

No Way Home



Understanding the Needs and Experiences of Homeless Youth in Hollywood

Division of Adolescent Medicine, Children's Hospital Los Angeles and the Agencies of the Hollywood Homeless Youth Partnership

November 2010



HOLLYWOOD HOMELESS YOUTH PARTNERSHIP

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Hollywood Homeless Youth Partnership

The Hollywood Homeless Youth Partnership (HHYP) is a collaborative of 8 homeless youth-serving agencies dedicated to preventing and reducing homelessness among youth and young adults, through direct service, training and capacity-building, research, and policy development. The agencies of the HHYP are: Angel's Flight/Catholic Charities, Children's Hospital Los Angeles, Covenant House California, L.A. Gay & Lesbian Center, Los Angeles Youth Network, My Friend's Place, The Saban Free Clinic, and The Way In/Salvation Army. For over a decade, the HHYP has been focused on implementing promising and evidence-based practices and transforming our service delivery system from a trauma perspective. Through the HHYP, a continuum of integrated, trauma-informed services are provided to runaway and homeless youth ages 12 -25, including street outreach, crisis intervention and drop-in services, medical and behavioral health services, emergency shelter, transitional living, and supportive apartments.

Division of Adolescent Medicine, Children's Hospital Los Angeles

The Division of Adolescent Medicine, established at Children's Hospital Los Angeles in 1963, is one of the pioneers in program development, community-based research, and innovative teaching and training in the field of adolescent health. The mission of the Division of Adolescent Medicine is to advance the health and well being of adolescents by integrating health care, health promotion and prevention, youth development, professional education, advocacy, and research and evaluation in response to the needs of young people and their communities. Since the early 1980's the Division has developed model programs for at-risk and vulnerable youth, including homeless youth, youth with HIV, transgender youth, and teen parents. The Division conducts needs assessments, intervention studies, and multi-agency evaluation projects to better understand youth's health needs and barriers to care, and determine the effectiveness of service delivery.

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Questions

For more information on the Hollywood Homeless Youth Partnership or to download other materials, please visit www.hhyp.org. For questions about this report, please contact Mona Desai, MPH at the Division of Adolescent Medicine, at mdesai@chla.usc.edu.

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Introduction

The Hollywood Homeless Youth Partnership (HHYP), a collaborative of eight homeless youth-serving agencies, is releasing this report — *No Way Home: Understanding the Needs and Experiences of Homeless Youth in Hollywood* — at a critical juncture in our ongoing efforts to not only address, but eradicate homelessness experienced by young people. Its release in November, 2010, coincides with California’s first *Runaway and Homeless Youth Month*. This is a time to focus our energy on finding and enacting solutions to youth homelessness in our community, our state, and our nation.

No Way Home builds upon two other recent publications and adds new urgency to the need to coordinate efforts to create a comprehensive response to prevent and end homelessness for all young people. In November 2009 the John Burton Foundation for Children Without Homes and the California Coalition for Youth released their ground-breaking policy report, *Too Big to Ignore: Youth Homelessness in California*, outlining short-term and longer-term policy recommendations and strategies for reducing youth homelessness in our state. This year, the federal government identified unaccompanied youth as a priority population and set forth the goal of preventing and ending homelessness for youth in 10 years, in the comprehensive plan *Opening Doors: the Federal Strategic Plan to Prevent and End Homelessness*. Combined, these detailed and thorough research and policy documents emphasize the need and urgency for specialized and targeted strategies and interventions, along with policy changes, to ensure youth get the housing, stabilization, and supportive services they need.

Over the last four years we have seen an unprecedented change in Los Angeles County’s approach to chronic homelessness. The County Board of Supervisors and the Los Angeles City Council, along with business leaders, faith- and community-based organizations, and civic groups have worked together to secure funding, build housing, and integrate services. The Homeless Prevention Initiative and Project 50, along with new efforts spearheaded by the United Way, are examples of innovative, cost-effective solutions to the problems of chronic homelessness. We hope that the same extraordinary leadership and commitment can be applied to the challenge of preventing and ending youth homelessness in our community.

No Way Home presents findings from an in-depth needs assessment conducted with homeless youth in Hollywood and contributes rich information about the pathways to homelessness for youth; their health status and educational and vocational needs; their service utilization and experiences; and particular risks factors for youth in the dependency and delinquency systems. *No Way Home* offers a set of recommendations for practice improvements and policy changes based on our findings that targets changes in federal programs as well as changes focused on California and the Los Angeles community, and emphasizes the importance of collaborative work across public systems and private agencies. Youth homelessness is a complex issue, and only comprehensive strategies emerging from research and directed at policy changes and practice improvements will give us the tools we need to meet the challenges we face.

We hope that all readers make use of the information in ways that advance our common goal of ending the reality, and tragedy, of youth homelessness. We look forward to a time when no young person is without a home, and when all young people have the resources they need to embark on rich and meaningful lives. This research is a contribution towards this goal.

Acknowledgements

No Way Home: Understanding the Needs and Experiences of Homeless Youth in Hollywood is a collaborative product of the agencies of the Hollywood Homeless Youth Partnership. The principal authors are Susan Rabinovitz, RN, MPH, former Associate Director of the Division of Adolescent Medicine at Children's Hospital Los Angeles (CHLA); Mona Desai, MPH, Senior Health Sciences and Behavioral Health Research Manager at the Division of Adolescent Medicine at CHLA; Arlene Schneir, MPH, Associate Director of the Division of Adolescent Medicine at CHLA; and Leslie Clark, PhD, MPH, Director of Intervention Science at the Division of Adolescent Medicine, and Associate Professor of Pediatrics at the University of Southern California.

The following members of the Hollywood Homeless Youth Partnership (HHYP) were deeply involved in the entire needs assessment process and deserve special recognition:

- Daniel Ballin, LCSW, *Clinical Director*
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My Friend's Place
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- Dylan Gailey, *former Director of Youth Services*
L.A. Gay & Lesbian Center
- Liz Gomez, MSW., *former Executive Director*,
Los Angeles Youth Network
- Paul Gore, PhD, *Director of Behavioral Health*
The Saban Free Clinic
- Lisa Phillips, MFT, *Clinical Director*,
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In addition, the following members of the HHYP executive leadership spent significant time reviewing needs assessment findings and crafting recommendations:

- Lisa de Gyarfas, MS, *Director*, High Risk Youth Program, Division of Adolescent Medicine, CHLA
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My Friend's Place
- Abbe Land, *Co-CEO*, The Saban Free Clinic
- Sylvia LaMalfa, LCSW, *Associate Executive Director*,
Covenant House California
- Curt Shepard, PhD, *Director, Children, Youth and Family Services*, L.A. Gay & Lesbian Center

This needs assessment was conducted under the leadership of key staff from the Division of Adolescent Medicine at CHLA. Susan Rabinovitz oversaw the project and was instrumental in eliciting input and feedback from key public and private agencies for both needs assessment instruments and our final recommendations. Leslie Clark and Mona Desai had primary responsibility for developing the quantitative and qualitative surveys. Ms. Desai also supervised data collection staff and oversaw data analysis.

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Many key stakeholders in the community attended three policy and practice breakfasts where we reviewed preliminary data and reviewed and refined recommendations. Too many people attended the breakfasts to be able to acknowledge them individually, but we would like to thank the following agencies and organizations who contributed so much to the process through their participation: the Alliance for Children's Rights; the Casey Family Programs; the Community Development Commission of the County of Los Angeles; the Corporation for Supportive Housing; the Hollywood Chamber of Commerce; the Hollywood Property Owner's Alliance; the Los Angeles County CEO's office; the Los Angeles County Departments of Children and Family Services, Mental Health, and Probation; the Los Angeles

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Finally, we wish to thank the youth who took the time to share their experiences and perspectives with us. The wealth of information that youth shared through surveys, interviews, and focus groups are the foundation of this report. We hope we have adequately captured the experiences of youth and given them a voice to express their needs and concerns through this report.

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Executive Summary

Homeless street youth have become part of the landscape in most large American cities. Best estimates indicate that between 1.3 and 2.1 million youth in the United States experience homelessness each year.¹ In Los Angeles County alone, data from the 2009 bi-annual homeless count conducted by the Los Angeles Homeless Services Authority (LAHSA) indicate that there are at least 4,200 unaccompanied homeless youth ages 24 and under on the streets of Los Angeles County on any given day, with close to 9,500 unaccompanied homeless youth ages 24 and under living in our community throughout the year.²



For a variety of reasons, most homeless youth are not connected to traditional service systems and often end up in dangerous environments with limited access to resources. Many of them have

fled intolerable home situations, most often due to abuse, domestic violence, parental mental illness or substance use, or have been kicked out or abandoned by their parents or guardians. Some youth come from families too disorganized or too poor to care for them any longer. A significant number of youth experiencing homelessness have prior involvement with the dependency and delinquency systems, and some struggle with significant mental health and substance abuse problems. A significant proportion of homeless youth are gay, lesbian, bisexual, or transgender.

Purpose and Scope of the Needs Assessment

The Hollywood Homeless Youth Partnership (HHYP) is a collaborative of eight (8) homeless youth-serving agencies in Los Angeles County. Formed in 1993, the HHYP works to improve services and outcomes for runaway and homeless youth in the Hollywood community, and integrate planning and service delivery with private and public agencies throughout the County. Through the HHYP, a continuum of integrated, trauma-informed services are provided to runaway and homeless youth ages 12 -25, including street outreach, crisis intervention and drop-in services, medical and behavioral health services, emergency shelter, transitional living, and supportive apartments.

Confronted with the inadequacy of existing data about homeless youth in the Hollywood community, the HHYP secured funding in 2006 from The California Endowment (Grant # 20052902) to design and implement a multi-method needs assessment and disseminate findings and recommendations based on the data. Additional funding was received from The California Wellness Foundation (Grant # 2007-095) in 2007 that allowed us to expand the qualitative component, to focus more specifically on mental health needs and barriers to care, and to develop targeted recommendations for improving mental health services.

We completed surveys with 389 homeless youth in the winter and spring of 2007, using a 120-item audio computer-assisted self-interview (ACASI). To ensure that we had a representative sample of homeless youth, we recruited youth from residential programs, shelters, drop-in centers, and street sites where homeless youth were known to congregate. To supplement the quantitative data, help contextualize findings, and better

¹ Foster, L.K. *Estimating California's Homeless Youth Population* (October 2010), California Homeless Youth Project, California Research Bureau.

² These numbers were generated from data in the *2009 Greater Los Angeles Homeless Count Report*. Retrieved on September 9, 2010 from <http://www.lahsa.org/docs/HC09/Homeless-Count-2009-Report.pdf>; and from M. Silverbush, LAHSA Policy and Planning Analyst, personal communication on September 10, 2010.

understand youth's needs and experiences, we conducted 19 focus groups in the spring of 2008; and 53 qualitative interviews in the summer and fall of 2008.

The HHYP used a participatory research approach for the needs assessment to ensure that findings would inform service and system improvements. A committee of HHYP agency representatives was actively involved in survey development and in reviewing and interpreting data and developing recommendations. We also elicited input and feedback from key public and private agencies for both needs assessment instruments and our final recommendations.

A Profile and Life Experiences of Homeless Youth in Hollywood

Findings from the survey show that homeless youth in Hollywood tend to be English speaking, over 18, and male. Seventy-five percent (75%) were ages 18 to 25; 25% were minors 17 and under. Sixty percent (60%) were male, 32% were female, 5% were transgender, and 3% weren't sure of their gender or used other terms.. Younger youth ages 17 and under were more likely to be female than older youth ages 18-25 (50% vs. 26%). Forty percent (40%) of youth reported their sexual orientation as gay, lesbian, bisexual, or questioning.

According to our data, African American youth were overrepresented in the Hollywood homeless youth population and Latinos were under-represented. Forty-two percent of youth indicated that they were Black/African American; about one quarter were Latino. This ethnic distribution, while significantly different from the overall demographics of Hollywood and Los Angeles County, is consistent with the homeless population of the County, where nearly half (47%) of the total homeless population is Black/African American, and over a quarter (29%) is Latino.³

While slightly over one-quarter of the youth were from outside California or the United States, the majority of those surveyed (56%) had lived in Los Angeles County prior to their first episode of homelessness.

Living Situation of Homeless Youth

A quarter (25%) of the youth had spent the night preceding the survey in a place not meant for human habitation, including the streets, rooftops, abandoned building or squats, alleys, bus stations, train stations, and airports. Most youth had been staying where they had slept the night before they were surveyed for less than a month. Fifty-one percent (51%) of youth had spent at least one night on the street or some other location unfit for human habitation in the 30 days prior to the survey. The mean total amount of time youth had been homeless was 2.8 years.

Victimization While Homeless

Homelessness increases the risk of victimization for youth. One quarter (25%) of the homeless youth surveyed reported being robbed or threatened with a weapon while homeless; one-fifth (21%) reported being a victim of a physical attack; and 13% had been victims of sexual assault (14% of females and 9% of males). In addition, 27% of youth had experienced hate crimes.

