- Foster care placement: Could she re-enter foster care herself or gain the return of her infant and live independently of the system?
- Abuse and neglect: Could she heal the emotional wounds of the wrongs that were done to her while from her time in care?
- Institutional abuse: Could she help others who experience abuse and neglect while in foster care by testifying about her experiences and achieving system-wide reforms?



In order for Kristina to have her child returned to her she would need to attempt to assert the educational rights she was denied while in care, possibly establish emancipated status and prove that she was capable of parenting by obtaining needed entitlements such as rent assistance, food aid, and housekeeping and childcare assistance. If she could not prove she was able to parent, Kristina could potentially lose her parental rights.

Kristina's situation is not unique. A disproportionate number of homeless youth have been through the foster care and criminal and juvenile justice system at some point. Many of the crimes youth become involved in are directly related to their survival, such as turnstile jumping, "spanging" (begging), theft, "squatting" (sleeping in abandoned buildings), and prostitution. Once released from foster care and detention facilities, young persons are not provided a continuum of services and often return to the streets with a criminal record that now may be a barrier to certain public benefits.

Most of the legal service agencies working with homeless and runaway youth direct a great bulk of their services to entitlement work. Most homeless youth at different points in their lives will rely on public benefits in order to survive, and most of these young people will be denied or temporarily cut off from the benefits to which they are entitled, including cash benefits, Medicaid, food stamps, social security and emergency housing. They invariably face difficulty applying for and establishing eligibility for benefits. Because of lack of stable housing these youth often fail to respond to required documentation requests or appear at appointments and benefits are often revoked even after painstaking efforts to establish eligibility. Depending on the age of the young person, they may also need assistance in establishing emancipated status from their parents in order to collect the benefits to which they are legally entitled.

There are specific legal issues that youth in foster care face. For those youth that have survived the foster care system, many find themselves aging out of the system into homelessness. Many are often not told of or are unable to access the benefits that they are legally entitled to upon discharge, such as Section 8 housing and financial aid to continue their education. It becomes even more difficult for a young adult at the age of 17 to even enter the foster care system and to access some of these benefits.

The Administration for Children's Services (ACS) is institutionally resistant to acknowledging the need of an older teen for placement and has insufficient and inadequate options for older teens in care. ACS has been reluctant to accept these young adults into care because they are so close to aging out. (At age 18 a youth becomes ineligible to enter the foster care system but a youth in the system can remain until age 21.)

Even if foster care was easy to access, the current foster care system remains an unsafe space for many young people. Youth who identify with social groups who are characteristically discriminated



against suffer extreme difficulty in foster care. Many lesbian, gay, bisexual, and transgender (LGBT) youth face abuse and harassment within care and despite recent efforts, there continues to be insufficient placements for LGBT youth.

Youth on the streets live with the constant fear that their children will be taken away from them because of their lack of stable living situation. Many of the young women in this population, who have been in the foster care system themselves, find themselves caught up in legal battles to keep their children. With inadequate and inaccessible economic support many find themselves dependent on abusive partners for money and housing.

Despite the long list of legal issues facing someone like Kristina, one issue she does not face is fighting to get legal immigration status. Increasingly legal services organizations are seeing adolescents who came to the U.S. as young children with or without their undocumented parents. These young people have gone through school in this country and have all their social and emotional ties here. Yet, due to a parent's decision, they are left in legal limbo. (See *"Immigration Issues" Chapter*)

CURRENT STATE

Most homeless youth shelters do not have their own legal department. There are some social service agencies that provide free legal services to poor and marginally housed youth in New York City and some legal organizations will offer a staff person to visit a few hours during a week to run a drop-in legal clinic to address the civil legal issues of their low-income and homeless youth clients. Multi-service and shelter programs try to provide a broad range of counseling and advocacy services including advocacy around entitlements and other civil matters. In addition, all youth in foster care receive legal representation around issues related to their foster care placement, and all youth involved in the criminal system are entitled to free criminal representation. Non-profit legal organizations also take referrals from other agencies and some create impact litigation to address the unmet needs of underserved populations, such as lesbian, gay, bisexual, and transgender youth.

GAPS IN SERVICES

There are simply no dedicated legal services that address all the needs of homeless, runaway and street-involved youth. A young person facing criminal, immigration and parental rights issues may have to find three different legal services providers. For many homeless youth that is too great and confusing a burden. Additionally, attorneys working on behalf of youth in family court have heavy caseloads and because of limited contact with the young person, the young person may not seek out assistance with issues like inadequate foster care placement because they don't perceive the relationship between appearances in court and their everyday struggles. Young people seeking legal advocacy



through local public interest law firms also compete with other low income persons in need of legal assistance to obtain a remedy and as a result often go under-served.

RECOMMENDATIONS FOR LEGAL SERVICES

- ⌚ **Creation of a legal service program designed to meet the needs of homeless youth. Staffing for the services would include lawyers with expertise in criminal and family law as well as civil and immigration law. There may not be a need for full time attorneys with expertise in each of these areas, but there should be access when it is needed;**
- ⌚ **Provision of legal rights seminars for youth at service sites. Education seminars on site at programs around the city are needed to teach youth what their rights are, how to access legal services, and how to advocate for themselves. Seminars are also needed to provide technical assistance to social work and other staff at shelters seeking vocational, educational and housing assistance for youth;**
- ⌚ **Development of legislative watchdog services to monitor federal, state and city legislation for its impact on homeless youth;**
- ⌚ **Strengthen relationships with Department of Motor Vehicles and the Office of Child and Family Services securing a sensitive policy to help homeless youth obtain identification.**



LESBIAN, GAY and BISEXUAL YOUTH

Anthony, an 18 year old, was raised by his mother for most of his life. 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 find 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 (LGB) (Clatts et al., 1996). Over the course of a year, many LGBQ youth are homeless in NYC. From April 2004 until March 2005, 125 calls of youth seeking shelter, were made to one homeless LGBQ youth crisis program in NYC. It can be safely assumed that this is only a small representation of the total number of homeless LGBQ youth in NYC seeking shelter each night. In addition, research studies of homeless lesbian, gay, bisexual or questioning (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. 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).

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. Identification documents, necessary for employment, are sometimes withheld by parents or guardians who are unsupportive of their children. 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 discrimination because they do not fit into our society’s idea of “appropriate” gender expression. This prevents many youth from easing into becoming 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. In recent years there has been an escalation of gang activity at homeless youth service centers. Gangs such as the Bloods, Crips, and Latin Kings seek to recruit youth into gangs at such sites. As these gangs are actively homophobic, their prevalence in homeless youth service settings has made it more difficult for LGBQ 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 “couchsurfing.” This survival technique affords young people the opportunity to stay off the street, but it also creates its own problems. Youth who “couchsurf” 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 “couchsurfing” experience to avoid the shelters.



CURRENT SERVICES

Unfortunately, there are currently only 25 emergency shelter beds (funded in a variety of ways) in NYC dedicated specifically to the LGBQ population. Furthermore, there is only 1 transitional living program, with 10 beds, dedicated specifically to serving LGBQ youth. There are also some drop-in centers that welcome LGBQ youth, with 1 specifically serving this population.

SERVICE GAPS

Assuming that there are anywhere from 15,000 to 20,000 homeless youth in NYC, it can be further assumed that there are approximately 3,500 to 7,000 homeless LGBQ youth in NYC. With only 25 crisis beds available to this population, they are vastly underserved. As the LGBQ youth population is documented to have specific needs, and because this population is not being adequately or safely served in the general youth homeless programs, it is appropriate that LGBQ youth receive their fair amount of the resources made available to the homeless youth population.

Many youth seeking assistance from the LGBQ 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.

RECOMMENDATIONS FOR SERVICES FOR LESBIAN, GAY AND BI-SEXUAL YOUTH

- ⌚ **LGBTQ youth comprise 25-40% of the overall homeless youth population in NYC. At minimum, it is suggested that 25% of the DYCD dollars available for homeless youth in NYC be dedicated to specific initiatives to improve the shelter and housing conditions of the LGBT youth population.** *The city needs to ensure that, at minimum, 100 beds are available to GLBT youth nightly, and that skilled mental health care, substance abuse treatment, HIV prevention, and medical treatment are adequately available to them. DYCD could help existing GLBT youth programs expand or open new programs;*
- ⌚ **All homeless youth shelters must be made safer for LGBQ youth.** *So many LGBQ youth report being subjected to homophobic harassment and abuse from staff and clients in youth shelters that receive city funding;*
- ⌚ **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;**



Also, the City should contract with an outside agency to monitor the safety of LGBQ youth in shelters. *Not all shelters are funded or regulated by any one government agency and generally are not responsible for answering to an advocate from an agency that doesn't fund them..*

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.

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.

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.



MEDICAL CARE

Jessica is a 19 year old female who was living with her mother in the Bronx until age 16, when she left because she and her mother were unable to get along. She went to a shelter in Manhattan and lived there for several weeks. While living there, Jessica met her 30 year-old boyfriend. She left the shelter to live with him, and endured physical abuse throughout their three year relationship. Three days prior to her presenting for medical services, Jessica's boyfriend told her that he wanted her to perform sex work to support their household. She refused, and he brutally beat her to the point that she developed blurred vision in her left eye, probably as a result of a dislocated lens. Jessica left the apartment and went back to the youth shelter, but her boyfriend found her in the neighborhood around the shelter the day she sought medical care and detained her at knifepoint, threatening to kill her unless she returned to him. During the interaction, a police car passed by and Jessica took the opportunity to run. She presented herself to an emergency medical clinic to evaluate her blurred vision in her left eye, and reported that she didn't know where to go because she knew that her boyfriend would find her if she stayed at the youth shelter in Manhattan.

During her visit with the clinic's outreach program, Jessica gave her medical and social history, received a focused physical examination, supportive counseling and referrals to a domestic violence shelter and emergency room in Brooklyn where she would be safe.

STATEMENT OF THE ISSUE

Adolescence marks a time of great physical, developmental and emotional change. Navigating through this tumultuous period can be difficult even for those coming from the most stable of circumstances. Childhood environments characterized by significant instability, chaos and loss often deny them the proper tools to negotiate a path to a healthy and productive adulthood. Sadly, the lives of most homeless youth are scarred by histories of abuse (60% - 75%)¹ and involvement with the foster care system (65% - 80%)^{2,3}. A toxic combination of poor life skills, inadequate education, and low self-esteem often makes it difficult for homeless young people to reach their potential. Arriving on the streets puts them into contact with an underworld economy that rapidly becomes their only means of survival. Ironically these survival behaviors are also the same activities that place their physical and mental health at greatest risk. Numerous studies have demonstrated worse health outcomes for those youth that are on the street compared to those who are sheltered.