Family Breakdown

There are many reasons why youth become homeless. The National Alliance to End Homelessness (NAEH) provides a useful typology, suggesting that the reasons youth leave home can be categorized into two key groupings: family breakdown or system failure. The youth we surveyed reported significant problems within their families. Almost half (45%) had witnessed physical abuse between their parents or caregivers. More than half (56%) reported that their parents drank heavily or had problems with alcohol and 41% reported that their parents used illegal drugs. Some youth reported that they voluntarily left home due to conflicts with parents or stepparents,

³ 2009 Greater Los Angeles Homeless Count Report. Retrieved on September 9, 2010 from <http://www.lahsa.org/docs/HCC09/Homeless-Count-2009-Report.pdf>;

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while other youth reported that they had been kicked out or asked to leave home. The mean age when youth first left home, were removed from home, or were forced out of home was 14.4 years.

Prior studies of homeless youth have found high rates of child abuse and neglect among youth. Our data are consistent with those findings. Sixty-nine percent (69%) of youth were victims of any type of child abuse; 51% were victims of child physical abuse and 23% were victims of child sexual abuse.

Dependency System Involvement

Approximately half (48%) of youth reported involvement with Child Protective Services (CPS) at some point in their lives.⁴ Forty percent (40%) of youth surveyed reported having been removed from their home by CPS. The mean age when youth reported being removed from home by CPS was 9.3 years.

Juvenile and/or Criminal Justice System Involvement

Sixty-nine percent (69%) of homeless youth surveyed had some involvement with the juvenile or criminal justice systems, including arrest, probation, and/or incarceration. Forty-four percent (44%) of youth had a history of incarceration as a juvenile and/or an adult. Sixteen percent (16%) of youth had a history of incarceration as a juvenile; of those with a history of juvenile incarceration, 77% had been incarcerated before they were homeless.



Mental Health Problems

Research shows that homeless youth have more serious mental health problems than their non-homeless peers. In our study nearly half (49%) of the youth met the criteria for clinical depression and 18% met the criteria for post traumatic stress disorder using standardized scales.

Substance Use Problems

Homeless youth report significantly higher rates of alcohol and drug use than non-homeless youth. Fifteen percent (15%) of youth reported hard drug use (cocaine, heroin, and/or methamphetamine) in the past 30 days and about 1 in 10 (12%) reported injection drug use at some point.

Sexual Risk and HIV

Studies show that homeless youth engage in high risk sexual behaviors. Close to one-quarter (23%) of youth who indicated that they had had sex in the last 3 months reported ever being involved in survival sex (sex in exchange for food, money, a place to stay, etc.). More than a quarter (27%) of all females surveyed reported ever being pregnant. Five percent (5%) of all youth reported that they were HIV positive; this increased to 7% for youth ages 18-25.

Educational and Employment Status

Homeless youth often report interrupted education, having been held back in school, receiving remedial or special education, having been suspended or expelled from school, or dropping out. Over one third (35%) of youth reported they had had an Individualized Education Plan (IEP) while in school, suggesting that they had had difficulty learning and functioning in school and had been identified as a special needs student. Less than half of youth under age 18 (47%) reported being in school at the time of survey. Over half (53%) of those over 18 did not have a GED or high school diploma. Almost two-thirds

⁴ Since not all youth were from Los Angeles, we have used the more generic term Child Protective Services or CPS throughout the report to refer to the dependency system.

(63%) of youth age 18 and older were unemployed. Forty percent (40%) of all youth reported engagement in the street economy (i.e., panhandling, shoplifting, trading sex, selling drugs, and/or pimping).

Understanding Differences among Youth

The report points to particular groups of youth who are most at risk for instability, increased risk behaviors, and poorer outcomes. Having spent at least one night on the street in the last 30 days significantly amplifies risks for young people, as does being 18 and older; gay, lesbian, bisexual or transgender; having been involved in the dependency system; or having been incarcerated.

Youth who had slept on the streets or some other location not meant for human habitation in the last 30 days were more likely to be male, older, and white; have a greater number of episodes of homelessness; and be victimized while homeless. These youth were more likely to have experienced child physical abuse and neglect and were more likely to have been removed from home by CPS. They also reported more involvement with the juvenile or criminal justice systems. At the time of the survey, these young people reported more depression and had higher rates of recent substance use. In addition, they were less likely to be enrolled in school and more likely to be unemployed.

Older youth ages 18 through 25 were more likely to have slept on the streets in the last month. They were more likely to report being victimized while homeless; more likely to report ever being incarcerated; and more likely to report alcohol and marijuana use in the last 30 days.

Gay, lesbian, bisexual and transgender youth (GLBT) youth were more likely to have been robbed, physically and sexually assaulted, abused by a partner, and the victim of a hate crime while homeless. These young



people were more likely to have experienced physical and sexual abuse while growing up. Young men who had sex with men (YMSM) were more likely to have been forced into prostitution by a parent or other adult. GLBT youth were also more likely to report hard drug use (cocaine, heroin, and/or methamphetamine) in the last 12 months and involvement in survival sex.

Youth who had been removed from home by CPS were more likely to originate from within the City of Los Angeles. They were more likely to have stayed on the street the night prior to the survey and reported more episodes of homelessness. They were more likely to have been engaged in the street economy, and at the time of the survey were more likely to be unemployed. These youth reported more involvement with the juvenile and criminal justice systems; overall, 25% of homeless youth in our survey reported dual involvement in both CPS and the juvenile justice system.

Youth with a history of incarceration were more likely to be African American, male and to have left their homes at a younger age. They were more likely to have spent the night prior to the survey on the street, and reported more homeless episodes, a longer period of homelessness, and more engagement in the street economy. These youth reported more mental health and substance use problems including hard drug use in the last 30 days and more injection drug use. These youth were more likely to have engaged in survival sex. At the time of the survey they were less likely to be in school and less likely to be employed.

Service Needs, Utilization and Barriers to Care

One of the key goals of this needs assessment was to better understand service needs and utilization among homeless youth in Hollywood, and to identify barriers to care.⁵ The two primary barriers youth reported they faced for all service categories were lack of knowledge of resources and agency “hassles and hoops.” In general, youth were satisfied with the services they received, but still faced critical access barriers. Those at greater risk for not getting the services they needed included youth who had slept on the streets in the past 30 days, older youth ages 18-25, GLBT youth, and system-involved youth.

Housing

Housing is fundamental to youth’s safety, health, and stability. About half of youth surveyed reported using a short-term shelter (2 weeks or less) in the last year, and over a third reported using longer-term housing services (greater than 2 weeks). In nearly a third of the interviews, youth reported significant barriers to finding housing services, including lack of affordable housing, long waiting lists for programs, limited availability of housing programs for youth, the complexity of enrollment procedures, and not knowing the resources that were available to them. Homeless youth with children reported particular challenges finding and maintaining stable housing. Overall, youth were satisfied with the housing services that they received, although youth who had utilized housing programs often struggled with the rules and requirements and found requirements for maintaining sobriety a serious barrier. The challenges youth encountered finding housing services point to the critical need for increased youth-specific housing and new low-barrier housing models for youth.

Mental Health and Substance Abuse Services

Despite the prevalence of mental health and substance abuse problems, utilization of treatment services was relatively low. Youth who had slept at least one night on the streets in the 30 days prior to the survey and older youth were more likely to report needing and not getting help finding a therapist or counselor. Only about one out of ten youth reported receiving services to help them reunify with their families, reflecting perhaps the inappropriateness of reunification given their family situations and the current age of the youth. However, many youth reported that they would have liked more access to family therapy and counseling for their parents who struggled with substance abuse and other problems.

Almost all of the youth reported that they knew how to access mental health services, but that their past negative experiences made them reluctant to seek out services. The majority of the youth participating in interviews and focus groups had had prior experience with counseling or psychiatric services, with a smaller number of youth having had experience with involuntary services, including psychiatric holds, psychiatric hospitalization, and mandatory treatment and medication in placement, jail or prison. Youth felt that providers over-used medication, and their past problems with mandatory medication came up in every one of the focus groups and many of the interviews. In addition, almost all youth who had had substance abuse treatment reported past negative experiences, including mandatory treatment, which contributed to their current reluctance to use these services. Overall, the youth utilizing mental health and substance abuse treatment services provided by HHYP agencies were satisfied with the services they received, and valued the relationship that they had with their therapists and the support provided by agency staff.

⁵ We assessed barriers to care in the following areas: a) knowledge of resources; b) agency “hassles and hoops;” c) transportation; d) agency capacity; and e) age eligibility. We constructed the barrier of “hassles and hoops” by combining several response categories: it was too much of a hassle; I was afraid they would turn me in or report me; I had to jump through too many hoops once I got there; I had to disclose too much personal information; or the agency had too many rules.

Education and Employment

Along with housing, education and employment are critical for youth's long-term stability and success. Overall, youth wanted more help gaining job-related skills and finding employment; in fact, the need for more help finding employment was the greatest unmet service need reported by youth. Youth who had slept on the streets in the last 30 days, GLBT youth, and youth with a history of incarceration reported more problems getting the education and employment-related services they needed. Youth's desire for work and employment-related training reinforces the importance of expanding job-related services responsive to the needs of homeless youth.

In focus groups and interviews, youth expressed strong and often conflicting feelings about the educational and employment services they needed and the barriers they had faced. They felt torn between the need for further education and the desire to find a job and earn money. Youth had a lot to say about employment, reflecting the real difficulties of finding work in this economy and their lack of job-related skills. Lack of transportation was reported as a serious barrier to seeking or maintaining a stable job. Youth reported feeling trapped in an endless cycle between housing and employment – they needed one to get the other and consequently had neither.



Health Care

The most commonly used health care service was HIV testing, followed by testing for sexually-transmitted infections. Dental care was the most commonly cited healthcare service that was needed and not received, most likely due to the scarcity of dental care for uninsured populations. Youth reported minimal barriers to accessing other health care services. Youth who had slept on the streets in the last 30 days and GLBT youth were more likely to report not getting the health care services they needed.

Conclusions and Recommendations for Improving Services and Systems

This report provides in-depth information about homeless youth in Hollywood, and their problems, risk behaviors, system involvement, needs and experiences. When one looks at the lives of homeless young people it is easy to feel discouraged. Without significant changes in housing models and housing capacity, supportive services, and public policy, youth experiencing homelessness will be prone to chronic homelessness and long-term dependence on welfare and other public systems, and youth leaving the dependency and juvenile justice systems will continue to be at risk for homelessness upon release.

It will take political will and resources to end youth homelessness. But we know what needs to be done. We have to proceed armed with the understanding that homeless youth are different from homeless adults, with unique experiences, characteristics, and desires, and that services and programs must be responsive to their developmental needs. We have tested strategies for ending homelessness among the most chronically homeless adults that we can adapt for young people. In addition, there is a significant body of research in youth development and resilience that points to how we can reduce risk behaviors

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in young people and support their positive growth and development. Young people are resilient, and the homeless youth with whom we work amaze us daily with their strengths, creativity, and optimism. Intervention at this stage of their development can significantly alter their risk trajectory.

The report contains 29 specific and technical recommendations for preventing, reducing, and ending youth homelessness. These are organized under four overarching recommendations:

- 1) Homeless youth require stable, secure, and supportive housing that is responsive to their developmental needs. Youth-specific housing programs need to be expanded and low-barrier housing models need to be developed for youth.**
- 2) Homeless youth need to be connected to caring adults, to build life skills and competencies, to complete their education, and to prepare for and find meaningful employment. Programs and services for youth must be expanded, integrated, guided by trauma-informed approaches, and responsive to youth's cultural diversity, gender identity, and sexual orientation.**
- 3) Homeless youth have significant involvement in the dependency and delinquency systems. Policies must be enacted and services designed that prevent youth from entering these systems and ensure that youth leaving them are prepared for independence and do not become homeless.**
- 4) Homeless youth have an urgent need for public and private agencies to coordinate planning and programs at the local, state and federal levels to ensure their successful transition to adulthood. Additionally, youth themselves need to be involved in identifying solutions and recommending policy changes and practice improvements.**

We know that most of our recommendations require increased and dedicated funding, and most of the service improvements require fundamental changes in eligibility criteria, funding streams, and service capacity. Further, we appreciate that we are releasing this report during a major economic downturn when there is increased demand for housing and social services and diminished resources to respond. However, an investment now in ending youth homelessness and in helping youth become productive, contributing members of our society will save us the long-term costs associated with chronic homelessness, worsening mental health and substance abuse problems, welfare dependence, and further incarceration that could result from ignoring the needs of these young people.

We are encouraged by the changes at the federal level. The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act offers new opportunities for serving young people, and the inclusion of youth as a priority population in the Federal Strategic Plan to Prevent and End Homelessness from the United States Interagency Council on Homelessness brings new focus to the issue of youth homelessness. Locally, we are energized by the commitment demonstrated by elected officials, government agencies, the United Way of Greater Los Angeles, business leaders, and the faith community to end homelessness in Los Angeles for the chronically homeless population.

We hope that the findings from this needs assessment help stimulate focus on the serious and often devastating reality that is homelessness among young people. We expect such increased focus will lead to greater resolve to expand the resources we need to prevent and end youth homelessness and strengthen the capacity of public and private agencies to address the needs of youth. We anticipate that increased understanding of the needs and experiences of homeless youth provided through this report and a serious review of our recommendations will assist us in this vital social task.

Section 1: Needs Assessment Design and Methods

The overall goal of this needs assessment was to better understand the needs and experiences of homeless youth in the community, in an effort to improve services and outcomes, reduce barriers to care, and effect changes in mainstream service systems that interface with homeless youth. The more specific objectives of the needs assessment were to:

- Characterize mental health problems, substance use, sexual risk, and juvenile justice and dependency system involvement.
- Characterize perceived agency-level and system-level barriers to care.
- Identify youth satisfaction with and perception of effectiveness of services.
- Develop recommendations for HHYP-based service improvements.
- Develop recommendations for public agency policies and programs to reduce barriers to care.

The HHYP used a participatory research approach for the needs assessment to ensure that findings would inform service and system improvements. A committee of HHYP agency representatives was actively involved in identifying key domains, selecting data elements, crafting data collection tools, designing the sampling strategy, reviewing and interpreting data, and developing recommendations. The committee included staff from HHYP agencies providing street outreach and low-barrier drop-in services; emergency shelter and transitional living for both older youth ages 18-24 and minor youth 17 and under; services to gay, lesbian, bisexual, and transgender (GLBT) youth; and health care and mental health services; as well as research staff from the Division of Adolescent Medicine at Children's Hospital Los Angeles (CHLA). We also elicited input from youth receiving services at HHYP agencies regarding the specific wording of questions and how best to approach sensitive subjects.

The multi-method needs assessment was approved by the Institutional Review Board at Children's Hospital Los Angeles. The quantitative survey was completed with 389 youth in the winter and spring of 2007; 19 focus groups were completed with 137 youth in the spring of 2008; and 53 qualitative interviews were conducted with youth in the summer and fall of 2008.

Quantitative Survey Methods

Sampling and Procedures

Prior to beginning the data collection process, CHLA had extensive meetings with HHYP agencies, including outreach team staff, to fully understand the characteristics of youth using agency services and to identify and map areas in Hollywood where homeless youth congregate.



Section 1: Needs Assessment Design and Methods

Based on the information obtained during these meetings, research staff developed a sampling plan for to ensure that we would get a representative sample of homeless youth, including gay, lesbian, bisexual, and transgender (GLBT) youth.

Three distinct sampling frames were used to recruit youth from (1) fixed residential and shelter service sites; (2) fixed drop-in service sites; and (3) natural street sites where homeless youth were known to congregate. In fixed shelters and residential settings a team of three project staff attempted to enroll all eligible participants. For drop-in sites, venue-specific time frames were created based on high volume utilization periods at the sites (between 15-30 clients), and the project staff approached youth to determine eligibility. “Natural sites” were street corners, highly populated blocks, parks, alleys, bars and fast-food restaurants, identified by local service providers and enumerated by project staff to create venue-specific time frames. A team of three project staff approached all youth they encountered within the specific time frame who appeared eligible to offer screening, and enrolled youth who met eligibility requirements.

The CHLA staff recruited youth at the following agency sites:

- A Brighter Future Program (Hollywood YMCA)
- Covenant House California
- Jovenes
- L.A. Gay & Lesbian Center
- Los Angeles Youth Network
- My Friend's Place
- PATH (People Assisting the Homeless)
- The Saban Free Clinic, Hollywood Site
- Teen Canteen/Traveler's Aid Society of Los Angeles
- The Way In/Salvation Army

Youth were compensated \$2 to complete a four-item screening instrument assessing study eligibility: age, birth year, homeless status, and previous study participation. At service sites, eligible youth were verbally consented and surveyed in a private area within the agency. At natural street sites, eligible youth accompanied project staff to a nearby café or fast food restaurant to complete the consent and survey. Youth were given a \$20 gift card, and set up with headphones and a laptop to complete the audio computer-assisted self-interview (ACASI) survey. Youth completed the survey within 45-60 minutes after which project staff provided youth with referrals to services as needed.

Participants

CHLA research staff recruited runaway and homeless from February to July 2007. Of the 642 prospective participants that were screened, 532 were eligible for the study and 413 completed the survey, yielding a response rate of 78%. Twenty-four surveys were excluded due to data issues, bringing our total sample to 389. Youth were eligible if they were between the ages of 12 through 25 and had been homeless (i.e. living in a shelter, transitional living program, park, abandoned building or “squat,” etc.) or precariously housed (i.e. living in a motel or couch-surfing) in the past year. Youth were assured that willingness to participate would have no influence on their ability to access services at homeless youth-serving agencies.

Thirty-six percent (36%) of youth were recruited from drop-in centers where youth can go to get a meal, shower, crisis intervention and support services and referrals; 23% were recruited from residential programs such as transitional living programs and group homes for homeless minors; 22% were recruited from street locations where homeless youth were known to congregate; 17% were from shelters; and 3% were recruited from a free clinic in Hollywood.

Survey Measures

The 120-item audio computer-assisted self-interview (ACASI) survey included questions about housing history, victimization on the street, mental health and substance abuse problems, sexual behaviors, and service utilization. We used a computer-assisted approach as it allows greater privacy and removes barriers to honest responding, such as embarrassment, feedback from facial expressions of the interviewer, and other social influences.^{6,7} Demographic questions assessed age, self-identified race/ethnicity (White/Caucasian, Black/African American, Latino/Hispanic, Asian/Pacific Islander, American Indian/Alaskan Native), and gender (male, female, transgender male-to-female, transgender female-to-male, unsure, other). Every question in the survey offered a response of “Refuse to Answer” or “Don’t Know” in the event that participants were uncomfortable or could not remember an event.

Survey questions regarding homelessness, sleeping on the street, and engagement in survival sex (sex in exchange for food, money, a place to stay, etc.) were adopted from previous work by researchers in youth homelessness.⁸ Survey questions on sexual risk behaviors, including condom use and number of sexual partners, were adopted from Sumartojo et al.⁹ The 4 questions related to suicidal thoughts and behaviors were taken directly from the CDC Youth Risk Behavior Surveillance Survey.¹⁰ This was done to confirm the validity of the responses and to allow some generalization of data to other populations of youth.

Finally, questions about the use of services by youth were constructed for this project by the data committee, based on existing services for homeless youth, needs of youth, and domains of interest to service providers (e.g., housing, mental health, education, employment and health care). All questions were then vetted with HHYP providers, public agency representatives, and researchers in the field of youth homelessness.

Specific standardized scales were also included:

- **Post-Traumatic Stress Disorder Reaction Index:** To assess post-traumatic stress reaction, the survey included 22 questions from the Child PTSD Reaction Index (PTSD-RI),¹¹ one of the mostly widely used measures in childhood PTSD research.
- **Center for Epidemiological Studies Depression Scale:** Symptoms of depression were assessed using a modified form of the Center for Epidemiological Studies Depression Scale (CES-D).¹²
- **Bolland Hopelessness Scale:** To assess youth’s feelings of hopelessness and their future expectations the survey included questions from the Brief Hopelessness Scale¹³ from Bolland (6 items) and 3 additional items.
- **Multidimensional Scale of Perceived Social Support:** To assess the adequacy of social support from family and friends the survey included the 12 questions from the Multidimensional Scale of Perceived Social Support.¹⁴

⁶ Gribble, J.N., Miller, H.G., Rogers, S.M., & Turner, C.F. (1999). Interview mode and measurement of sexual behaviors: Methodological issues. *Journal of Sex Research, 36*, 16-24.

⁷ Kalichman, S.C. (1998). *Preventing AIDS: A sourcebook for behavioral interventions*. Mahwah, NJ: Lawrence Erlbaum Associates.

⁸ Kipke, M.D., O’Conner, S., Palmer, R., & MacKenzie, R.G. (1995). Street youth in Los Angeles: Profile of a group at high risk for human immunodeficiency virus infection. *Archives of Pediatrics & Adolescent Medicine, 149*, 513-519.

⁹ Sumartojo, E., Lyles, C., Guenther-Grey, C., Choi, K., Clark, L.F., Collins, C., Lin, L., & Peterson, J. (2008). Predictors of HIV testing in a US national sample of men who have sex with men. *AIDS Care, 20*, 1-14.

¹⁰ Centers for Disease Control and Prevention. (2009). *Youth risk behavior survey*. Retrieved 9/18/2006 from: www.cdc.gov/yrbss.

¹¹ Pynoos, R., Rodriguez, N., Steinberg, A., Stuber, M., & Frederick, C. (1998). *UCLA PTSD Index for DSM-IV*.

¹² Melchior, L.A., Huba, G.J., Brown, V.B., & Reback, C.J. (1993). A short depression index for women. *Educational and Psychological Measurement, 53*(4), 1117-1125.

¹³ Bolland, J.M., Lian, B.E., & Formichella, C.M. (2005). The origins of hopelessness among inner-city African-American adolescents. *American Journal of Community Psychology, 36*, 293-305.

¹⁴ Canty, M.J., Mitchell, J. & Zimet, G. D. (2000). Psychometric Properties of the Multidimensional Scale of Perceived Social Support in Urban Adolescents. *American Journal of Community Psychology, 28*(3), 391-400.

Section 1: Needs Assessment Design and Methods

Analysis

SPSS v.16 was the statistical programming package used for all analyses. Independent sample t-tests and Pearson chi-square tests were used to identify statistically significant differences by age, gender, race/ethnicity, sexual orientation, involvement in the dependency system, incarceration, and having slept on the street in past 30 days. Responses that were missing, refused, or unknown, or otherwise skipped were removed from the respective analyses.

Qualitative Methods

Focus Groups

During the period of March through June 2008, we conducted nineteen (19) focus groups with 137 youth. Groups were held in five separate agencies in eight different locations – Covenant House California; L.A. Gay & Lesbian Center (LAGLC), which has 2 sites - Jeff Griffith Drop-In Center and the Transitional Living Program; Los Angeles Youth Network, which has 3 sites - Gower Emergency Shelter, Taft House and Beachwood Group Home; My Friend's Place drop-in center; and The Way In drop-in center. Youth were also asked to complete a brief survey to capture their demographic information (including age, ethnicity, and where they had slept the previous night). These data were entered into SPSS and used to create a demographic profile of youth who participated in the groups. Youth were paid \$5 for participating in a focus group.

Qualitative Interviews

Fifty-three (53) qualitative interviews with youth were conducted between June and October, 2008. Interviews with youth took place at the same eight locations where the focus groups took place. Youth were recruited by the research staff and referred by agency staff. Youth received \$20 for participating in an interview.

Analysis

All focus groups and interviews were digitally recorded. The recordings were transcribed, and the transcripts were entered into a qualitative data analysis software program (QSR N6). The transcripts were then coded for key themes that emerged. A coding scheme was developed based on a review of 2 to 3 transcripts. Key themes were noted in each of the topic areas covered: housing, mental health, education, and employment. Each transcript was then coded using the coding scheme developed by research staff. Five focus group and five interview transcripts were double-coded to ensure accuracy of coding among data analysts. Agreement between the coders was determined and inter-rater reliabilities were calculated. Inter-rater reliability ranged from 78% to 89%. Reports were then generated based on the coding scheme and were summarized to provide a clear picture of what youth shared during focus groups and interviews.

Findings

This report, *No Way Home: Understanding the Needs and Experiences of Homeless Youth in Hollywood*, summarizes findings from both the quantitative and qualitative components of the assessment, presents youth perceptions of barriers to care, and provides recommendations for improving service delivery and promoting positive outcomes for youth. For comparisons among youth, only statistically significant differences ($p < 0.05$) are reported.