Prostitution and other forms of survival sex (sex for food, a place to stay, drugs or companionship), robbery, panhandling and drug selling are common practices in the street economy. Alcoholism, drug addiction, street gang involvement and sexual promiscuity are risk-taking behaviors that



characterize street culture. Thus, the prevalence of sexually transmitted and other communicable diseases, unintended injury, unwanted pregnancies, depression and suicide are significantly higher than in domiciled adolescent populations.

There is a serious gap in accessible comprehensive primary care services for homeless/street youth in NYC at the present time. The American Academy of Pediatrics considers its gold standard of primary care the Medical Home whose essential role is to provide comprehensive primary care services in a stable, trusting community-based environment in tune with the constituents it serves. The following list is the components of a Medical Home that homeless youth are NOT receiving:

- Regular screenings, physical examinations and immunizations
- Gynecologic, prenatal and family planning services
- HIV counseling, testing and treatment
- Early detection & treatment of acute and chronic medical conditions
- Referral for subspecialty care
- Mental health and substance abuse screening and treatment
- Urgent care services
- 24 hour on call services
- Health education

Outside of the major issue of lack of health insurance other factors contributing to inadequate care specific to these adolescents are:

- Confusion on accessing care;
- Feelings of invulnerability and inability to imagine future health consequences of present behaviors;
- Confidentiality issues;
- Difficulty in adhering to scheduled appointments;
- Shame about being homeless and risk taking behaviors (e.g., survival sex);
- Medication storage (e.g., refrigeration of insulin) and adherence to treatment regimens (e.g., HAART for HIV);
- Negative past experiences and suspiciousness of the medical/ psychiatric community;

These barriers are potent forces in keeping youth away from traditional health care centers. Studies on the pattern of accessing health care by homeless persons consistently demonstrate improved continuity of care and compliance with treatment regimens when attending nontraditional clinics located at sites where they are receiving other services (e.g., drop-in centers, needle exchanges, shelters, food pantries).



Furthermore, arcane procedures for Medicaid enrollment and strict eligibility rules become system-based barriers to care. Lack of insurance severely limits access to a wider range of services and pharmaceutical products. Consequently, the burden of cost for providing health care for these uninsured youth falls onto the programs that serve them. This in turn becomes a built in constraint; preventing both expansion of services by those providing care and a disincentive to those considering developing new programs.

CURRENT ISSUE

Homelessness has a significant impact on health outcomes and takes an immense psychological toll. The combination of past and present trauma, the stress of daily living and feelings of hopelessness all undermine the teen's ability to prioritize health concerns.. Not surprisingly, there is limited data on the specific prevalence of health conditions in this population. What has been shown is that youth who (1) live on the streets as compared to shelters and (2) have no contact with any homeless-youth services compared to those who do have worse health outcomes. We can infer that any health statistic underestimates the true gravity of the problem, as they do not document those youth not interacting with the system.

Unintended injury, sexually transmitted diseases (including HIV), unwanted pregnancies, substance abuse, depression and suicide are common medical problems seen in adolescence. However, compared to a domiciled population the prevalence of these problems in the homeless is considerably higher. Chronic exposure to the elements also results in a higher incidence of upper respiratory tract infections, dermatological conditions (including sunburn) and trauma. Tuberculosis is more frequently seen as the result of living in congregate care facilities (group homes, shelters and prisons). Survival sex and needle use, common practices among homeless adolescents have the added risk of HIV, syphilis and hepatitis A, B, and C.

EXISTING SERVICES

Currently, homeless adolescents can receive free, comprehensive health care from several organizations that focus specifically on their unique needs. Mobile medical services to street youth are primarily provided by three mobile medical vans in New York City. Some homeless youth programs either provide on-sight health services or have adolescent health care or hospital referral linkages in their immediate vicinity.



SERVICE GAPS

1. **Geographic:** The programs mentioned above cover a small geographic area. Given the success of mobile medical services in engaging hard-to-reach youth it is reasonable to conclude that more extensive outreach would engage more youth.
2. **Health Insurance:** The majority of homeless youth lack insurance even though they are eligible through Medicaid, Child Health Plus and Family Health Plus due to the cumbersome application process. 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.
3. **Expanded Services & Specialty Care:** While access to comprehensive primary care are available through programs mentioned above; expanded medical and specialty services are much harder if not impossible to obtain without insurance. This includes medical subspecialty care, dental care, pharmaceuticals, durable medical equipment, radiology and other diagnostic services. Mental health and substance use care for youth (especially uninsured) are virtually non-existent.
4. **Subset Populations:** There exist subsets of the homeless youth community that require yet more specialized care that is often limited or wholly unavailable. Examples of this include transgender-identified, heroin injecting and immigrant youth.
5. **Homeless Adolescent Oriented Care:** More health care professionals that are trained in the unique bio-psychosocial needs of homeless youth are needed.

RECOMMENDATIONS FOR MEDICAL SERVICES

- 🕒 **Expand Health Insurance Coverage to all youth under the age of 21 years old, irrespective of immigration status;**
- 🕒 **Simplify the Application and Documentation process for health insurance.** *This should include (a) enrollment-site expansion (e.g., drop-in centers, shelters and mobile medical units) and (b) place homeless youth in fee-for-service, rather than managed care, plans to permit wider access of services. This is especially important considering their transient nature and difficulty utilizing a sole primary care provider;*
- 🕒 **Develop a Dept. of Health Task Force to focus on the health problems of homeless youth.** *This body must work in close collaboration with existing homeless youth health care providers and coalition;*



Improve Awareness to the Medical Community of specific health care issues of homeless populations. *Incorporate such expanded topics into the curriculums of medical school, residency training programs and medical associations;*



Increase Funding to programs that provide medical care to homeless youth, with a focus on expanding mobile medical services. *Models that incorporate both shelter and drop-in centers combined with medical care have proven most effective and should be replicated.*

REFERENCES

¹ *Homeless and Runaway Youth Health & Needs: A Position of Paper of the Society of Adolescent Medicine*, Journal of Adolescent Health: 1992; 13:717 – 726.

² The New York City Task Force on Homeless Youth Fact Sheet- 2001.

³ NY Times “*Youth Leaving Foster Care System with Few Skills or Resources*,” 3/28/00.



MENTAL HEALTH

Fred is a 21-year old homeless mentally ill immigrant. Fred has symptoms of Post Traumatic Stress Disorder which are probably the result of extremely violent experiences he endured in his native war-torn country in Western Africa. He often perceives himself to be in danger and can be quickly and easily aroused to defend himself, even when he is not immediately in harm's way. Fred's ability to perceive danger may be greatly exaggerated and he frequently appears paranoid, however the most perplexing aspect of Fred's story is that he often, in fact, is in danger.

Fred is living on the streets with virtually no supports. He has been asked to leave every housing and drop-in program that he's come in contact with because he often lashes out verbally and physically when he feels threatened. He is a target for violence on the street due to his boyish looks and seeming inability to walk away from any dispute. He finds it almost impossible to trust others, which is not surprising given his life experiences.

Fred has virtually no access to badly needed mental health services because of his illegal immigration status, his difficulty trusting others and the challenges in having such a potentially violent client in housing or counseling programs. Although he has been willing to try psychotropic medication, he is unable to pay for it and not eligible for Medicaid.

Fred seems to be on a collision course with the criminal justice system. Like many other homeless mentally ill youth, he will probably find the stable housing and long term psychiatric attention that he so badly needs in a jail cell. Given appropriate supports and treatment, it is quite likely that Fred could stabilize enough to sort out what is and is not an immediate threat in his life and be able to function normally. He is bright and eager for work. Without access to a safe living environment, the chance to engage in long-term (not crisis oriented) psychotherapy and to psychotropic medications, it is unlikely that Fred will survive on the streets.

CURRENT STATE

A disproportionate number of youth living on the streets in New York City are mentally ill. That is, youth with mental health problems are likely to be found in greater numbers on the streets than they are in the general population. This is not surprising for many reasons, among them that 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 difficulties); that homeless and street-involved youth tend to have higher levels of stress than housed youth and that youth who are mentally ill tend to "drift into" homeless due to their reduced ability to cope.



One of the largest studies done on the City'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).

Sex work 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. In a study of trauma and victimization among street-involved youth in New York City, 86% of youth reported that they had experienced at least one traumatic event in their lifetimes, 53% reported having been physically assaulted by someone known to them, 44% had been sexually assaulted before the age of 18. This study also found that the level of impairment experienced by these individuals as a result of past trauma was significant. Over a third of these young people reported experiencing symptoms of PTSD. (Gwadz, 2002).

Many street youth are eager to access or re-engage in mental health services. In some instances, young people come to 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.

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 clients can be intimidating. The clubhouses 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 substance use, which can exacerbate psychiatric symptoms. For these MICA (mentally ill chemical abusers) clients, it may be difficult for them to accept that their 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 substance use “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 the City report that they have more difficulty accommodating clients with serious mental illness. 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 psychosis.

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 falls far short of the estimated need. In this 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.

Youth service organizations that do not have their own mental health services on-site (which are all but the largest) report difficulty in locating 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 agencies only providing a few hours of psychiatric time per week to meet the needs of hundreds of clients. This results 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. 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 without benefits.

Although there are a variety of services in place for homeless youth to address mental health issue, 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 streets are at risk of remaining there and becoming the older, hardened, more difficult to “street people” and “bag ladies” of the future.

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 is grossly inadequate, given that by conservative estimates, services are needed for over 4,000 youth. 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, have staff trained or 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.

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. Additionally, there is a lack of funding for psychotropic medications for clients who are without medical benefits.



RECOMMENDATIONS FOR MENTAL HEALTH SERVICES

- ⌚ Fund and provide more supportive housing beds targeted for young people;
- ⌚ Develop more MICA residences willing to work within a harm-reduction framework;
- ⌚ Offer more drop-in/clubhouse/low threshold model services targeted especially to youth;
- ⌚ Establish transitional living programs (TLP's) specifically designed to meet the needs of homeless youth with psychiatric issues to provide on-going milieu support and treatment;
- ⌚ Strengthen relationships and understanding between agencies working with homeless youth and those providing residential mental health treatment;
- ⌚ Assist clients in securing Medicaid so that they will have more treatment options.