Section 2: A Profile of Homeless Youth in Hollywood

Homeless street youth have become part of the landscape in most large American cities, and are found in urban, suburban, and rural communities throughout the United States. Yet it is difficult to know how many youth are experiencing homelessness due to different definitions of homelessness, different age ranges of youth, and the source and methods used to count youth. It is estimated that between 1.3 and 2.1 million youth experience homelessness each year in the United States.¹⁵

Our needs assessment looked at the demographics of homeless youth in Hollywood and their current living situation, experiences on the street, system-involvement, education and employment status, mental health problems and substance use, sexual risk, and service needs and utilization. Our needs assessment did not attempt to enumerate the number of homeless youth in Hollywood, given the complexity of determining the numbers of unique homeless individuals. The bi-annual homeless count from the Los Angeles Homeless Services Authority (LAHSA) provides some information about the number of homeless youth in Los Angeles.¹⁶ In 2009, the LAHSA homeless census generated a point-in-time estimate of 638 unaccompanied homeless youth less than 18 years old (2% of the entire homeless population),¹⁷ with an annual projection of 1,437.¹⁸ The 2009 point-in-time estimate for unaccompanied homeless youth ages 18-24 was 3,572 youth, with an annual projection of 8,046 youth.¹⁹ Thus, according to the LAHSA data, there

are at least 4,200 unaccompanied homeless youth ages 24 and under on the streets of Los Angeles County on any given day, with close to 9,500 unaccompanied homeless youth ages 24 and under living in our community throughout the year. The point-in-time and annual estimates of homeless youth in Los Angeles decreased between the 2007 and 2009 periods.²⁰

To ensure that needs assessment findings would be useful for diverse stakeholders, including community based agencies, public agencies, and policy makers, we analyzed and compared the data for different groups of youth, specifically: 1) minors ages 17 and under and older youth ages 18 through 25; 2) African American youth and non-African American youth; 3) gay, lesbian, bisexual, and transgender (GLBT) youth and non-GLBT youth; 4) youth who had slept on the streets or some other location not meant for human habitation in the last 30 days and those who had not; 5) youth with a history of involvement in the dependency system and those who had never been involved; and 6) youth with a history of incarceration and those who had never been incarcerated.

Throughout the report, differences between groups of youth are only reported when statistically significant at the $p < 0.05$ level. It is important for the reader to keep in mind that while we tried to get a representative sample of homeless youth ages 12 through 25 in the Hollywood community through our sampling plan, it is possible that our results are not truly representative of all homeless youth in the community.

A dashboard of key findings from this section is included at the end of the report on page 64.

¹⁵ Foster, L.K. *Estimating California's Homeless Youth Population* (October 2010), California Homeless Youth Project, California Research Bureau.

¹⁶ LAHSA conducts a bi-annual homeless count as part of the requirement from the U.S. Department of Housing and Urban Development (HUD) for federal housing and homeless services funding. The Los Angeles Continuum of Care (CoC) count excludes the cities of Glendale, Pasadena, and Long Beach who do their own counts; thus, all numbers cited from LAHSA in this report are specific to the Los Angeles CoC.

¹⁷ Los Angeles Homeless Services Authority. (2009). *2009 Greater Los Angeles Homeless Count Report*. Retrieved on September 9, 2010 from <http://www.lahsa.org/docs/HC09/Homeless-Count-2009-Report.pdf>

¹⁸ M. Silverbush, LAHSA Policy and Planning Analyst, personal communication, September 10, 2010.

¹⁹ M. Silverbush, LAHSA Policy and Planning Analyst, personal communication, September 10, 2010.

²⁰ The overall homeless census for the Los Angeles CoC showed a 38% decrease between 2007 and 2009, as did the counts from many other communities in the United States. The point-in-time estimate for minor youth decreased 50% between 2007 and 2009, and the point-in-time estimate for youth ages 18-24 decreased 32%. LAHSA posits that many factors contributed to this decline – for more information please refer to the 2009 Greater Los Angeles Homeless Count and the memo from the University of North Carolina Survey Research Unit from 11/2/09 posted on the LAHSA website (http://www.lahsa.org/homelessness_data/reports.asp). Retrieved September 9, 2010.

Demographics of Homeless Youth in Hollywood

Data from the survey indicated that homeless youth in Hollywood were primarily English speaking, over 18, and male. The prevalence of adult males mirrors the overall homeless population from the 2009 LAHSA count, where adult men represented 60% of the total homeless population.²¹ Seventy-five percent (75%) of youth we surveyed were ages 18-25; 25% were minors 17 and under. Sixty percent (60%) were male; 32% were female, 5% were transgender, and 3% weren't sure of their gender or used other terms. Minor youth ages 12-17 were more like to be female than older youth ages 18-25 (50% vs. 26%). (See Table 1.) Forty

percent (40%) of youth reported their sexual orientation as gay, lesbian, bisexual, or questioning. Other studies of homeless youth have found prevalence estimates of gay, lesbian, bisexual and transgender (GLBT) youth ranging from 11 to 35 percent.²²

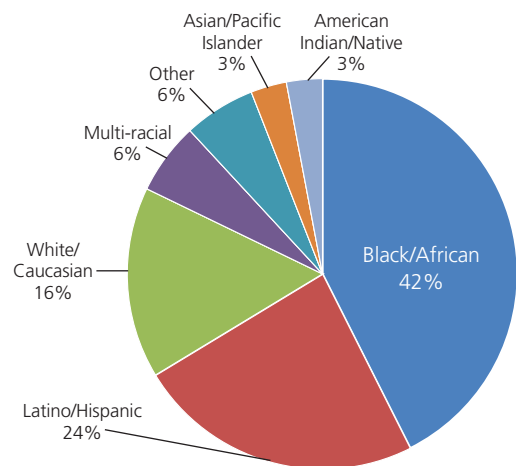
Disproportionate Representation of African American Youth

African American youth are overrepresented in the homeless youth population in Hollywood. When asked about race, 42% of our sample indicated that they were Black/African American; about one quarter (24%) were Latino, and 16% were Caucasian (see Figure 1). There were no differences in ethnicity among homeless

Table 1. Demographic Characteristics of Youth

Demographic	Percentage	
Age (n=389)	12-14	4%
	15-17	21%
	18-20	35%
	21-25	40%
Gender (n=389)	Male	60%
	Female	32%
	Transgender	5%
	Unsure/Questioning	2%
	Other terms	1%
Primary Language (n=389)	English	89%
	Spanish	9%
	Other Language	2%
Sexual Orientation (n=369)	Straight	61%
	Gay or Lesbian	23%
	Bisexual	13%
	Not sure or undecided	4%

Figure 1. Race and Ethnic Breakdown of Youth (n=386)



²¹ Los Angeles Homeless Services Authority. (2009). 2009 Greater Los Angeles Homeless Count Report. Retrieved on September 9, 2010 from <http://www.lahsa.org/docs/HC09/Homeless-Count-2009-Report.pdf>

²² Toro, P.A., Dworsky A., & Fowler, P.J. Homeless youth in the United States: Recent research findings and intervention approaches. Retrieved September 15, 2010 from <http://aspe.hhs.gov/hsp/homelessness/symposium07/toro/index.htm#Risky>

youth based on age. This disproportionate representation of African-Americans is mirrored in the overall homeless population in Los Angeles, where nearly half (47%) of the total homeless population were Black/African American, over a quarter (29%) were Hispanic/Latino, and nearly a quarter were White/Caucasian.²³ However, this ethnic distribution is significantly different from the overall demographics of Los Angeles County, where, according to 2009 US Census data, 9.3% of the population is African American and 48% is Hispanic/Latino.²⁴ Studies in some communities have found similar differences between the racial and ethnic composition of the local youth population and the racial and ethnic composition of the homeless youth population, while other studies have found that the racial and ethnic composition of the homeless youth population reflects that of the local youth population.²⁵

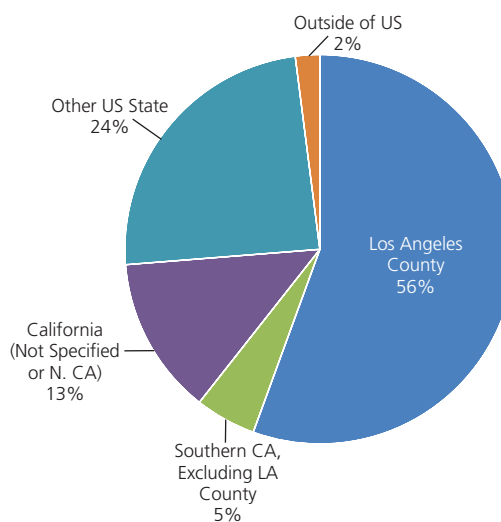
There has been a significant shift in the ethnic distribution of homeless youth in Hollywood. In an earlier survey conducted by CHLA in the early 1990s, 51% of youth identified as Caucasian, 20% as African American, and 16% as Latino.²⁶ The experiences of direct service staff confirm that the demographics of homeless youth in Hollywood have changed – HHYP providers have noted that they are serving more African American youth from South Los Angeles and fewer Caucasian youth from

outside of Los Angeles. We do not know what accounts for this significant demographic shift. It's possible that increases in community violence or changes in economic conditions, the availability of community resources, or policies or practices in agencies or public systems have contributed to this shift. However, it does point to the need for regular systematic sampling of homeless youth to ensure that services can be appropriately targeted.

Where Youth Lived Prior to Becoming Homeless

While slightly over one-fourth (26%) of the youth were from outside California or the United States, the majority of youth surveyed (56%) lived in Los Angeles County before their first episode of homelessness (see Figure 2 below).

Figure 2. Location Prior to First Episode of Homelessness (n=356)



²³ Los Angeles Homeless Services Authority. (2009). 2009 Greater Los Angeles Homeless Count Report. Retrieved on September 9, 2010 from <http://www.lahsa.org/docs/HCO9/Homeless-Count-2009-Report.pdf>

²⁴ US Census Bureau State and County QuickFacts, Retrieved September 9, 2010 from <http://quickfacts.census.gov/qfd/states/06/06037.html>

²⁵ Toro, P.A., Dworsky A., & Fowler, P.J. Homeless youth in the United States: Recent research findings and intervention approaches. Retrieved September 15, 2010 from <http://aspe.hhs.gov/hsp/homelessness/symposium07/toro/index.htm#Age>

²⁶ Kipke, M. & Iverson E. AIDS Evaluation of Street Outreach Project (AESOP): A profile of street youth in Hollywood. (1997). Los Angeles, CA: Division of Adolescent Medicine, Childrens Hospital Los Angeles.

Section 2: A Profile of Homeless Youth in Hollywood

Table 2. Location Prior to First Episode of Homelessness

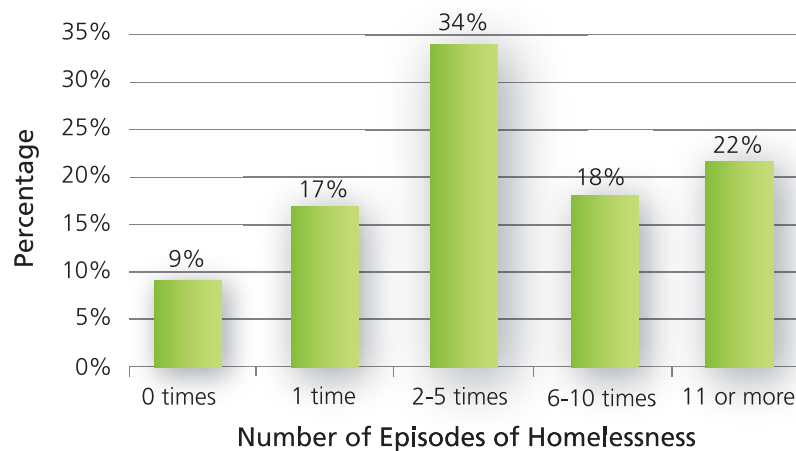
Location prior to First Episode of Homelessness	Percent Under 18 (n=87)	Percent Age 18+ (n=269)	Percent Overall (n=356)
Hollywood or Los Angeles City	44%	35%	37%
Los Angeles County (Non-City)	22%	17%	18%
Southern California, Excluding Los Angeles County	8%	4%	5%
California (Not Specified or Northern CA)	15%	13%	13%
Other US State	10%	28%	24%
Outside of US	1%	3%	2%

Younger homeless youth under age 18 were more likely to be from California (89%) compared to older youth ages 18-25 (69%). (See Table 2 above for more details.)

The mean age when youth first left home, were removed from home, or were forced out of home was 14.4 years (range = 1-24 years). The mean total amount of time youth were homeless was 2.8 years (range = 0 -19 years). Minor youth were more likely to have become homeless

at a younger age (13.3 years) compared to older youth (14.7 years) and their mean total amount of time homeless was less (1.7 years vs. 3.1 years). In addition, 40% of youth surveyed reported 6 or more episodes of homelessness, with over one-fifth of youth reporting 11 or more episodes of homelessness. (Figure 3 documents the total number of times youth reported being homeless in their lifetime.)

Figure 3. Data on Number of Episodes of Homelessness (n=389)*



*Youth were asked "What is the total number of times you have run away or have been homeless? Include times when you were living in a shelter." While we surveyed youth who met our criteria for homeless or precariously housed, some of these youth did not consider themselves homeless; 9% of youth surveyed reported that they had never had an episode of homelessness.

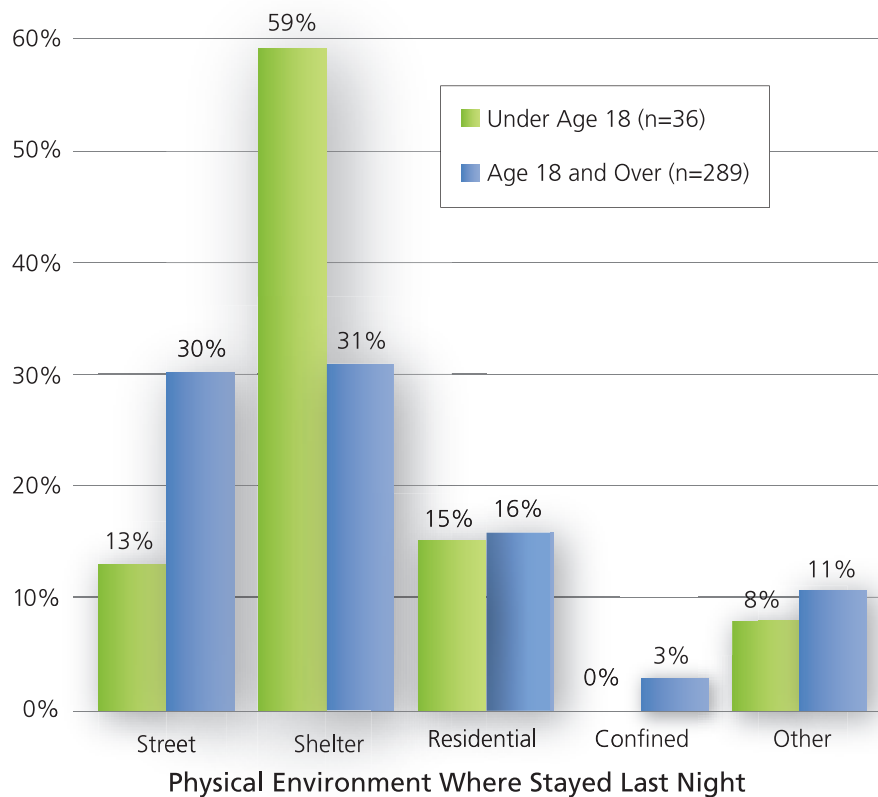
Current Living Situation of Homeless Youth

A quarter of homeless youth (25%) had spent the night preceding the survey on the streets or a location not meant for human habitation, including a rooftop, park or alley (17%), in an abandoned building or squat (6%), or sitting in a bus station, train station, or airport (2%). Overall, youth reported sleeping in the following locations the night preceding the survey: 31% in a shelter, including in a shelter on their own (29%) or a shelter with their parent or guardian (2%); 25% on the street or in a park, alley, bus station or squat; 16% in a residential living program; 15% at a hotel or motel or on someone’s couch; 8% at their parents’ home; 3% in an “other” place; and 2% confined in institutional settings. There were differences between minors and older

youth in terms of where they had spent the night preceding the survey. Minors were more likely to have stayed in a shelter and older youth were more likely to have stayed on the streets or been confined to an institutional setting (see Figure 4 below).

Given how much variability there was in where youth stayed and how frequently their living situation changed, we analyzed our data to understand the degree of “street involvement” of youth, looking at both where they had slept the night previous to the survey and whether they had slept on the streets or some location not meant for human habitation in the past 30 days. Fifty-one percent (51%) of youth surveyed had spent at least one night on the street or some other location unfit for human habitation in the last 30 days. Significant differences were found by age and gender. Older youth ages 18-25

Figure 4. Physical Environment Where Stayed Last Night Broken Down By Age*



*“Other” includes youth who stayed in a parents/caregivers residence and youth who marked “Other” and did not specify. “Shelter” includes youth shelter, shelter with family, staying in a hotel/motel and “doubled up” with friends.

“You know, safe places to sleep, finding safe places to squat at, is a lot of people’s number one concern...The far second concern [is] probably safety, being safe from other people that live on the street. ‘Cause there’s a lot of reckless, dangerous people.”

— White, Male, Age 24

were more likely to have slept on the street or some other location not meant for human habitation in the past 30 days compared to younger youth (53% vs. 44%). Similarly, males were more likely to have slept on the street or some location not meant for human habitation in the past 30 days compared to females (54% vs. 40%). Even so, close to two-thirds (61%) of youth had stayed in a shelter, group home, or transitional living program at least once in the last 30 days.

Homeless youth experience significant instability in their living situations. Most youth had been staying where they had slept the night before they were surveyed for less than a month, and over half of youth (58%) youth reported changing their type of living situation (e.g., bus stations, abandoned buildings or squats, shelters, transitional living programs or couch-surfing) at least 4 times in the last year. Youth who were staying in a residential program (excluding shelters) the night before the survey reported greater stability. Approximately one quarter (24%) of youth staying in residential programs had been there for more than 6 months.

The lack of suitable, age-appropriate living situations for youth emerges as one of the key findings from the needs assessment, and one of our key recommendations is to ensure that housing resources are expanded and homeless youth are provided with stable, secure, and supportive housing that is responsive to their developmental needs.

Victimization While Homeless

Victimization

Youth who are homeless are much more likely to be victimized than their non-homeless peers.²⁷ In our study, nearly one quarter of youth reported being robbed (24%) or threatened with a weapon (24%) during the time they were homeless. One-fifth (21%) reported being a victim of a physical attack and 13% had been victims of sexual assault (14% of females and 9% of males) while homeless. Seven percent (7%) of youth reported being forced into prostitution and 9% indicated that they had been forced into selling drugs. In addition, 27% of youth had experienced hate crimes (18% due to their race, 14% due to their sexual orientation and 10% due to their gender identity). Over a third (39%) reported being harassed by the police. In addition, one-third (33%) of youth reported they had carried a weapon for protection since becoming homeless.

Significant Subgroup Differences

Older youth ages 18-25 were over twice as likely as youth under the age of 18 to report being robbed (27% vs. 12%). Older youth were also more likely to have been physically assaulted (25% vs. 9%) and threatened with a weapon (27% vs. 14%) compared to youth under the age of 18.

GLBT youth were more likely than other youth to be robbed (29% vs. 21%), physically assaulted (28% vs. 18%), and sexually assaulted or raped while on the streets (22% vs. 7%). GLBT youth were more likely to have been a victim of a hate crime due to sexual orientation (33% vs. 3%) or gender identity (19% vs. 5%) compared to non-GLBT youth. Finally, more GLBT youth indicated they had been harassed by police than did other youth (49% vs. 35%).

²⁷ Stewart, A.J., Steiman, M., Cauce, A.M., Cochran, B.N., Whitbeck, L.B., & Hoyt, D. (2004). Victimization and posttraumatic stress disorder among homeless adolescents. *Journal of the American Academy of Child Psychiatry, 43*(3), 325–331.

Partner violence

Little is known about the prevalence of intimate partner violence (IPV) among homeless youth. The only study that specifically looked at IPV in homeless youth found a lifetime prevalence of 30.0%-35.4%, including verbal and physical abuse.²⁸ Intimate partner violence was common among homeless youth in our survey. At least 1 in 5 youth (21%) reported having been a victim of partner violence including verbal abuse (19%), physical abuse (10%), and/or sexual assault (11%) since becoming homeless.

Significant Subgroup Differences

Youth age 18 and over were more likely to have been physically abused (12% vs. 5%) or verbally abused (22% vs. 10%) by a partner than younger youth. GLBT youth were much more likely to have experienced physical abuse by a partner (16% vs. 8%), and were over two times more likely to have been the victim of verbal abuse by a partner (29% vs. 14%) and to have been forced to have sex with their partner (17% vs. 7%) compared to non-GLBT youth. Young men who had sex with men (YMSM) were over five times more likely to have been forced to have sex with their partner than young men who did not have sex with men (17% vs. 3%). There were no significant differences found in reports of partner violence based on the gender of respondents.

Gang Involvement of Homeless Youth

A quarter (25%) of youth had a history of gang membership and 15% reported current involvement in a gang. The majority of youth involved in gangs reported that they were in a gang before they became homeless. Only 9% of those involved in a gang joined the gang after becoming homeless.

Significant Subgroup Differences

No difference was found between older and younger youth in terms of lifetime gang membership. However, of those youth who indicated they had ever been in a gang, youth under the age of 18 were more likely to report current gang membership compared to youth age 18 and over (76% vs. 52%). African American youth were over twice as likely to ever have been a member of a gang compared to non-African American youth (35% vs. 17%). There were no differences found by gender or GLBT status.

Education and Employment Status of Homeless Youth

Education Status

Homeless youth often report interrupted education, being held back in school, having received remedial or special education, having been suspended or expelled from school or dropping out.^{29,30} Slightly over one quarter (28%) of youth reported being in school at the time of survey. About half (47%) of those under 18 and only 21% of those 18 and over were in school. Over half (53%) of those over 18 did not have a GED or high school diploma.

²⁸ Slesnick, N., Erdem G., Collins J., Patton R., & Buettner, C., (2010). Prevalence of intimate partner violence reported by homeless youth in Columbus Ohio. *Journal of Interpersonal Violence*, 25(9), 1579-1593.

²⁹ Tierney, W.G., Gupton, J.T., & Hallet, R.E. (2008). *Transitions to adulthood for homeless youth: Education and public policy*. Los Angeles, CA: USC Center for Higher Education Policy Analysis.

³⁰ Toro, P.A., Dworsky A., & Fowler, P.J. *Homeless youth in the United States: Recent research findings and intervention approaches*. Retrieved September 15, 2010 from <http://aspe.hhs.gov/hsp/homelessness/symposium07/toro/index.htm#Difficulties>

Section 2: A Profile of Homeless Youth in Hollywood

Homeless youth reported attending an average of 6 schools in their lifetime (range of schools attended = 0-23). Homeless youth also reported facing a variety of barriers while in school. Approximately one third (35%) reported that they had an Individualized Education Plan (IEP) while in school, suggesting that they had had difficulty learning and functioning in school and had been identified as a special needs student, and 34% reported they were in Special Education while in school. Slightly over one quarter (26%) reported that they had been told they had learning disabilities. In addition, 42% reported trouble paying attention in school, 36% reported having trouble getting along with teachers or peers, and 22% reported trouble reading and/or writing while in school.

Employment Status and Sources of Income

Almost two-thirds (63%) of youth age 18 and older were unemployed (see Table 3). Only 4% of youth age 18 and older were involved in vocational training or internships. Youth were asked about their sources of income in the previous 30 days. Forty percent (40%) of youth reported engagement in the street economy (i.e., receiving income through illegal activities including panhandling, shoplifting, trading sex, selling drugs, and/or pimping). In addition, 44% reported income from family, friends

and/or a partner in the past 30 days. Other sources of income support youth reported during the past 30 days included:

- 19% received Food Stamps.
- 13% received General Relief (G.R.).
- 6% received Supplemental Security Income (SSI).
- 4% received welfare or CalWORKS.
- 3% received unemployment compensation.
- 2% received WIC.

Significant Subgroup Differences

Young men were more likely to be unemployed than young women (64% vs. 55%). Fewer African American youth were unemployed compared to non-African American youth (58% vs. 63%).

Mental Health and Substance Abuse Problems of Homeless Youth

Mental Health Status of Youth

Research shows that homeless youth have more serious mental health problems than their non-homeless peers.^{31,32} In prior studies, rates of serious disorders among homeless

Table 3. Employment Status by Age

Employment Status	Percentage Overall (n=386)	Percentage Under 18 (n=94)	Percentage Age 18+ (n=292)
Employed: full-time/ part-time job	22%	18%	23%
Unemployed	60%	54%	63%
Earning money doing odd jobs	10%	9%	10%
Too young to be employed	5%	18%	1%
Vocational Training/Internship	3%	1%	4%

³¹ Unger, J.B., Kipke, M.K., Simon, T.R., Montgomery, S.B., Iverson, E.F., & Johnson, C.J. (1997). Homeless youth and young adults in Los Angeles: Prevalence of mental health problems and the relationship between mental health distress and substance abuse disorders. *American Journal of Community Psychology, 25*(3), 371-394.

³² Cochran B.N., Stewart A.J., Ginzler J.A., & Cauce A.M. (2002). Challenges faced by homeless sexual minorities: Comparison of gay, lesbian, bisexual, and transgender homeless adolescents with their heterosexual counterparts. *American Journal of Public Health, 92*(5), 773-777.

youth, assessed using standardized instruments and diagnostic criteria, have ranged from 19 to 50 percent.³³ In our study nearly half (49%) of youth met the criteria for clinical depression using the CES-D, and 18% met the criteria for PTSD using the UCLA PTSD-RI. In addition,

- 16% indicated that they had been admitted to a psychiatric hospital for treatment.
- 16% reported being diagnosed with bipolar disorder and 6% reported being diagnosed with schizophrenia.
- 14% reported serious thoughts of suicide at some point in their life and 8% reported one or more suicide attempts.
- Nearly a third of the youth (31%) reported self-injurious behavior at some point in their life.