REFERENCES

Feitel, B., Magetson, N., Chamas, J., Lipman, C. 1992. *Hospital and Community Psychiatry*, February, Volume 43(2), p. 155 – 159.

Gwadz, M. 2002., *Eighty-five Lives: Trauma and Victimization and Risk for HIV Among Street-Involved Youth*. Unpublished paper.

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.



PARENTING AND CHILDCARE

When Julie began prostituting, she was 14 years old and on the run from a group home. Her experience in the child welfare system had proven more damaging than the home life she was removed from, and she decided to try to make it on her own in the streets. Julie's pregnancy, four years later, served as a catalyst for change in her situation. She worked diligently to secure her own housing and began receiving public assistance so she would no longer need to rely on prostitution for income. Additionally, Julie decided to begin pursuing her education. She was accepted into a four-year college and received honors for her first semester of course work.

Public assistance requirements made it impossible for Julie to continue her studies, due to a mandatory full-time workfare assignment. The shelter, where she has been living for over a year, requires that she remain on public assistance in order to stay there. It is also through the shelter that Julie receives the childcare that she needs for her daughter. Julie recently began prostituting again -- this time with the goal of earning a living independent of welfare, so that she may return to school. Although having a child motivated Julie to move off the streets, the requirements of the system seem intent on convincing her to go back there. She describes feeling like she is always "in a fight".

STATEMENT OF THE PROBLEM

According to the most recent statistics available from the Coalition for the Homeless:

- ❖ *In the past two years, the number of homeless families has increased by 11 percent.*
- ❖ *The average age of a homeless parent is 22 years old.*
- ❖ *Nearly one-in-five homeless parents were in foster care as a child.*

Homeless and street-involved youth who are also the parents of young children face the double challenge of enduring the hardships of street life while managing the stress of being responsible for their children's well-being. The majority of homeless adolescent parents are survivors of poverty, homelessness, abuse, disintegrating families and communities, inadequate child welfare, lack of child care, and other social service systems. These young parents do not have access to information regarding parenting because such educational efforts are usually conducted through traditional youth-oriented social support systems, such as schools, health clinics, community centers, and other formal systems. Negative experiences have left many homeless young parents disenchanted and distrustful of these systems when their needs have not been met.



Confusion over identity, life transitions, familial abuse, relationships, and violence are often magnified for adolescents that do not feel a sense of support or community. However, homeless young parents, in addition to the above concerns, also need to attain immediate basic necessities such as housing, food, and street safety. Therefore, they have little or no opportunity to develop the practical, emotional and interpersonal skills that would enable them to safeguard their own health, avoid exploitation and substance abuse, and safely parent their children. Lacking social supports and suffering from their own histories of parental abuse and neglect, many street-involved parents wind up repeating a cycle that results in losing their children to foster care. These youth need to see the positive possibilities in their own futures or destructive decision-making skills and coping mechanisms may get passed on to their children.

CURRENT STATE

Supportive services for homeless teen parents are often provided in conjunction with shelter. Most non-shelter programs serving homeless youth do not provide services specifically geared towards the needs of parents. In fact, due to liability issues, children are not welcome at most non-shelter homeless youth programs.

Shelter programs for homeless parents often require compliance with rules that are overwhelming for this population. Work and school requirements, curfews, and unwanted supervision often discourage teen parents from seeking shelter through programs geared toward youth. Adult shelter services are available to older teen parents, but require that the family be receiving public assistance. Housing provided through the adult shelter system is currently the only option available for two-parent households. Bureaucratic process and frequent denial of applications discourages all families in need, but is particularly challenging for homeless teen parents who often lack the confidence and experience to effectively self-advocate and persevere.

Public assistance programs, including WIC and Medicaid, are often the only means of economic support available to homeless teen parents. The initial application and enrollment process for these programs can be daunting for youth. Additionally, workfare requirements coupled with a lack of suitable childcare options often results in the termination of benefits for many parents in need. Continuing education has become impossible due to work requirements attached to public assistance eligibility. The inability to pursue educational resources has an especially limiting effect on homeless teen parents, most of whom have not completed high school. Homeless families on public assistance often find themselves trapped in cycle that consumes most of their time, resources, and hope.



EXISTING SERVICES

Homeless teen mothers can receive supportive services through several youth shelters that welcome parents. However, these mothers often elect to seek shelter through the adult system so that they may live with their co-parent. The adult shelter system offers no supportive services to meet the specific needs of parents who are also youth.

Parents who are not receiving public assistance can apply for subsidized childcare through the Agency for Child Development, which determines eligibility, and issues vouchers and other subsidies for a range of child care settings. According to federal guidelines, families earning less than 200% of the federal poverty level are eligible to receive some form of childcare subsidies. Parents who are receiving public assistance should be automatically eligible to receive childcare subsidies, and should access available services with the help of their case managers. However, public assistance caseworkers are often overburdened by their caseloads and unable to provide mandated services to young parents. There is also an oppositional style that permeates the system of public benefits, and caseworkers are rarely eager to explore options for young parents.

SERVICE GAPS

Benefit Programs:

There is a structural lack of childcare slots within the city. According to a recent report issued by the Citizens' Committee for Children of NY over 100,000 NYC children aged infant – 5 are eligible for but do not currently receive childcare subsidies. In many neighborhoods the availability of childcare centers is limited.

Parents often find their benefits discontinued for technical reasons creating an atmosphere of instability in their lives, and the absence of reliable child care does not allow them to pursue work or training opportunities that might present themselves. Additionally, parents whose benefits are discontinued because of stable employment are eligible for transitional benefits, including childcare subsidies, but are often discouraged from applying due to inadequate case management, lack of information, and general difficulty negotiating the benefits system.

Supportive Social Services:

Youth programs are rarely equipped to deal with small children, and adult services fail to adequately support teens. Homeless teen parents face an overwhelming set of obstacles as they try to satisfy the requirements of the welfare reform legislation, while trying to provide homes for their young children, receive an education that prepares them for a better future and ensure that their children are properly protected, stimulated and prepared for their own precarious futures.



RECOMMENDATIONS FOR PARENTING AND CHILDCARE SERVICES

- ⌚ Develop additional housing options for homeless teen parents, especially for two-parent families, and provide comprehensive supportive services at these sites;
- ⌚ Alter welfare reform legislation to enable recipients to pursue an education;
- ⌚ Increase availability of childcare options and support;
- ⌚ Develop educational materials geared specifically to homeless youth parenting population;
- ⌚ Institute training and policies that advocate and build the capacity to welcome youth and parenting youth, and to be visibly “gay affirmative”;
- ⌚ Consider and address PTSD and the parent’s previous neglect and/or childhood abuse.



PERMANENT HOUSING

Joseph is a twenty-one year old who has been living in a transitional living program (TLP) for 18 months and is being discharged to live independently. While he has worked a full-time job at minimum wage and saved as much money as possible, Joseph knows that with the cost of transportation, utilities, food and rent (even with a roommate or two), it won't be long before his savings are depleted and he is on the street again. There are between 20,000 to 40,000 homeless youth in New York City youth ages 18-24 whose stories, very sadly, are very similar to Joseph's.

STATEMENT OF THE ISSUE

In "The New Housing Marketplace: Creating Housing for the Next Generation," Mayor Bloomberg details his strategy to deal with the housing crisis that exists in New York City.¹ Most importantly, the administration has committed to spending more than \$3 billion dollars to create 65,000 units of housing for low, moderate and middle income New Yorkers over the next five years. As of June 30, 2005, 28,550 of the 65,000 units have been developed.²

While new housing options are being created, vacancy rates in the five boroughs of New York are still dangerously low. The inequity in the housing market that exists is best measured when rental rates are compared. For example, for apartments with rents of \$1,750 or more, the rate was 9.25 percent. In contrast, for rentals under \$500 the vacancy rate was 1.54 percent followed by 1.42 percent for units that cost between \$500 and \$699 a month.³

EXISTING SERVICES

Currently, youth services are not focused on permanent housing; instead, there is a focus on crisis shelter and transitional living programs. One caveat is the work of the Administration for Children's Services (ACS) in creating linkages with a select number of supportive housing facilities, so that a small number of rooms are set-aside for young people leaving foster care. Because there is such a limited selection of permanent housing options for young people in youth facilities, many turn to the adult system as the last vestige of hope for something long-term.

When youth enter the adult system, depending upon their specific situation, they may be eligible for assistance through myriad services, which include: the Emergency Assistance Unit (EAU) designed for single mothers with babies or families; low-income apartments with various income ranges through the New York City Department of Housing Preservation and Development (HPD); and Section 8, currently available exclusively for survivors of domestic violence and homeless individuals.



In addition, the New York City Housing Authority (NYCHA) provides apartments to low-income individuals; Housing Opportunities for People with AIDS (HOPWA) and HIV/AIDS Services Administration (HASA) offer permanent supported scatter-site housing and rental assistance to people with HIV/AIDS; lastly, there are various supportive housing options for the homeless, mentally ill or mentally ill and chemically addicted (MICA) that youth over eighteen years of age can access. As an aside, some youth organizations have espoused what has become known as the "Personal Savings Model." This basic approach is one that assumes that government assistance will not occur and works to prepare youth, from day one in a crisis or transitional living program, to become self-sufficient. This is done through life skills trainings, which focus on topics like learning to save money, dealing constructively with conflict, being a good roommate and searching for and securing apartments by navigating through informal social networks such as websites, local shops or word-of-mouth.

GAPS IN SERVICES

Because youth programs and transitional services end when an individual turns twenty-one (i.e. OCFS regulations that stop services at 21), except for the few agencies that provide services until age twenty-four, the lack of focus on long-term solutions (and not temporary remedies) does not prepare young people to become self-sufficient in a competitive urban setting like New York City.

RECOMMENDATIONS FOR PERMANENT HOUSING

- ⌚ Require that between 3- 5% of the 65,000 units being created through Mayor Bloomberg's plan are set aside for homeless youth between the ages of 18-26 years old;
- ⌚ An independent office called "The Office of Youth Housing" should be created to coordinate services between ACS, DYCD, OCFS, DHS and the non-profit sector to ensure that youth are provided housing and services;
- ⌚ Service Provider Connection: Develop a website or database that explains the entire youth system (fractured services and overlaps) and list the most up-to-date resources available;
- ⌚ A funding stream for youth ages 21-26 should be created and used exclusively for permanent housing.