Significant Subgroup Differences

African American youth were less likely to be admitted to a psychiatric hospital for treatment than non-African American youth (11% vs. 20%). They were less likely to have engaged in self-injurious behaviors than non-African American youth (21% vs. 37%); the majority of youth who did engage in self-injurious behavior were Caucasian. GLBT youth were almost twice as likely to report having been diagnosed with a bipolar disorder compared to non-GLBT youth (23% vs. 12%). YMSM were over twice as likely to report having been diagnosed with a bipolar disorder than young men who did not have sex with men (24% vs. 10%), and YMSM were twice as likely to report having been admitted to a psychiatric hospital for treatment compared to young men who did not have sex with men (24% vs. 12%). While other studies have reported significantly higher rates of major depression, PTSD, suicide ideation, and suicide attempts among

GLBT youth compared to non-GLBT youth,³⁴ the differences we found between GLBT youth and non-GLBT youth for these disorders and behaviors were not statistically significant.

Substance Use

Homeless youth report significantly higher rates of alcohol and drug use than their non-homeless peers.^{35,36} Youth were asked about their substance use in the past 30 days, past 12 months, and lifetime injection drug use. Slightly over half (51%) of the entire sample had used alcohol in the past 30 days and 38% had used marijuana in the past 30 days. About 1 in 10 (12%) reported prior and/or current injection drug use. Fifteen percent (15%) reported hard drug use (cocaine, heroin, and/or methamphetamine) in the past 30 days; 22% reported hard drug use in the last 12 months.

Significant Subgroup Differences

Not surprisingly, youth ages 18 and over were more likely to have used alcohol (53% vs. 40%) and marijuana (40% vs. 31%) in the last 30 days compared to youth ages 17 and under. African American youth were less likely to report hard drug use (cocaine, heroin, and/or methamphetamine) in the last 30 days compared to non-African American youth (9% vs. 21%). GLBT youth were more likely to have used hard drugs in the last 12 months than non-GLBT youth (30% vs. 19%); no significant difference was found for their hard drug use in the last 30 days. YMSM were almost three times more likely to have used methamphetamine in the last 12 months than other young men (34% vs. 12%).

³³ Robertson, M.J., & Toro, P.A. (1999). Homeless youth: Research, intervention, and policy. In Fosburg, L.B., & Dennis, D.B. (Eds.) *Practical lessons: The 1998 National Symposium on Homelessness Research*. (pp. 3.1-3.32). Department of Housing and Urban Development, Washington, DC. and Office of Policy Development and Research.; Department of Health and Human Services, Washington, DC.

³⁴ Whitbeck, L.B., Chen, X, Hoyt, D.R., Tyler, K.A., and Johnson, K.D. (2004). Mental disorder, subsistence strategies, and victimization among gay, lesbian, and bisexual homeless and runaway Adolescents. *Journal of Sex Research*, 41: 4, 329-342. Retrieved September 25, 2010 from http://pdfserve.informaworld.com/570724_775644605_918499997.pdf

³⁵ Cochran, B.N., Stewart, A.J., Ginzler, J.A. & Cauce, A.M. (2002). Challenges faced by homeless sexual minorities: comparison of gay, lesbian, bisexual, and transgender homeless adolescents with their heterosexual counterparts. *American Journal of Public Health*, 92(5), 773-777.

³⁶ Greene J., Ennett, S., & Ringwalt, C. (1997). Substance abuse among runaway and homeless youth in three national samples. *American Journal of Public Health*, 87, 229-235.

Sexual Risk Behaviors of Homeless Youth and HIV Infection

Sexual Risk Behaviors and HIV

Studies show that homeless youth engage in high risk sexual behaviors.³⁷ Almost one in five (16%) of the whole sample of youth and close to one-quarter (23%) of youth who indicated they had had sex in the last 3 months reported ever being involved in survival sex (sex in exchange for food, money, a place to stay, etc.). Over one in 10 youth (13%) reported they had been forced into prostitution by a parent or another adult they knew. Of the 168 youth who responded to questions on condom use, 39% reported they always used a condom, 20% reported using condoms about half the time or more, 19% reported using condoms less than half the time, and 22% reported they never used condoms. A little over half (55%) of those who reported having sex in the past 3 months indicated that they used a condom the last time they had sex. More than a quarter (27%) of all females (n=123) reported ever having been pregnant. Five percent of youth reported that they were HIV positive; the percentage increased to 7% when we analyzed data just for youth 18-25 years old. There are no good data about HIV infection rates in homeless youth and limited knowledge about HIV seroprevalence in youth in general. The LAHSA 2009 homeless count data indicated that 2% of the homeless population had AIDS or an HIV-related illness.³⁸

It is important to note that the questions on sexual risk behavior were at the end of the survey, when youth were more likely to have experienced survey fatigue. As a result, it's possible that youth did not answer questions as accurately or completely as they had earlier in the survey, and thus their responses may under-report their sexual risk behaviors.

Significant Subgroup Differences

Among all youth who were sexually active, African American youth were more likely to have used a condom during their last sexual encounter compared to non-African American youth (65% vs. 48%). Young men were also more likely to indicate condom use during their last sexual encounter than young females (60% vs. 43%). There were no differences found in condom use between YMSM and young men who did not have sex with men.

African American youth were less likely to report current engagement in survival sex than non-African American youth (12% vs. 19%). GLBT youth were much more likely to report having engaged in survival sex in their lifetime than non-GLBT youth (41% vs. 12%) and YMSM were much more likely to report having engaged in survival sex in their lifetime than young men who did not have sex with men (55% vs. 10%). YMSM were more likely to indicate that they had been forced into prostitution compared to other young men (22% vs. 6%).

³⁷ Toro, P.A., Dworsky A., & Fowler, P.J. *Homeless youth in the United States: Recent research findings and intervention approaches*. Retrieved September 15, 2010 from <http://aspe.hhs.gov/hsp/homelessness/symposium07/toro/index.htm#Risky>

³⁸ Los Angeles Homeless Services Authority. (2009). *2009 Greater Los Angeles Homeless Count Report*. Retrieved on September 9, 2010 from <http://www.lahsa.org/docs/HC09/Homeless-Count-2009-Report.pdf>

Section 3: History and Life Experiences of Homeless Youth in Hollywood

Life on the Streets of Hollywood

Homeless youth struggle to recover from both previous and new traumatic experiences while trying to survive in a hostile street environment. In focus groups and interviews, homeless youth reported constant challenges in their daily lives. Many of the youth talked about living in stairwells, large parking lots, abandoned buildings or squats. Some youth described life on the streets as “tough” and “dirty,” or as one youth said “It was like really, really, really horrible. Like I felt like I wanted to die... like you have nowhere to go.”

“I hate it. It’s horrible. I hate, like when I first came to Hollywood, I used to stay at these apartments. I used to stay with [this] girl...we used to sleep under the staircase. It was horrible. It was like, it sucked, ‘cause like in the morning, like the cops would like go and wake us up, like, ‘Oh, okay, you guys have to go.’ So, it sucked.”

— Latina, Female, Age 20

In the interviews, youth talked about how frequently their living situations change. They shared their frustrations about the lack of housing resources and stressed the problems they had finding places to live.

“When I first came here I had a place to stay for a whole month. The whole six months actually. And then I lost it because the jerk that I was staying with, I got tired of having sex with him. ...And then I’d be homeless for a month. Couch surfing, basically staying at [Agency], then bouncing back from [Agency] to my boyfriend, to a friend, so that’s how my [last] two years [have] pretty much been. I’d have ... a place to stay, be comfortable living, and then, all of a sudden, go down to

zero, with like nowhere to go, and, yeah, staying in squats. So it’s like, I’d be all the way on the top of the mountain, and then I’d be all the way in the bottom.”

Many youth discussed how the “street families” they created provided security, resources, and companionship, and helped them survive on the streets. As one youth said, “...and that’s why we stay in groups. Is to protect each other...People were trying to steal our stuff...or get at the girls, and we’re just not having that.”

Another youth explained, “it’s like a group, our squat is like 20 of us, and we’re pretty picky about the people that are in it. And...we call each other family and we try to look out for each other. And we’re like, we’re looking out for each other with food, blankets, you know, with everything.” One youth explained that their street family felt closer than their biological family because they “tried to come up with resolutions to some of my problems, or they tried to get my mind off of stuff.”

Many of the youth reported using drugs as a way to spend their time on the streets, to treat their depression, or to help them cope with their situation. Some also attributed their homelessness to a substance abuse problem.

“I was really depressed, so I started doing drugs. Like I got on crack real bad. And so during that time that I was on crack, which was about two years, I lost my apartment so I didn’t have anywhere to go.”

Many youth reported that they started prostituting and/or selling drugs to make money to survive. As one youth said, “when I used to, you know, sell drugs and all that stuff, I did it for a purpose, I didn’t do it for self enjoyment.”

One youth discussed how he started prostituting because he had to, but now is finding it difficult to stop.

“I really want to stop, I don’t want to do it anymore, but like, it’s kind of hard, so like I’m taking it just one step at a time...I just walk down the street and then, not think about it, but then for some reason it’ll just be in my mind, like...’Oh he’s looking

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at me. He wants me to go with him. I should make money, so I should go.' So that's why it's kind of hard."

Homeless youth struggled to make sense of their situation.

"Every day is not going to be a good day. Every day is, like, regardless of what you're doing, every day is gonna be a new adventure. It's gonna present itself to you in a different way every day. And every day is not always gonna be the same. You know, today might be the greatest day of your life. And tomorrow? You'll be arrested and you'll be thrown in jail and it won't, all of a sudden, it won't be the greatest day of your life."

Reasons Youth Become Homeless

There are many reasons why youth become homeless. The National Alliance to End Homelessness suggests that these reasons can be categorized into two key groupings: system failure or family breakdown. In our survey, we asked youth to select all their reasons for leaving home under 4 main categories – family reasons, personal reasons, economic reasons, and safety reasons. Most youth (78%) selected at least one family reason; three out of four youth (74%) selected at least one personal reason. (Details are in Table 4.)

Table 4: Reasons for Leaving Home or Being Forced Out*

	Percentage (N=363)
FAMILY REASONS	
Selected at least one of the following family reasons	78%
Family Conflict (family arguing or fighting, family had problems with sexual orientation or gender identity, family did not like my friends, new step-parent/family)	51%
Parental Incapacity (parent or caregiver mental illness, parent abuse of alcohol/drugs, neglected or abandoned by a parent or caregiver, parents in jail, parental death)	27%
Turned 18 years old	17%
Physical and/or sexual abuse	7%
Foster Care (negative foster care experience, given a notice or order to change foster or group home placement)	7%
PERSONAL REASONS	
Selected at least one personal reason	74%
To be independent or on my own or looking for better opportunities	50%
Alcohol or drugs	15%
To be with my friends	15%
My sexual orientation or gender identity	12%
In trouble with the law	11%
Became unemployed or lost job	9%
Broke up with my boyfriend or girlfriend	7%
ECONOMIC REASONS	
Selected at least one economic reason	38%
Family economic reasons (parent or caretaker became unemployed or lost job, lack of space for me in the house, family not able to support me)	29%
Family homelessness (Family was evicted, parent or caretaker became homeless)	9%
SAFETY REASONS	
Selected at least one safety reason	27%
Avoid or leave gangs or neighborhood violence	19%
Physical or sexual abuse from someone outside of home	8%

*Youth could choose as many answers as they wanted so numbers do not equal 100.

Significant Subgroup Differences

Homeless youth ages 18 and older were significantly less likely than younger youth to select foster care problems as one of the reasons for homelessness (5% vs. 15%). GLBT youth were significantly more likely to report homelessness due to family conflict (62% vs. 46%) and were less likely to be homeless due to family homelessness (5% vs. 10%).

Issues of Family Conflict

Homeless youth consistently identify conflict with their parents as the primary reason for their homelessness.^{39,40} Some youth reported that they voluntarily left home due to conflicts with parents or stepparents, while other youth reported that they were kicked out or asked to leave home. In addition, many youth reported that once another person came into the house (a boyfriend or girlfriend of their widowed or divorced parent) the family dynamics would change, conflicts would arise between the youth and new partner, and as a result they would be forced out. Often, youth expressed that they felt that their parents' new partner was chosen over them, saying things such as, "So she chose her husband over me so I went through foster care and other placements."

"...my dad had cancer and stuff. He was the man of the house, so when he passed away, I needed to step up and, you know, take his spot. And I did... then another male figure, you know, tried to step in the picture and I got moved out."

— African American, Male, Age 17



Youth reported conflict with family members due to their sexual orientation or gender identity.

"Well, my mother, she didn't approve of my sexuality then, and she didn't want to, she was like in denial, and I felt like, you know, I know who I am, and I just couldn't be in that, that house. My brothers would pick on me. I mean, they were picking on me all my life. I just felt like I would be a lot happier if I was, if I was out of that situation. And I left."

Some youth shared that their family did not provide any support to them and they chose to leave.

"I wanted something for myself, 'cause my family always doubted me. They always told me I was never gonna be nobody in life. I was always gonna be like this. That I was gonna be a druggie. I'm not. I'm trying to prove my family wrong, that I could be somebody in life. And that I could go on without them."