REFERENCES

¹ Mayor Michael Bloomberg "The New Housing Marketplace: Creating Housing for the Next Generation."
<http://www.nyc.gov/html/hpd/pdf/new-marketplace.pdf>.

² Mayor Bloomberg's New Housing Marketplace Plan Two - Year Update. This document was retrieved at
<http://www.nyc.gov/html/hpd/html/about-us/agency-accomplishments.html>.

³ A Home for All New Yorkers: Housing First! 2005 Policy Update. August 2005
http://www.housingfirst.net/pdfs/HF_Policy_Update0805.pdf.



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, everytime 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 accessibility 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 and make some phonecalls and talk about a plan for getting off the street.

STATEMENT OF THE ISSUE

During 1992, it only took three New York City based street outreach projects to make contacts with 13,000 young people. And while the collection of comprehensive demographics on the population is extremely difficult, a study done by the National Development and Research Institutes, Inc. (NDRI), has provided some detailed information. In the early 1990's, NDRI, Inc. conducted the Youth at Risk (YAR) study, a study of street youth in New York City. The National Development Research Institute 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%). Most identified as heterosexual (63%), with 24% identifying as bisexual and 11% as lesbian or gay...about a third were White, 29% were Black/African American, 29% were Latino/Hispanic, and 2% were from other backgrounds.

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 onto the disenfranchised young person's "turf", meet them where they're at and connect them to support and



provide services. Without the subtle, non-judgemental provision of outreach as a means of connecting with youth, it becomes difficult for homeless youth to be aware of available, accessible and youth-sensitive services. The role of street outreach is to identify street youth and provide those youth with consistency and individualized attention over a period of time. It is not only a reason to distribute materials such as outreach cards, pamphlets or condoms. Street outreach is an opportunity to establish a supportive, emotional contact with a young person in hopes of creating a linkage to further services and resources.

Through consistent outreach, the consistently, repetitive presence of the Outreach worker breeds familiarity. This creates a safe environment for the young person to eventually feel comfortable and begin to build trust with the outreach worker. In the NDRI study cited above, only about 40% 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 the 900 is indicative of the population, we can extrapolate that, the 13,000 youth contacted by the three programs, represent a comparable 40% of the population of NYC street youth, thereby, we estimate 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 as areas where youth traditionally congregate (bus stations, Times Square, west side piers, etc.) have been gentrified and the city has made a concerted effort to rid those areas of street people. There is a palpable police presence on the streets in these areas which frightens youth. While the majority of New Yorkers may appreciate extra police presence, the police can intimidate a homeless young person resulting in their retreat further "underground" including 'squats', train yards, 'tricks', drug houses and/or being housed by gangs. Young people becoming homeless are recently more inclined to remain in their own neighborhoods, spreading the problem of homelessness to the far reaches of all five boroughs rather than flocking to areas known to outreach workers and youth alike. This trend has made it far more difficult for the street outreach workers to be consistently available to young people in crisis.

CURRENT STATE

Street outreach is used by professionals as a portal to either connect a young person to a program's existing services or to address their immediate or urgent needs on the street. It is a fact, reported by homeless youth programs in New York City that youth report discussing a range of health – related topics with outreach workers, and frequently received condoms and other supplies from. Unlike the majority of services for youth that require on-site attendance or in-school involvement, street outreach makes an effort to remove all barriers to services including transportation. The mobility of



street outreach allows services to reach 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.

Throughout the past 20 years, outreach workers have gone out into the communities where homeless youth commonly gather as well as their communities of origin. Lately, general services for homeless youth are becoming 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 two or three boroughs doesn't sufficiently serve the young person, primarily because it's not easily accessible 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 Brooklyn are not going to feel comfortable going to a drop in center in the Bronx. And as young people don't have access to non-public transportation, reaching services outside of their immediate neighborhood or near public transportation hubs becomes extremely problematic.

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. For example, adolescent prostitution continues to be prevalent among homeless youth, however, outreach programs are seeing an increase in youth working with private escort services and via advertisements among the more higher functioning youth as opposed to street prostitution seemingly as a result of the increase in police activity and 'sweeps'. Street outreach workers are also the first to identify changes in drug activity, violence, sex work and gang activity.

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.



New York City currently funds a limited number of programs to centralize their funded drop-in services and cover multiple boroughs. 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 is unlikely to meet the needs of most young people.

SERVICE GAPS

As services become more centralized, they become less personalized. Smaller programs in a wider array of communities have, in the past, been defunded and replaced with city-wide services that the majority of chronically homeless youth will not utilize. Effective street outreach doesn't operate in a vacuum: it is an essential component in a continuum of services and, therefore, must be securely linked with a youth-centric drop-in/service/housing component

RECOMMENDATIONS FOR STREET OUTREACH SERVICES

- ⌚ Localize and geographically diversify street outreach services by neighborhood, as opposed to borough-wide only;
- ⌚ Sensitize public officials to the complex and comprehensive needs of street outreach services demonstrated by cooperatively participating in a citywide count of homeless youth;
- ⌚ Emphasize the personalized counseling component of Street Outreach, when possible;
- ⌚ Fund community-based multi-service centers as linkages to outreach services.



SUBSTANCE USE

Irene is a 20 year-old street homeless young woman whose time and labor is almost entirely devoted to staving off withdrawal symptoms. She began using heroin at fifteen when she fell in with a few older teenagers who, like herself, were staying on the streets for extended periods to avoid abusive and chaotic family lives. Heroin offered Irene a sense of peace and internal organization, and she found it to be far more effective in managing symptoms of extreme anxiety and obsessive-compulsive disorder than the legal pharmaceuticals that doctors had prescribed her in the past. Irene's family was too dysfunctional to help her and other institutions such as school, the medical system and the child welfare system were shaped by "tough-love" approaches that encouraged withdrawal of services when Irene "failed" to access the only form of help deemed appropriate for drug using young people facing multiple problems--abstinence-based drug treatment prior to, or coupled with, any other services. Irene did not see drugs as her primary problem and was not willing give up her main coping strategy, but because she was young and a drug user, she was not consulted about her view of her own needs.

After various expulsions and arrests, Irene was offered an ultimatum that she found coercive and frightening--jail or an adult residential drug treatment program. She picked the drug treatment option but immediately escaped to street homelessness in New York City, a world in which her interpersonal skills, resourcefulness, and capacity for nurturing others allows her to raise over 100 dollars per day through panhandling and occasional sex work to support her heroin habit, that of her boyfriend and to still buy enough dog food to keep their "baby" healthy and sleek. Along the way she became infected with Hepatitis C, barely escaped death by overdose several times and was raped. Had she been eligible for decent shelter, housing, or other supportive services as an active drug user, these outcomes could have been avoided.

Irene began attending a Lower East Side homeless youth drop-in center for showers, syringe exchange, food and counseling. Exhausted by the daily grind of raising money to stay well, she has chosen at times to reduce her drug use on her own with mixed results. At other times she has mustered the energy to try to give up heroin entirely through substance abuse treatment. As a homeless person without Medicaid, her options for detox and rehab are very limited, but she has successfully completed detox a few times only to be discharged to the street or referred to a rehab program several days travel away. Realizing that she cannot successfully abstain from drugs without a stable place to stay, she has tried residential treatment in a "Therapeutic Community" setting inappropriate to her needs as a young person and was discharged after one relapse. Continuing to struggle to implement her own harm reduction and reduced-use strategies until she again feels strong enough to contend with the drug treatment system, Irene says she can't understand why those in a position to help her seem to want to make her life even harder.



STATEMENT OF THE ISSUE

The primary problem faced by drug using youth is the common understanding, informed by the medical model of addiction, that abstinence from drugs must be attained prior to the pursuit of any other goal, and that abstinence should be the primary goal for all users. This belief has excluded young homeless drug users from every other form of help they could be eligible for, particularly from shelter and housing.

It is frequently noted that substance use can both cause a person to become homeless and keep him or her from being able to get off the streets. However, lack of access to appropriate shelter, transitional living programs and permanent housing for drug using youth is not “caused” by their substance use, abuse or addiction, but by policies and program models that exclude serving active drug users. There are few shelter or housing opportunities available to homeless youth who are not ready, willing or able to stop using drugs and no opportunities designed purposely for this population.

Whether young people intend to get assistance in abstaining from drug use, choose to try to manage their use so that lives are less chaotic or simply want to maintain their health, hygiene, nutrition, employment, education or relationships during periods of drug use, housing provides a level of stability necessary to the pursuit of any positive change. Engagement in other services such as mental health or education is nearly impossible to sustain without some form of housing. More than drug dependency itself, homelessness makes it close to impossible for drug users to manage their use and their lives.

EXISTING SERVICES/GAPS IN SERVICE

Homeless drug using youth who want to sleep indoors will discover that some youth shelters require a medical clearance from a hospital documenting sobriety, if they suspect a resident is intoxicated. Others are more tolerant of residents being somewhat intoxicated on occasion so long as they can behave appropriately but are understandably unable to accommodate the life patterns of people whose chemical dependency is not well managed if they are to maintain a level of structure and sense of consistency within a program. Homeless youth who work nights doing sex work to maintain a habit for example, or who may have to buy and use drugs very late at night to avoid withdrawing during the wee hours cannot be accommodated by a shelter with a ten o'clock curfew designed to offer structure to other residents. No youth shelter incorporates syringe exchange or any significant degree of harm reduction education services. A few adult shelters are sufficiently disorganized and demoralized to tacitly tolerate drug use on the premises, but it is a rare young person who can tolerate these dangerous, depressing places.



There are no transitional programs for homeless drug using youth and any person with a drug charge is ineligible for public housing and Section 8. People who admit drug use in a routine Public Assistance application screening instrument are not eligible for benefits unless they agree to undergo abstinence-based treatment.

Drug treatment (detox, rehab and long-term treatment) is less available each year to those without Medicaid or other insurance. Opening a Medicaid case takes over a month and requires identification. Obtaining identification is itself increasingly difficult for homeless people in New York City, particularly young people, as it requires the applicant to already have many forms of identification.

Drug treatment models designed for adults, such as the therapeutic community model which emphasizes confrontation and adherence to communal norms and de-emphasizes individualized therapy are not appropriate to the developmental needs of adolescents who often struggle with identity and sexual identity issues and for whom an acceptance of the identity of "addict" may be a long way off. These programs tend not to be sensitive to the needs of homeless youth who typically face the additional challenge of underlying and undiagnosed mental health issues which do not meet "MICA" criteria, and who usually have next to no social or familial support. Where adolescents need to feel nurtured on one hand but also have their independence respected on the other, therapeutic communities tend to be harsh and unforgiving on one hand and paternalistic on the other. There are few long term youth-focused drug treatment programs and those that do exist alter the therapeutic community model little if at all to reach adolescents.

RECOMMENDATIONS FOR SUBSTANCE USE SERVICES

- 🕒 Create program models for shelter, transitional living programs and permanent housing for youth who currently use drugs;
- 🕒 Integrate harm reduction-based drug education, HIV/HCV (Hepatitis C Virus) and overdose education into schools and youth programs as well as homeless youth programs;
- 🕒 Increase drug treatment beds for youth and offer youth specific models for long-term residential drug treatment incorporating a "stages of change" analysis of behavior change processes;
- 🕒 Make homeless youth a special category with expedited access to Medicaid and identification.



TRANSGENDERED YOUTH

Sandy, a male-to-female transgender youth, was born to a substance-abusing mother and placed in her first foster family at the age of six. Like many transgender youth, even in early childhood her gender presentation was atypical, and her perceived “difference” led to physical abuse, verbal harassment, and rejection from family members, foster parents, and peers. Sandy rotated through a series of foster homes, group homes, residential treatment facilities, and psychiatric wards. As a result of unresolved grief after her mother’s death at age 10, combined with ongoing rejection experiences, and a lack of understanding of her transgender identity, she developed depression, acting-out behaviors, self-injury patterns, and suicidal ideation. She accumulated a laundry-list of diagnoses, including developmental disability, ADHD, Major Depression with Psychotic Features, and Borderline Personality Disorder. After ageing out of the foster care system, she was placed in an adult supportive housing facility that was not prepared to cope with either a young person or a transgender person. After a series of incidents there, she left, and has alternated between the streets and various LGBT youth crisis shelters. At 22, she is currently facing the end of her eligibility for housing in these shelters, and efforts to find an appropriate placement for her within the supportive housing system have been unsuccessful, due to the reluctance of many providers to take transgender clients.

STATEMENT OF THE ISSUE

Homeless youth of transgender experience are, undeniably, the most underserved and most in danger of the homeless youth population in general. Just as the risks for mental illness, suicidality, assault, discrimination, HIV/AIDS and substance abuse are exponentially greater for gay and lesbian youth than their straight peers, so too are these risks dramatically higher for transgender persons.

Homeless transgender youth are often survivors of childhood sexual and physical abuse, sexual assault, rape, and tremendous discrimination and emotional abuse; indeed, these are often the reasons such young persons leave or are forced from home. While the street may unite this community, providing emotional and social support that is unlikely elsewhere, homeless transgender youth are frequently assaulted, harassed and left unprotected if not hurt by law enforcement officers. Because of their transgender experience, they are unwelcomed and also served far less in social and medical service facilities than their non-transgender peers. As soon as the discrepancy between one’s sex at birth and their presentation is known, medical and social service staff often deny treatment or become hostile. Their transgender experience is pathologized—considered, *a priori*, the reason for the youth’s homelessness, mental health problem, infection, etc, rather than the reverse. Too many transgender persons have been left to die as a result.



Terrifying experiences in the previously mentioned facilities leads to their avoidance, such that transgender, or “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.

If a trans homeless youth decides to pursue hormone replacement therapy (with or without eventual sexual reassignment surgeries), they are met with a barrage of “gate keeping” and discrimination. The “Benjamin Standards of Care” require trans persons to be diagnosed with Gender Identity Disorder (GID) and receive subsequent counseling and mental and medical health examinations before any hormones may be prescribed. This cumbersome process stretches thin the few services made available by providers that currently work with the trans population. This leads to months or years of waiting, that is even *if* the trans homeless youth obtain access to these providers (including health insurance/Medicaid) at all. This results in so many youth using “street ’mones,” or hormones that are obtained without a prescription from other trans youth, often at doses or rates much higher than is safe. The risks are manifold, as hormones quickly alter mood and can exacerbate mental illness. Injections of silicone and other substances (glue, wax, detergent) to immediately enhance appearance are also very common and very dangerous, leading to toxic shock syndrome, infection, hepatitis and HIV.

Trans homeless youth may choose to inject and use illegal hormones despite the risk for many reasons, especially that the better that one looks or “passes,” as their gender presentation, the better they feel—and the better they are treated by everyone else. Indeed, the world is kinder to transgender persons who don’t look transgender. Also, the more convincing one is (regarding their gender identity), the easier it is to find on and off the books work.

Often, the only employment trans homeless youth can find is sex work, or prostitution. Sex work, however, immediately increases one’s risk to rape, sexual and physical assault, murder, theft, drug and alcohol addiction and post-traumatic stress disorder. Obviously, it increases one’s chance of arrest and police harassment. Not surprisingly, trans homeless youth are picked up by police for prostitution even when this is not the case, as trans persons are so sexualized and stereotyped by our culture in general. And so 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 the often only way out: sex work. The more one “passes” the more money he or she might make; therefore, the more use of street ’mones and injections.

In keeping with the times, homeless youth (and trans youth especially) have found that a somewhat safer and more convenient form of sex work is through the internet. Youth will advertise themselves and respond to ads on websites such as “Craig’s List” and “Black Planet” and arrange to



meet their “dates” later. While the Internet Café may be safer than the stroll (with lesser chances of arrest), trans homeless youth are still engaging in the same work and with 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.

CURRENT SERVICES

There are currently only 22 crisis beds available for LGBT youth in New York City, and only one Transitional Living Program for this population. Although additional beds are being planned, the need will still greatly exceed available beds.

Due to an increasing awareness of the social service needs of the transgender population, there are an increasing number of agencies offering groups and services for transgender youth. At the time of writing, there are three programs specifically offering physical and mental health care related to gender transition, including hormone therapy, for trans youth. In addition, two agencies offer legal services, including assistance with discrimination complaints and name changes, several programs offer advocacy and/or peer education programs, and multiple providers offer support groups for transgender youth.

SERVICE GAPS

Housing- Transgender youth frequently report being subject to harassment and violence at shelters serving the general population of homeless youth, as well as at specialized facilities such as domestic violence shelters. As a result, thousands 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. Trans youth who do choose to stay in programs serving the general population are often kicked out because they cannot comply with timeframes – for instance, a program’s requirement that one obtain a job within 30 days. Due to the difficulties of obtaining ID, and transphobia on the part of employers, trans youth cannot accomplish certain tasks as rapidly as other youth.

Substance Abuse Treatment- There is a general shortage of inpatient substance abuse treatment programs for youth, and none are specifically dedicated to serving the LGBT population. This is particularly a problem for transgender youth, since these programs house clients by gender, and usually place trans people in the uncomfortable and dangerous situation of being housed with peers of their birth gender.

Mental Health Services- Transgender youth need mental health services both to deal with their high rates of depression, suicidality, and PTSD, and also to meet the eligibility requirements for gender transition, particularly hormone therapy. There are currently long waits at the few agencies providing



trans-specific mental health services for youth, and these services are particularly inaccessible for young people who lack insurance coverage.

Health Care- There are relatively few physicians specializing in adolescent medicine, and, of those, only a tiny number who have the expertise to provide health care to youth undergoing gender transition and/or administer hormone therapy. The lack of providers makes hormone therapy difficult to access for many youth, who then turn to illegal street sources, using drugs of unknown purity and potency without medical supervision.

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 women, and do not include trans women engaged in the same type of activities.

Education/Employment- Many trans youth are forced to leave school due to harassment and/or as a result of becoming homeless, yet there is a lack of education and employment services that could help provide alternatives to the street economy. Many trans youth report facing the same types of harassment in GED programs that led them to drop out of high school. In addition, job programs that focus on “appropriate attire” often force trans people to adopt the clothing of their birth gender, although clinical evidence suggests that efforts to assist a young person in developing an employment-ready appearance consistent with their chosen identity are more likely to succeed.

RECOMMENDATIONS FOR SERVICES FOR TRANSGENDER YOUTH

- ⌚ All shelters, housing programs, drug treatment, and mental health facilities must adopt policies that will make transgender people feel safe and welcome. This includes placing people in beds according to the gender they identify as, regardless of how much of their physical transition is complete;
- ⌚ Staff must receive both specific training on the issues/needs of trans youth, as well as ongoing training about how trans youth are affected by other issues. Other residents in programs need to be provided with trans-sensitivity education, as well as clear guidelines for how they are expected to treat trans peers and consequences if they behave inappropriately toward peers;
- ⌚ All medical providers working with transgender homeless youth, especially street-based settings should undergo training on the needs of trans youth, gender transition, and hormone therapy;



- ⌚ Education about hormone therapy must be made more accessible, and harm-reduction education about the dangers of street hormones should be a priority;
- ⌚ Existing education/employment programs should take steps to create safe environments for transgender youth;
- ⌚ 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 transgendered automatically equals sex work.



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, but was thrown out onto the street after questioning the disappearance of her savings. Sandy, with no other stable support system, was then forced to enter a crisis center at age 19. She has steadily kept a job since she entered the crisis center and is ready to move into transitional living. While Sandy has taken great steps toward achieving independence, she is without her own support system, and therefore requires transitional living.

Sandy has already completed one year of her Associate's degree and has begun to save money for 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 two transitional living program waiting lists; these were the only two, according to the counselor, that will accept her and may have an open bed anytime soon. 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 21 are often seen as adults and are, subsequently, expected to be independent. However, 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 and independent adults. The lack of independent/transitional living programs, however, makes the goal of independence difficult for these youth to achieve.

Alarmingly, there is a significant lack of these vital transitional living programs in New York City for the estimated 20,000 homeless youth.

Successful independent living programs provide youth with an opportunity to pursue self-sufficiency through working, saving money, and practicing life skills. Such life skills include job retention, obtaining employment, budgeting, paying rent, 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 boosts their self-esteem. Many of these young people have been 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 TLP resident said, her TLP gave her space to “make mistakes” and to learn from them.

Most youth become homeless through no fault of their own. One third of the 5,000 youth that seek shelter at one of the larger 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. 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.

Growing national attention toward independent living programs has 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.