³⁹ Robertson, M.J., & Toro, P.A. (1999). Homeless youth: Research, intervention, and policy. In Fosburg, L.B., & Dennis, D.B. (Eds.) *Practical lessons: The 1998 National Symposium on Homelessness Research*. (pp. 3.1-3.32). Department of Housing and Urban Development, Washington, DC. and Office of Policy Development and Research.; Department of Health and Human Services, Washington, DC.

⁴⁰ Whitbeck, L.B., Hoyt, D.R., Johnson, K.D., Berdahl, T.A., & Whiteford, S.W. (2002). *Midwest longitudinal study of homeless adolescents: Baseline report for all participating agencies*. Lincoln, NE: University of Nebraska, Department of Sociology.

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Issues of Family Violence and Substance Abuse

Youth were significantly impacted by family violence and substance abuse. Almost half of youth surveyed (45%) had witnessed physical abuse between their parents or caregivers. More than half (56%) reported that their parents drank heavily or had problems with alcohol and 41% reported that their parents used illegal drugs. As a result, some youth voluntarily left their homes, and others were removed from their homes due to their parents' drug and alcohol use.

As one youth shared, "Well, my mom was a crystal meth addict. She was in and out of prison, and I was actually running away from social services."

Another youth told us:

"My father was like a alcoholic. Ever since we were born, and he still is... there was a time where like, he tried to hurt my mom and I got a knife and cut him... But even though I cut him, I hurted him like that, I still like, still love him, 'cause that's my dad."

*"I was in the system when I was like ten. Got into it 'cause my mom, she was like using drugs at the time, and she was pregnant with my little brother. So I ended up getting caught up in that sweep 'til they... took us out of the home."
— African American, Male, Age Unknown*

History of Abuse and Neglect

Prior studies of homeless youth have found high rates of child abuse and neglect.⁴¹ Across studies of homeless youth, rates of physical abuse range from 40% to 60% and rates of sexual abuse range from 17% to 35%.⁴² Our data are consistent with these findings. Almost 70% of youth (69%) were victims of any type of child abuse (verbal, physical, or sexual) and/or neglect. The percentages for specific types of abuse are reported below:

- 59% were victims of either child physical abuse and/or sexual abuse.
- 51% were victims of verbal abuse.
- 51% were victims of child physical abuse.
- 23% were victims of child sexual abuse.
- 34% were victims of neglect.
- 15% were involved in drug sales by their parents or caregivers.
- 6% were forced into prostitution by their parents or caregivers.

Significant Subgroup Differences

GLBT youth were more likely to have experienced child abuse while growing up. Compared to non-GLBT youth, GLBT youth were more likely to have experienced physical abuse (58% vs. 47%) and sexual abuse (32% vs. 16%). YMSM were much more likely to have experienced child sexual abuse compared with other young men (32% vs. 9%).

⁴¹ Whitbeck, L.B., Hoyt, D.R., & Ackley, K.A. (1997). Families of homeless and runaway adolescents: A comparison of parent/caretaker and adolescent perspectives on parenting, family violence, and adolescent conduct. *Child Abuse and Neglect*, 21(6), 517-528.

⁴² Robertson, M.J., & Toro, P.A. (1999). Homeless youth: Research, intervention, and policy. In Fosburg, L.B. & Dennis, D.B. (Eds.) *Practical lessons: The 1998 National Symposium on Homelessness Research*. (pp. 3.1-3.32). Department of Housing and Urban Development, Washington, DC. and Office of Policy Development and Research.; Department of Health and Human Services, Washington, DC.

Involvement in the Dependency System

“I was molested. I’m an incest survivor. Been through foster care. Been through, you know, group homes and all the whole ordeal.”

— Pacific Islander, Male, Age 22

Former foster care children and youth are disproportionately represented in the homeless population. Across studies of homeless youth, history of foster care placements range from 21% to 53%.⁴³ Twenty-five percent of former foster youth nationwide reported that they had been homeless at least one night within two-and a-half to four years after exiting foster care.⁴⁴ In our study, approximately half (48%) of the youth reported involvement with CPS at some point. Forty percent (40%) of youth reported having been removed from their home by CPS. The mean age when youth reported having been removed by CPS was 9.3 years old (SD - 5.36 years); 45% of youth had been removed from home when they were teens. (Table 5 below shows the age breakdown of when youth were removed from their homes.)

Table 5: Age when first removed from home

Age when first removed from home (n=157)	Percentage
0-3	22%
4-6	13%
7-11	20%
12-17	45%
Don't know	1%

Frequency and Impact of Multiple Placements

Youth who had been removed from home (n = 157) reported staying in multiple placements, including with foster families, in relatives’ homes, and in group home settings. Only 3% of the youth who had been removed hadn’t been in a foster family or relative’s home and only 5% of the youth who had been removed had not been in a group home (see Table 6). Close to one-third of the youth (32%) reported they had been in 6 or more group homes. Three out of 4 youth (77%) who had been removed from home by CPS had run away from placement (from group, foster family, or relatives’ homes).

When asked about their current status in CPS, 14% of youth who had been removed from home reported that they had an open CPS case at the time of the survey; 8% had run away from placement at the time of the survey; and 24% did not know their status with CPS.

During interviews, almost all of the youth talked about how often they were moved around and how difficult it was for them. One 23 year old African American male reported that he had been in more than 20 different placements. Many youth indicated they were often moved without warning, and that they didn’t understand why their placements kept changing.

Table 6: Number of foster family/relatives’ homes

Number of homes	Percent: foster families/relatives home (n=157)	Percent: Group Homes (n=157)
None	3%	5%
1	12%	14%
2	12%	16%
3-5	34%	34%
6-10	16%	15%
11 or more	23%	17%

⁴³ Toro, P.A., Goldstein, M.A. & Rowland, L.L. (1998). *Preliminary analyses: Housing, Adolescence and Life Outcomes (HALO) Project*. Detroit, MI: Wayne State University, Department of Psychology.

⁴⁴ National Alliance to End Homelessness. (August 10, 2006). *Fundamental issues to prevent and end youth homelessness: Solutions brief*. Retrieved September 26, 2010 from <http://www.endhomelessness.org/content/article/detail/1058>

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Youth talked about the effect that moving so much had on them, their sense of well-being, and their sense of the future. All of the young people who had been in multiple placements expressed that it was difficult to form friendships and close relationships as a result of the frequent moving. As one youth explained, “...the fact that people come and go, and then it’s like, it’s kind of hard to get attached to people... ‘Cause like, me? I’m the type of person, if I get attached to somebody then they leave, it’s like really upsetting.”

“The feeling that I have to come here for a little while and then after that time’s up I’m gone... And it caused a lot of depression for me. And basically it put me really far behind in life, because, once you travel to so many group homes it’s just, you give up on life because, you know, this is how my whole life gonna be.”

Youth were asked about their relationships with their social workers and if they felt that their social workers had been helpful to them. Many youth reported that they had had numerous social workers while under the supervision of CPS. While a few youth indicated that they had had good relationships with the social workers assigned to them, and they believed that their workers had really cared about them and wanted to help, many felt that they had never connected with their workers. Some youth expressed strong negative feelings towards the workers they had.

“Well, I grew up in the system and like group homes and ...and stuff. I was in the system from 3 to 18... Lot of moving around. Like every year or two. I moved to another placement. They just said, “You’re getting discharged. You’re going here.”

— White, Male, Age 22

“...if you move around so much it causes you to be really anti-social, because you know when you go here you’re only gonna be here for a certain amount of time. Like I was in one place, I started gaining friends, I was just there for four months. And so I had to leave all these people behind. You know, I had to leave school behind so that I might go to the next place, you know. I still had that same frame of mind that I’m gonna be here for a certain amount of time, so I’m not gonna be able to communicate with people or really to try to be in relationships, friendships, schooling, you know. When I turn 18, I’m not gonna have an education I’m not gonna know how to go out and get a job. I’m not gonna know how to talk to people because, this, like things I’m really struggling with today, I’m really anti-social, I’m suffering from depression, you know. It’s like really, it takes a toll over your personal life, and then on the life you’re going to get if you try and get a job because, you never have time to stabilize yourself while you’re in foster care. So it’s just really hard.”

— African American, Male, Age 20

Juvenile and/or Criminal Justice System Involvement of Homeless Youth

Overall Justice System Involvement

While homeless youth often report engaging in delinquent or illegal activities, there is limited research about their formal involvement with the juvenile and criminal justice systems. One report from a shelter population of homeless youth in New York indicated that 30% of the youth they served had been detained or incarcerated.⁴⁵ There are no good estimates of the number

⁴⁵ Toro, P.A., Dworsky A., & Fowler, P.J. *Homeless youth in the United States: Recent research findings and intervention approaches*. Retrieved September 15, 2010 from <http://aspe.hhs.gov/hsp/homelessness/symposium07/toro/index.htm>

of juveniles or young adults who become homeless upon release from detention or incarceration, but there is some research that suggests that youthful offenders are more likely to be homeless or precariously housed than other youth.⁴⁶ Sixty-nine percent (69%) of homeless youth we surveyed reported involvement with the juvenile or criminal justice systems at some point in their lives, including arrest, probation, and/or incarceration as a juvenile or an adult. (See Table 7 below for more details.) For most of the youth, involvement with the justice systems preceded their homelessness. Of the total sample of youth:

- 47% had been on probation at some point in their lives.
- 44% had a history of incarceration as a juvenile and/or an adult; of those with a history of incarceration, 61% had been incarcerated before they were homeless.
- 39% had a history of incarceration as an adult; of those with a history of adult incarceration, 55% had been incarcerated before they were homeless.
- 16% had a history of juvenile incarceration in a youth camp and/or youth facility; of those with a history of juvenile incarceration, 77% had been incarcerated before they were homeless.
- 14% had outstanding warrants.

Significant Subgroup Differences

Youth who had ever been incarcerated as a juvenile and/or an adult, were more likely to be older (average age of 20.5 years) than youth who had never been incarcerated (average age of 18.2 years). African American youth were more likely to have experienced juvenile incarceration before becoming homeless compared to non-African American youth (17% vs. 9%). African American youth were also more likely to have been arrested as either a juvenile or an adult than non African American youth (72% vs. 62%). African American youth were more likely to have been placed in juvenile detention (47% vs. 35%), youth camp (19% vs. 10%), and/or a youth facility (10% vs. 4%) compared to non-African American youth.



Table 7. Juvenile/Criminal Justice System Involvement

Question	Percentage
Arrested (n= 389)	66%
Before I became homeless (n=252)	31%
After I became homeless (n=252)	31%
Both before and after (n=252)	39%
History of Juvenile Detention (n= 389)	40%
Detained before becoming homeless (n=156)	55%
Detained after becoming homeless (n=156)	18%
Detained both before and after (n=156)	26%
History of incarceration as an adult (n=389)	39%
Incarcerated before becoming homeless (n=146)	26%
Incarcerated after becoming homeless (n=146)	45%
Incarcerated before and after (n=146)	29%
Ever on Probation (n= 389)	47%
Before I became homeless (n=154)	51%
After I became homeless (n=154)	26%
Both before and after (n=154)	23%
Incarcerated in a youth camp (n= 389)	14%
Before I became homeless (n=54)	49%
After I became homeless (n=54)	23%
Both before and after (n=54)	28%
Incarcerated in a youth facility (n= 389)	7%
Before I became homeless (n=26)	50%
After I became homeless (n=26)	23%
Both before and after (n=26)	27%

⁴⁶ Toro, P.A., Dworsky A., & Fowler, P.J. *Homeless youth in the United States: Recent research findings and intervention approaches*. Retrieved September 15, 2010 from <http://aspe.hhs.gov/hsp/homelessness/symposium07/toro/index.htm>

Section 3: History and Life Experiences of Homeless Youth in Hollywood

Youth Responses to Justice System Involvement

During the interviews youth frequently talked about how they were picked up for petty crimes (e.g., fare evasion, jay walking), violating probation, or pending warrants, which brought them back into the justice system when they were trying to get out. Some youth talked about how they had missed court dates or hadn't realized that unpaid tickets or not showing up for court would result in a warrant, and were surprised when they were arrested. Youth felt trapped in a cycle they couldn't escape.

“Now, from 17 to 18 I got off probation, and I was like cool, going to school, doing my work, and getting back in school, things that I don't usually do. I still came out here [Hollywood], but I wasn't homeless [anymore], I was staying with my mom. Then... I got arrested again, for doing stupid stuff. Like was arrested and jailed for three months... going back, like being out of jail for two years and going back as an adult. I'm back on probation. Eight years, on and off.”

Youth expressed frustration with the entire probation system and often felt that they were picked up and arrested again just because they were homeless and on probation.