While the New York City Police Department estimates that there are between 20,000 and 40,000 homeless young people, the number of transitional living beds does not meet the demand. There are 283 total transitional living beds in New York City currently. Of those 283, 97 beds are designated for males, 96 beds for young women without children; 70 beds for young mothers with children (34 for the mothers and 36 for the children), and 20 beds for male, female, or transgender. Some of these programs are supported by city funds, some by federal funds, and some by private fundraising.

It is the City's young mothers and children who perhaps suffer the most. As the current shortage of transitional living beds available for them becomes worse, they are forced to seek help from the Emergency Assistance Unit, which often finds them ineligible for shelter because of their age and otherwise fails to meet their distinct needs.

SERVICE GAPS

Currently, the City’s Department of Youth and Community Development is in the process of releasing an RFP that calls for more city funded Transitional Independent Living Programs (TILs) but there are still too few transitional beds in existence. Furthermore, only two programs serve young



mothers with children (one with 56 beds including mothers and babies and the other with 14 beds for mothers and 14 beds for babies)—an additional permanent supportive housing program has beds for 34 adults and 52 children. Only one TLP currently serves lesbian, gay, bisexual, or transgender youth (10 beds) and few programs are skilled in working with youth leaving the juvenile justice system. 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.

RECOMMENDATIONS FOR TRANSITIONAL LIVING PROGRAMS

- ⌚ Respond to the specific shortage of transitional living beds for youth in New York City;
- ⌚ Fund a variety of transitional living program settings (e.g. scattered site and congregate care) since there are a variety of youth needing these services;
- ⌚ 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 do not abstain from use, teen mothers with children, and transgender youth.



VIOLENCE

Maria grew up in foster care, entering the system at age three when she was taken away from her biological mother. When she was 15, 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 make ends meet and to find an occasional place to sleep. One night, while she was sleeping in one of her client's apartments, Maria was beat up. Although she went to the police to press charges, she was told that it was her own fault and was lucky she was to still be alive.

Soon after, Maria found out 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 the drug addiction she used to prevent flashbacks and nightmares.

When her daughter was nine months old, Maria was reported to Children's Services for child abuse, and subsequently had her daughter placed in foster care. Maria is still trying to get her child back from the system that she blames for putting her on the streets.

STATEMENT OF THE ISSUE

Exposure to violence—child abuse and neglect, foster care abuse and shelter abuse—places a young person at high-risk for becoming homeless. Once a young person is living on the streets, they experience violence in many different forms, including (1) hate crimes targeting homeless people, (2) violence against sex workers (including police brutality), (3) gang violence, (4) intimate partner violence and (5) child abuse. Within the relationships that characterize these forms of violence, levels of intimacy may vary, and the line between victim and perpetrator is often very thin. Because violence is a public health issue that not only demands immediate medical attention, but ongoing medical and mental health care as well, untreated violence often results in further harm, including mental illness, substance abuse or more violence. This 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

Because homeless young people live on the streets, they are constantly exposed to the risk of bias-motivated violence. Over the past several years, advocates and shelter workers have reported an increase in the number of individuals—including young people—being harassed, kicked, sexually assaulted, set on fire, beaten to death and decapitated because of their homeless status. Most commonly, perpetrators against homeless people are teenage “thrill seekers” and gang members, who take advantage of this vulnerable and disadvantaged group in order to satisfy their own pleasures.¹ In addition, homeless New Yorkers report police brutality and harassment during the issuing of “Quality of Life” tickets by the NYPD.²



Violence is also a perpetual threat for the one-in-three homeless young people who engage in sex work, a group that is disproportionately represented by women, transgender women and men who have sex with men. Sex workers face the ever-present risk of rape, physical and sexual assault, and robbery from “johns,” “pimps,” civilians and police officers. Pimp relationships, which young women are especially susceptible to becoming involved in, often resemble domestic violence relationships, whereby the pimp exerts ultimate power and control over the sex worker through physical intimidation.

The same life circumstances that make homeless and street-involved young people susceptible to becoming the victims of violence put them at risk of being violent themselves. Homeless youth are disproportionately involved in gang activity because of a sense of disempowerment that often results from poverty as well as a lack of a support system.³ The immediate need for essential survival resources such as physical protection, temporary housing, money from drug dealing and access to drugs also causes many young people turn to gangs. Gang violence not only harms victims, but exposes gang members to the risks of injury, drug dependence, incarceration and death.

Homeless adolescents also face many stress factors for being involved in violent relationships with their partners, 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 know what is healthy or unhealthy in a relationship. In addition, sexual minorities, such as queer young people and sex workers involved in “pimp” relationships, must overcome internal blame and confront external stigma when seeking services.

The same risk factors that make young people susceptible to domestic violence put them in danger of abusing or neglecting their children. Lacking social supports and suffering from their own histories of parental abuse and neglect, street-involved parents may repeat a cycle of abuse and neglect that often results in losing their children to foster care.

EXISTING SERVICES

Although no agency is specifically designed to provide emergency assistance to victims of bias-motivated assault, there are several homeless shelters and advocacy groups that can provide general crisis intervention. These services include immediate medical care and referrals for attorneys. In addition, there are both local and national advocacy groups working to document hate crimes against people experiencing homelessness in an effort to pressure the U.S. Department of Justice and Congress to acknowledge this form of violence through federal monitoring and legislation.⁴



Young people who experience violence while engaged in sex work can contact a number of sexual assault programs. There are both hospital and community-based programs, accessible through helplines, set up throughout New York City to provide immediate medical care to rape victims through crisis intervention. These programs also provide ongoing services including follow-up physical care, individual and group counseling, support groups, legal advocacy as well as accompaniment to court, police stations and hospitals. In addition, there are both public and independent monitoring agencies set up to document and prosecute crimes involving sexual assault. Finally, victims can apply for the New York State Crime Victims Board reimbursement, a compensation program that assists individuals with ongoing medical counseling expenses and other expenses related to the assault.

Gang violence prevention programs in New York are operated within a punitive model, and have been located within both the Department of Corrections and the Police Department. By increasing police presence in and around public high schools with high gang activity, these divisions hope to create a safe environment that is conducive to learning. The NYPD also collects and maintains records of violent incidents that occur in NYC public schools in order to monitor levels of gang violence.

Despite the shortage of accessible services for young people in domestic violence relationships, there are free legal and safety planning services that exist specifically for young people. Agency attorneys can assist clients in obtaining temporary restraining orders and by representing them in family court proceedings. Advocates can also assist clients access domestic violence shelters, which are often safer and cleaner than homeless shelters, and can help them resolve housing and benefits problems in order to achieve safety in a comprehensive way. In addition, both LGBT young people and sex workers in “pimp” relationships can access the same housing services as well as support group services from agencies that are specifically trained around such issues.

In addition to child abuse prevention helplines, several homeless service providers 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

The lack of an agency or program with the necessary training and knowledge for homeless people who have suffered bias-incidents inhibits both the coordination of services as well as ongoing physical and mental health care. This gap is emblematic of the way violence against homeless people is treated with less gravity than violence against other groups of people. In fact, neither federal nor New



York State legislative language⁵ include people experiencing homelessness or poor people as a hate crime victim membership groups. [Also, the NYC charter no longer contains Section 439, which used to outline designated hate crime groups.] Without government documentation or prosecution of these violent acts as hate crimes, this form of persecution continues to go unheard and unaddressed.

One of the largest barriers for homeless sex workers who are victims of violent crimes to achieve justice or even to access necessary physical and mental health services is police misconduct. Interactions between sex workers and police officers are often characterized by the same form of harassment and violence that sex workers fear from their clients, often involving inappropriate touching, extortion of sex and rape. Attempts to report crimes to the police consistently result in disregard, harassment, arrest and even violence. Not only does this misconduct place the blame on the victim, but promotes future violence by sending the message that perpetrators can commit crimes against prostitutes without repercussion.⁶

There are currently no gang violence prevention models that address its structural causes—e.g. lack of support, racism and poverty—or are designed to provide gang members needed services, such as housing, physical protection, drug rehabilitation or gang mediation. Furthermore, because of the criminal justice system's punitive and non rehabilitative nature, attempts by the NYPD to prevent gang activity not only do not address, but reinforce the root causes of gang violence. In effect, it is the racist and classist over-policing of certain communities that cause young people to feel disempowered and turn to gang violence.

Although there are services targeted to adolescents in domestic violence relationships, 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 unmet challenges to seeking help.⁷

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 their trauma is illogical and painful, it is a reality for many homeless young mothers.



RECOMMENDATIONS FOR VIOLENCE ISSUES

- ⌚ Establish a program specifically for homeless people who are the victims of hate crimes;
- ⌚ Maintain a government database to track hate crimes and violence against people who are experiencing homelessness;
- ⌚ Monitor incidents of police brutality of homeless people and sex workers;
- ⌚ Establish gang violence prevention programs based on a harm reduction model that address causes of violence such as poverty and institutional racism and provides gang mediation.

REFERENCES

¹ "Hate Crimes and Violence Against People Experiencing Homelessness," National Coalition for the Homeless

² "Illegal to be Homeless 2004 Report," National Coalition for the Homeless, 2004.

³ Focus Adolescent Services, <http://www.focusas.com/Gangs.html>

⁴ "Hate Crimes and Violence Against People Experiencing Homelessness," National Coalition for the Homeless

⁵ NY CLS Penal § 485.05

Defines hate crimes as specified offenses committed against persons intentionally selected "because of a belief or perception regarding the race, color, national origin, ancestry, gender, religion, religious practice, age, disability or sexual orientation" of those persons.

⁶ "Revolving Door: An Analysis of Street-Based Prostitution in New York City," The Urban Justice Center, 2003

⁷ "About Teen Dating Violence," *Break the Cycle*



WELFARE REGULATIONS

For over three years Kathy has been street homeless. She is now 20 years old and living in a temporary shelter for youth. Kathy has struggled on the streets doing what she could to survive. In and out of temporary youth shelters were she stays for up to 90 days she tries to get on her feet by working in part time minimum wage positions in various businesses. However, her employers often became aware of her homelessness and treated her differently. As an adolescent, during this time, this environment felt uncomfortable and made it difficult for Kathy to remain employed. Out of a job and nearing the end of her 90 days in a temporary youth shelter Kathy found herself back out on the streets.

Kathy decided to apply for Public Assistance in January 2003. At the beginning of the 45 day application process, Kathy was given an emergency check of \$18.50 and an appointment for a WEP (Work Experience Program) assignment. Kathy immediately spent the \$18.50 on food and walked to her WEP assignment. After the application was processed Kathy was found eligible for Public Assistance.

In March, Kathy was still out on the streets, awaiting an open bed at a youth shelter. When Kathy became very sick with the flu friends let her stay with them in New Jersey. Kathy stayed there for one week and was able to return to her WEP assignment. One week later Kathy received a letter that her Public Assistance case would be closing because of non-compliance with her work requirement. Kathy brought documentation from a doctor verifying that she was ill during the time that she did not attend the WEP assignment. The HRA worker did not accept the letter. Kathy's public assistance case was closed in April, three months after she had initially applied.

STATEMENT OF THE ISSUE

Under the Welfare Reform Act Of 1996, SNA (safety net assistance) is available for single adults with no children or childless couples. SNA with cash is available for only 24 months in a lifetime. TANF (temporary assistance to needy families) recipients can receive benefits for a maximum limit of 60 months in a lifetime. In addition to time limitations a work requirement was implemented as well. This means if a participant does not comply with work requirements they will not receive public assistance.

Unfortunately, some applicants for public assistance experience what some believe is an unwritten policy of "diversion". Many applicants have felt that they have been illegally discouraged from applying for public assistance by telling the applicant to seek help from other people or organizations. Some applicants claim to have experienced, "misinformation"; workers not accepting applications and telling the applicants that they do not qualify for assistance. In the case of *Reynolds v. Giuliani*, the



Reynolds plaintiffs claimed that Public Assistance Job Centers were preventing people from applying for Medicaid, food stamps, cash assistance and emergency assistance in violation of federal and state statutory and constitutional law. On January 25, 1999 a District Court judge agreed². Unfortunately, these tactics are still being used.

Homeless youth experience many obstacles when applying for public assistance. They need to provide a birth certificate, social security card, proof of residence, immigration status, and proof of how they have been supporting themselves. It is especially difficult for a homeless young person to obtain these documents. When a homeless youth applies for their birth certificate, not only do they have to pay fifteen dollars, (hopefully, they know of an organization to help pay for the document), but it takes at least six weeks to receive it. Public assistance centers have an obligation to the adolescent applicant to assist them in getting the required documentation; however this mandate is often ignored by the public assistance workers. Other barriers faced by homeless youth are discrimination based on their status as a homeless person. Many homeless youth are told that they cannot apply for assistance because they are too young, and must bring in their parent, that they need to have an address in order to get public assistance, or that they should apply at a different center. It is common for workers to misinform applicants about their rights to assistance and their right to a fair hearing procedure. Some youth have reported unpleasant experiences with workers at public assistance centers who will not identify themselves when asked what their name is, not answer their phone, or who will hang up the phone during conversation. Because of the size and nature of the public assistance bureaucracy, important appointment notification letters often arrive after the appointment date. Some homeless youth have reported that they do not feel they can advocate for themselves because of the workers often intimidating approach.

The application process for public assistance generally takes 45 days during which it is determined whether an applicant has been found eligible. Before the applicant leaves the center they are given appointments for both EVR (Eligibility Verification Review) and WEP (Work Experience Program). Applicants must have made less than \$150 in a thirty day period to receive additional emergency monies. The emergency cash allotment for a single person is \$18.50. The next time an applicant will receive any cash is if she/he is found eligible forty-five days from the date of application.

The applicant must attend both of these appointments or their application will be denied. At the EVR appointment applicants answer an array of questions about their financial matters, and complete a finger imaging process. At the WEP appointment applicants are asked about their work abilities and are given a work assignment. The applicant must engage in the WEP assignment for thirty-five hours a week



or be denied for public assistance due to non-compliance. The applicant begins their welfare to work assignment even before they have been found eligible for public assistance.

After processing, the applicant is informed by mail whether they have been found eligible for public assistance. If eligible, the recipient receives a Public Assistance Needs Grant. The budget is broken up into four categories: Cash, Food Stamps, Medicaid, and Shelter Allowance. The following example is based on a single person with no income:

Cash \$137.10 a month; Food Stamps \$139 a month; Medicaid; and Shelter allowance \$215 a month. *(It should be noted that the shelter allowance has not been changed since 1987 and that there is no place in NYC can be rented for \$215 a month. Even SRO's (single room occupancy's) are at least \$400 a month with hardly any vacancies.)*

A homeless youth receiving public assistance is required to work for thirty-five hours every week or their case will be closed, despite the fact that they may not have a safe place to live.

For homeless youth, applying for and receiving welfare can be an endless cycle of improper case closing, sanctions, and discrimination. Despite the difficulties associated with public assistance, it is usually the first step to getting a young person off the streets. In order for an individual to become eligible for subsidized housing they must have a verifiable income and public assistance provides this verifiable income.

SERVICE GAPS

In addition to the lack of adequate public assistance for homeless youth, there is also a need for increased advocacy around these issues. Though there are organizations that provide welfare advocacy, most of these programs service residents in their target/immediate areas, and some will only assist TANF cases (Temporary Assistance to Needy Families). Many of temporary shelters do not have the resources to have public assistance advocates on site.

RECOMMENDATIONS FOR WELFARE SERVICES

- ⌚ Hire and sensitize more workers at the centers to the needs and conditions of adolescents.
- ⌚ WEP assignments should support education and training for adolescents and young adults.
- ⌚ All applicants should receive a pamphlet and/or an explanation for those who cannot read, on their rights and public assistance procedures, phone numbers of their case workers.



- 🕒 All workers should wear a name tag.
- 🕒 Immediate access to translators is needed in all centers.
- 🕒 Increased public education of the benefits of public assistance and food stamps.

REFERENCES

¹“*The Wages of Welfare Reform: A Report on New York City’s Job Centers.*” The Committee on Social Welfare Law, The record of the Association of the Bar of the City of New York (July/August 1999)

² “*Welfare Reform in New York City: The Measure of Success.*” The Committee on Social Welfare Law, The Association of the Bar of the City of New York.



NYC HOMELESS YOUTH SERVICE RECOMMENDATIONS

RECOMMENDATIONS FOR ALTERNATIVES TO INCARCERATION (ATI)

- ⌚ Encourage research to provide needed information about the impact of particular sentencing policies including Alternative To Detention programming on prison populations;
- ⌚ Advocate for an expanded use of ATIs in order to redirect funding from prison re-entry to ATI;
- ⌚ Youth Organization Coalitions across focus areas must begin to coordinate their work by forming multi-discipline consortiums to maximize resources.

RECOMMENDATIONS FOR EDUCATION SERVICES

- ⌚ Outreach by the Department of Education's Students in Temporary Housing Program to youth who are homeless to assist in school enrollment, 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;
- ⌚ Increased literacy programs designed specifically for adolescents and older youth;

RECOMMENDATIONS FOR EMERGENCY HOUSING

- ⌚ Support small crisis shelters in communities throughout the city;
- ⌚ Fund myriad models of services to meet the needs of youth;
- ⌚ Insure residential services are available in communities throughout the city;
- ⌚ Provide adequate funding for agencies to comply with state and federal certification requirements.

RECOMMENDATIONS FOR FOSTER CARE SERVICES

- ⌚ More facilities designed for youth between 16 and 21 such as SILPs and small group homes;



- ⌚ Reserved emergency and transitional beds for foster care youth whose housing resources have failed within to years of discharge;
- ⌚ Aftercare specialists to provide resources to youth for the two years after they have left foster care;
- ⌚ More comprehensive independent living training;
- ⌚ Improved policies governing dress codes, body modification and other forms of non-gang related self-expression for young adults, and
- ⌚ Competitive wages and more comprehensive training for direct care staff working with adolescents.

RECOMMENDATIONS FOR HIV/AIDS SERVICES

- ⌚ Increase number of emergency shelter beds, as well as transitional living and independent living arrangements specifically for youth;
- ⌚ Fund intervention and treatment programs to assist homeless youth with making the transition to a stable living situation, including attending school and holding jobs;
- ⌚ Continue to fund outreach efforts, as well as the community-based organizations to which they are linked, so that at-risk youth can be served.

RECOMMENDATIONS FOR IDENTIFICATION SERVICES

- ⌚ Programs should advocate on a state level to address the stringent state regulations;
- ⌚ Individual programs that have established relationships with their local DMVs should offer their support as a conduit to those agencies that don't;
- ⌚ Strengthen relationships with Department of Motor Vehicles and the Office of Child and Family Services to secure a policy to help homeless youth obtain identification.
- ⌚ Programs should work collaboratively to assist youth in collecting "points" toward their State ID, identifying one agency as the primary agent.

RECOMMENDATIONS FOR SERVICES FOR IMMIGRANT YOUTH

- ⌚ Increased 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;
- ⌚ Make subsidized permanent housing programs accessible to immigrant youth, including those who are undocumented;
- ⌚ Create a legalization program that would allow undocumented youth to obtain legal immigration status in the U.S.

RECOMMENDATIONS FOR SERVICES TO INCARCERATED YOUTH

- ⌚ Examine policies among OCFS, ACS and DOC to allow maintenance of incarcerated youth in the Child Welfare system through their 21st year;
- ⌚ Create half-way house/re-integration programs for youth returning from OCFS facilities and jail/prison who are over the age of 18;
- ⌚ Change the time of release for inmates from Riker's, or open a 24-hour service center in Queens Plaza.

RECOMMENDATIONS FOR JOB DEVELOPMENT AND PLACEMENT SERVICES

- ⌚ Provide educational programs, job readiness and placement opportunities tailored to the unique and broad needs of homeless youth;
- ⌚ Recognize the benefits of, and define the raw marketable skills developed by homeless youth which, when adequately translated and applied, can aid in the employment of homeless youth;
- ⌚ Increase funding for job training programs on the city, state and federal levels;
- ⌚ Increase the number of slots available through the Summer Youth Employment Program (SYEP);
- ⌚ Develop and properly educate partnerships and apprenticeship programs with local industries and unions

RECOMMENDATIONS FOR LEGAL SERVICES

- ⌚ Creation of a legal service program designed to meet the needs of homeless youth. Staffing for the services would include lawyers with expertise in criminal and family law as well as civil and immigration law. There may not be a need for full time attorneys with expertise in each of these areas, but there should be access when it is needed;



- ⌚ Provision of legal rights seminars for youth at service sites. Education seminars on site at programs around the city are needed to teach youth what their rights are, how to access legal services, and how to advocate for themselves. Seminars are also needed to provide technical assistance to social work and other staff at shelters seeking vocational, educational and housing assistance for youth;
- ⌚ Development of legislative watchdog services to monitor federal, state and city legislation for its impact on homeless youth;

RECOMMENDATIONS FOR SERVICES FOR LESBIAN, GAY AND BI-SEXUAL YOUTH

- ⌚ Twenty-five percent of the DYCD dollars available for homeless youth in NYC be dedicated to the minimum of 25% LGBTQ youth comprising the homeless youth population for specific initiatives to improve the shelter and housing conditions of the LGBT youth population. *The city needs to ensure that, at minimum, 100 beds are available to GLBT 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. *So many lgbq youth report being subjected to homophobic harassment and abuse from staff and clients in youth shelters that receive city funding;*
- ⌚ 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;
- ⌚ Also, the City should contract with an outside agency, such as the Anti-Violence Project, to monitor the safety of LGBQ youth in shelters.

RECOMMENDATIONS FOR MEDICAL SERVICES

- ⌚ Expand Health Insurance Coverage to all youth under the age of 21 years old, irrespective of immigration status;
- ⌚ Simplify the Application and Documentation process for health insurance. This should include (a) enrollment-site expansion (e.g., drop-in centers, shelters and mobile medical units) and (b) place homeless youth in fee-for-service, rather than managed care, plans to permit wider access of services. This is especially important considering their transient nature and difficulty utilizing a sole primary care provider;
- ⌚ Develop a Dept. of Health Task Force to focus on the health problems of homeless youth that would work with existing homeless youth health care providers/coalitions;



- ⌚ Improve Awareness to the Medical Community of specific health care issues of homeless populations by incorporating such expanded topics into the curriculums of medical school, residency training programs and medical associations;
- ⌚ Increase Funding to programs that provide medical care to homeless youth, with a focus on expanding mobile medical, shelter medical and drop-in medical.

RECOMMENDATIONS FOR MENTAL HEALTH SERVICES

- ⌚ Fund and provide more supportive housing beds targeted for young people;
- ⌚ Develop more MICA residences willing to work within a harm-reduction framework;
- ⌚ Offer more drop-in/low threshold model services targeted especially to youth;
- ⌚ Establish transitional living programs (TLP's) specifically designed to meet the needs of homeless youth with psychiatric issues; provide on-going support and treatment;
- ⌚ Strengthen relationships and understanding between agencies working with homeless youth and those providing residential mental health treatment;
- ⌚ Assist clients in securing Medicaid so that they will have more treatment options.

RECOMMENDATIONS FOR PARENTING AND CHILDCARE SERVICES

- ⌚ Develop additional housing options for homeless teen parents, especially for two-parent families, and provide comprehensive supportive services at these sites;
- ⌚ Alter welfare reform legislation to enable recipients to pursue an education;
- ⌚ Increase availability of childcare options and support;
- ⌚ Develop educational materials geared specifically to homeless youth parenting needs.

RECOMMENDATIONS FOR PERMANENT HOUSING

- ⌚ Set aside between 3- 5% of the 65,000 units being created through the Mayor's plan for homeless youth between the ages of 18-26 years old;
- ⌚ An independent office called "The Office of Youth Housing" should be created to coordinate services between ACS, DYCD, OCFS, DHS and the non-profit sector to ensure that youth are provided housing and services;



- ⌚ Service Provider Connection: Develop a website or database that explains the entire youth system (gaps and overlaps) and list the most up-to-date resources available;
- ⌚ A funding stream for youth ages 21-26 should be created and used exclusively for permanent housing.

RECOMMENDATIONS FOR STREET OUTREACH SERVICES

- ⌚ Localize and geographically diversify street outreach services by neighborhood, as opposed to borough-wide only;
- ⌚ Sensitize public officials to the comprehensive needs of street outreach services demonstrated by cooperatively participating in a citywide count of homeless youth;
- ⌚ Emphasize the personalized counseling component of Street Outreach, when possible;
- ⌚ Fund community-based multi-service centers as linkages to outreach services.

RECOMMENDATIONS FOR SUBSTANCE USE SERVICES

- ⌚ Create program models for shelter, transitional living programs and permanent housing for youth who currently use drugs;
- ⌚ Integrate harm reduction-based drug education, HIV/ Hepatitis C Virus and overdose education into schools and youth programs as well as homeless youth programs;
- ⌚ Increase drug treatment beds for youth and offer youth specific models for long-term residential drug treatment incorporating a “stages of change” analysis of behavior change processes;
- ⌚ Make homeless youth a special category with expedited access to Medicaid and identification.

RECOMMENDATIONS FOR SERVICES FOR TRANSGENDER YOUTH

- ⌚ All shelters, housing programs, drug treatment, and mental health facilities must adopt policies that will make transgender people feel safe and welcome (i.e. placing people in beds according to the gender they identify as);
- ⌚ Staff and other residents should receive both specific training on the issues/needs of trans youth, as well as ongoing training about how trans youth are affected by other issues. This should include clear guidelines for how peers are expected to treat trans peers and consequences;



- ⌚ All medical providers working with transgender homeless youth, especially street-based settings should undergo training in the needs of trans youth, gender transition, and hormone therapy;
- ⌚ Accessibility to education about hormone therapy, and harm-reduction education about the dangers of street 'mones should be a priority;
- ⌚ Existing education/employment programs should take steps to create safe environments for trans youth;
- ⌚ Develop programs designed specifically to address the obstacles transgender youth face when seeking employment (i.e., implement transgender mentors)

RECOMMENDATIONS FOR TRANSITIONAL LIVING PROGRAMS

- ⌚ Realize and respond to the specific shortage of transitional living beds for youth in New York City;
- ⌚ Provide transitional housing opportunities for populations that have difficulty accessing the current transitional living programs, including ex-offenders, youth with psychiatric histories, active substance users, teen mothers with children, and transgender youth.

RECOMMENDATIONS RELATED TO VIOLENCE

- ⌚ Establish a program specifically for homeless people who are the victims of hate crimes;
- ⌚ Maintain a government database to track hate crimes and violence against people who are experiencing homelessness;
- ⌚ Monitor incidents of police brutality of homeless people and sex workers;
- ⌚ Establish gang violence prevention programs based on a harm reduction model that address causes of violence and provides gang mediation.

RECOMMENDATIONS FOR WELFARE SERVICES

- ⌚ Hire and sensitize more workers at the centers to the needs and conditions of adolescents.
- ⌚ WEP assignments should support education and training for adolescents and young adults.
- ⌚ All applicants should receive a pamphlet and/or an explanation for those who cannot read, on their rights and public assistance procedures, phone numbers of their case workers.



- ⌚ All workers should wear a name tag.
- ⌚ Immediate access to translators is needed in all centers.
- ⌚ Increased public education of the benefits of public assistance and food stamps.



AUTHORS AND AFFILIATIONS INDEX

EDITOR	JAMES BOLAS , EMPIRE STATE COALITION OF YOUTH AND FAMILY SERVICES
ALTERNATIVES TO INCARCERATION	REV. GALE JONES , STREET L.I.F.E. PROJECT
EDUCATION	JENNIFER PRINGLE, ADVOCATES FOR CHILDREN
EMERGENCY HOUSING	MARGO HIRSCH , EMPIRE STATE COALITION OF YOUTH AND FAMILY SERVICES RACHEL FORSYTH , GOOD SHEPHERD SERVICES
FOSTER CARE	NICOLE FEDERICI , LAWYERS FOR CHILDREN
HIV	MARYA GWADZ , PHD, NATIONAL DEVELOPMENT RESEARCH INSTITUTE – INSTITUTE FOR AIDS RESEARCH
IDENTIFICATION	JIM BOLAS, EMPIRE STATE COALITION OF YOUTH AND FAMILY SERVICES
IMMIGRANT YOUTH	SUSAN HAZELDEAN , PETER CICCINO YOUTH PROJECT - URBAN JUSTICE CENTER MARGO HIRSCH , EMPIRE STATE COALITION OF YOUTH AND FAMILY SERVICES
INCARCERATED YOUTH	RACHEL FORSYTH , GOOD SHEPHERD SERVICES
JOB PLACEMENT AND DEVELOPMENT	CARRIE EISERT, WOMEN IN COMMUNITY SERVICE NINA ALEDORT , LMSW, NY PRESBYTERIAN HOSPITAL, PROJECT KISS
LEGAL ISSUES	MARGO HIRSCH , EMPIRE STATE COALITION ANYA MUKARJI-CONNOLLY , URBAN JUSTICE CENTER – PETER CICCINO YOUTH PROJECT OMSHANTI PARNES , ESQ., EMPIRE STATE COALITION
LESBIAN, GAY AND BISEXUAL YOUTH	THERESA NOLAN , GREEN CHIMNEYS; JOEY LOPEZ , ALI FORNEY CENTER
MEDICAL CARE	DR. ALAN SHAPIRO , NEW YORK CHILDREN'S HEALTH PROJECT DR. ANTHONY VAVASIS , CALLEN-LORDE COMMUNITY HEALTH CENTER'S HEALTH OUTREACH TO TEENS (HOTT) PROGRAM
MENTAL HEALTH	SUSAN MANLY , SAFE HORIZON'S STREETWORK PROJECT
PARENTING AND CHILDCARE	KATHLEEN MURRAY , SAFE HORIZON'S STREETWORK PROJECT
PERMANENT HOUSING	MICHELE EICHORN , GREENWICH VILLAGE YOUTH COUNCIL
STREET OUTREACH	JIM BOLAS , EMPIRE STATE COALITION OF YOUTH AND FAMILY SERVICES
SUBSTANCE USE	JOHN WELCH , SAFE HORIZON'S STREETWORK PROJECT – LOWER EAST SIDE
TRANSGENDER YOUTH	KRIS SLESAR, GREEN CHIMNEYS KATE BARNHART, SYLVIA'S PLACE
TRANSITIONAL LIVING PROGRAMS	THERESA NOLAN , GREEN CHIMNEYS
VIOLENCE	THOMAS LAX, PETER CICCINO YOUTH PROJECT KIM FOUNTAIN, NYC GAY AND LESBIAN ANTI-VIOLENCE PROJECT
WELFARE REGULATIONS	KATHLEEN MURRAY , SAFE HORIZON'S STREETWORK PROJECT



NOTES

1