One youth shared, *“Yeah, I'm on probation. I never see my PO, so I will get a warrant for that. That's like six months to a year in jail. Or more. I don't care, I never met my probation officer anyway.”*

Another youth stated, *“I have probation for three years. And I have to be reporting in every month. And like, it's kind of hard, 'cause like they can take you, like if they stop a whole bunch of us, they'll ask us if we're on probation or parole... And they'll try to violate us. Just for stopping us. Or just like, it's, well, like when we squat, it's kind of hard. 'Cause if they catch us... squatting and they already warned us, and we're on probation, they'll try to like get our probation officer to violate us, or, you know, try to keep us in there.”*

Youth talked about the difficulties of finding a job due to their juvenile or criminal records.

“My record's horrible. I have a misdemeanor, I... have tickets. It's hard for me to find a job... with that. 'Till I turn eighteen, my record will be cleared. So I'm waiting.”

Crossover Youth

Twenty-five percent (25%) of homeless youth were involved in both the CPS system and the juvenile justice system (youth camp, youth detention, and/or youth facility). The needs of these crossover youth (youth who are dually involved in both the dependency and delinquency systems) are particularly complex, requiring even greater coordination across systems. Research indicates that crossover youth are more likely to experience harsher sentences in the delinquency court,⁴⁷ and have more negative long-term outcomes (e.g., adult criminality) than maltreated youth who do not engage in delinquency.⁴⁸

⁴⁷ Conger, D., & Ross, T. (2006) Project Confirm: An outcome evaluation of a program for children in the child welfare and juvenile justice systems. *Youth Violence and Juvenile Justice*, 4(1), 97-115.

⁴⁸ Wisdom, C.S., & Maxfield, M.G. (2001). *An update on the "Cycle of Violence."* Research in Brief. Washington, DC: US Department of Justice, Office of Justice Programs, National Institute of Justice.

Section 4: Understanding Differences Among Homeless Youth

We analyzed our data for subgroups of homeless youth in order to increase our understanding of pathways to homelessness for youth, and to help identify youth at particular risk for greater housing instability and poorer health and mental health outcomes. As with the other sections of this report, only statistically significant differences ($p < 0.05\%$) are reported. We analyzed differences between youth who had slept on the street in the past 30 days, compared to those who had not; youth with a history of CPS involvement, compared to those who did not; and youth with a history of incarceration, compared to those who did not. We have also briefly summarized key differences for homeless youth based on age, ethnicity, and sexual orientation and gender identity that were reported in previous sections, in an effort to share summative results of the differences among youth.

These results deepen our understanding of the causes and consequences of youth homelessness, and can inform the development of policies and practices better aligned with the needs of youth. (A grid summarizing selected significant differences for identified subgroups of youth can be found on the inside back cover.)

Differences Based on Age

In this survey, minors were more likely to be female and from California and to have become homeless at a younger age. Younger youth were less likely to have slept

on the street in the last 30 days or to have spent at least one night on the street in the last year. While history of abuse did not differ by age group, younger youth were more likely to be involved with child protective services and had more involvement with the juvenile justice system. Younger youth were less likely than older youth to have been victimized while homeless by a partner or by others. Younger youth were less likely to report alcohol, marijuana or crack/cocaine use in the past thirty days.

Differences Based on Ethnicity: Disproportionate Representation of African American Youth

Close to one-half (42%) of the homeless youth surveyed identified as African American. African American youth were similar to other youth in terms of age, education, family history of abuse, foster care experience, and victimization during homelessness. However, they were twice as likely to have been a member of a gang and to have experienced juvenile incarceration, and more likely to have been arrested as an adult. African American youth reported less hard drug use in the last year and were less likely to be unemployed than homeless youth from other racial/ethnic groups.

Differences Based on Sexual Orientation and Gender Identity

While gay, lesbian, bisexual, and transgender youth surveyed did not differ significantly from non-GLBT youth in most demographic variables and in the age they left home, number of episodes of homelessness, and amount of time homeless, they were more likely to report childhood physical abuse and sexual abuse, and were more likely to report having been forced into prostitution by their parents or another adult. This pattern of abuse and victimization continued while they were homeless;

Section 4: Understanding Differences Among Homeless Youth

the GLBT youth surveyed reported higher rates of physical and sexual assault by others and by their partners. In addition, they were more likely to report having been a victim of crime and having been harassed by police due to their sexual orientation or gender identity. GLBT youth were more likely to report earning money by trading sex and more likely to report using hard drugs (i.e., cocaine, heroin, and/or methamphetamine) compared to non-GLBT youth.

Youth Who Had Slept on the Street in the Past 30 Days

Living on the streets, as opposed to being sheltered or precariously housed, is associated with increased victimization, increased risk behaviors (e.g., substance use, survival sex, etc.), and increased psychological distress.⁴⁹ We analyzed our data to understand the degree of “street involvement” of youth, looking at

Table 8: Demographics of Youth Who Had Slept on Street in Past 30 days vs. Youth Who Had Not

Age	Had Not Slept on Streets (n=193)	Slept on Streets (n=196)
12-17	28%	22%
18-25	72%	78%
Gender	Had Not Slept on Streets (n=193)	Slept on Streets (n=196)
Male	56%	64%
Female	38%	25%
Transgender	4%	6%
Unsure or still questioning	<1%	4%
Other terms to describe myself	1%	1%
Race/Ethnicity	Had Not Slept on Streets (n=193)	Slept on Streets (n=196)
Black/African American	48%	37%
Latino/Hispanic	31%	17%
White/Caucasian	7%	26%
Asian/Pacific Islander	2%	3%
American Indian/Alaskan Native	1%	4%
Multi-racial	5%	7%
Other	6%	6%
Location Prior to Homelessness	Had Not Slept on Streets (n=193)	Slept on Streets (n=196)
Hollywood or Los Angeles City	40%	28%
Los Angeles County (Non-City)	18%	16%
Southern California, Excluding LA County	4%	5%
California (Not Specified)	11%	13%
Non-California US State	16%	27%
Non-US City/Country	2%	3%
Sexual Orientation	Had Not Slept on Streets (n=180)	Slept on Streets (n=189)
Straight	63%	59%
Gay or Lesbian	23%	22%
Bisexual	7%	18%
Not sure/Undecided	7%	2%

⁴⁹ Toro, P.A., Dworsky A., & Fowler, P.J. Homeless youth in the United States: Recent research findings and intervention approaches. Retrieved September 15, 2010 from <http://aspe.hhs.gov/hsp/homelessness/symposium07/toro/index.htm#Risk>

characteristics, behaviors, and service utilization of youth who had slept at least one night on the streets or in some other location not meant for human habitation in the past 30 days. Our findings confirm that sleeping on the street amplifies risk for young people and affects their overall health and stability. There were significant differences between youth who reported sleeping on the street (including those who had slept in a car, in parks, alleys, rooftops, squats, or bus terminals) at least one night in the past 30 days compared to youth who had not.

Demographics

Youth who had slept on the street were more likely to be male, older, white, and from a location outside of California. The mean age of those who had slept on the street was 20.0 years vs. 19.2 years for those who had not stayed on the street. (See Table 8 on previous page.) Youth who had slept on the street reported a greater number of episodes of homelessness (8.9 episodes vs. 4 episodes).

Education and Employment

Youth who had slept on the streets in the last 30 days were less likely to be currently enrolled in school (18%) compared to youth who had not sleep on the street within the last 30 days (37%). Youth who had slept on the street were also more likely to be unemployed (69%) compared

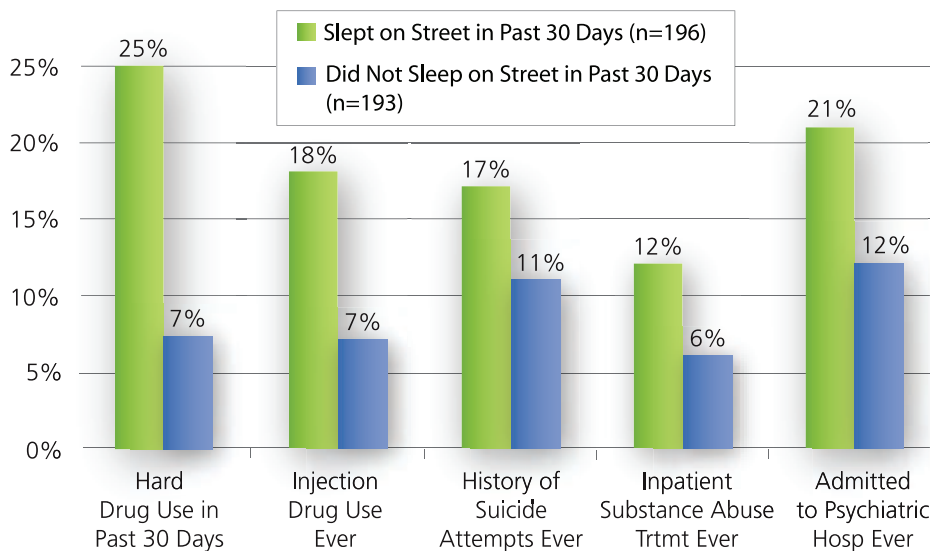
to youth who had not slept on the street (52%) and to report earning money through day labor or odd jobs (12% vs. 7%). Similarly, youth who had slept on the streets were far less likely to be employed in a full-time or part-time job (14% vs. 30%).

Mental Health and Substance Use Problems

Youth who had slept on the street in the past 30 days reported significantly higher levels of mental health and substance use problems. They were twice as likely to report having been diagnosed with a bipolar disorder (22% vs. 10%) and three times more likely to report having been diagnosed with schizophrenia (10% vs. 3%). They also reported more severe depression; youth who had slept on the street had a higher score on the CES-D (5.1 vs. 3.9), and scored higher on the PTSD-RI (24.5 vs. 20.7). Substance use was also higher for youth who had slept on the street within the last 30 days. Specific differences between youth who had slept on the street in the last 30 days and those who had not are detailed below (Also see Figure 5):

- Alcohol in the last 12 months (63% vs. 45%) and in the last 30 days (79% vs. 61%);
- Marijuana in the last 12 months (51% vs. 25%);

Figure 5: Substance Use and Mental Health Indicators by Slept on Street in Past 30 Days



Section 4: Understanding Differences Among Homeless Youth

- Hallucinogens in the last 12 months (15% vs. 4%);
- Inhalants in the last 12 months (6% vs. 2%);
- Prescription Drugs in the last 12 months (9% vs. 0%);
- “Hard Drugs” (i.e., cocaine, heroin, and/or methamphetamine) in the last 12 months (34% vs. 10%) and in the last 30 days (25% vs. 7%).

History of Abuse and CPS Involvement

The prevalence of child physical abuse (59% vs. 44%) and neglect (42% vs. 26%) was higher in youth who had slept on the streets in the last 30 days compared to those who had not. Youth who had slept at least one night on the streets were also more likely to have been involved with CPS (56% vs. 41%) and to have been removed from home by CPS (47% vs. 34%).

Victimization

Youth who had slept on the street at least one night in the past 30 days were significantly more likely to be victimized while homeless. They were more likely to report having been robbed (32% vs. 15%), sexually assaulted (17% vs. 8%), physically assaulted (29% vs. 13%), and threatened with a weapon (31% vs. 16%). Youth who had slept on the street in the last 30 days were more likely to be a victim of relationship violence, including verbal abuse by a partner (24% vs. 14%) and being forced to have sex with a partner (15% vs. 7%). These young people were also more likely to be perpetrators of sexual violence, with 6.2% reporting sexual violence against a partner compared to 2% of youth who had not slept on the street. Youth who had slept on the street were also more likely to report being a victim of racial violence (23% vs. 14%) and report having ever been forced into prostitution (12% vs. 3%). In addition, they were more likely to report carrying a weapon for protection (46% vs. 20%).

Juvenile and Criminal Justice System Involvement

Youth who had slept at least one night on the street in the last 30 days were more likely to have been involved with the juvenile and/or criminal justice systems (80% vs. 61%). Youth who had slept on the streets in the last 30 days were more likely to have a history of incarceration (6% vs. 2%), to have been placed in juvenile detention (50% vs. 31%), or to have been incarcerated in a youth camp (17% vs. 10%). Youth who had slept on the streets were also more likely to have outstanding warrants (20% vs. 7%) and to have been arrested (78% vs. 55%). They were more likely to have been placed on probation as either a minor or an adult (57% vs. 37%), and were twice as likely to have been placed on probation as an adult compared to youth who had not slept on the street in the last 30 days (20% vs. 10%). No differences were found for incarceration in a youth facility, ever being a gang member, or on juvenile probation, juvenile parole, or adult parole.

Sexual Risk

Youth who had slept at least one night on the streets in the last 30 days were more likely to have engaged in survival sex (21% vs. 11%). Additionally, youth who had slept on the streets were more likely to have been forced into prostitution by a parent or other adult (19% vs. 6%).

Youth Who Were Removed from Home by Child Protective Services

When we compared youth who had been removed from home by CPS with the rest of the sample, we found significant differences in several areas. Not surprisingly, youth who had been removed from home were more likely to report childhood physical abuse (65% vs. 42%), sexual abuse (31% vs. 17%), verbal abuse (64% vs. 43%), and neglect (47% vs. 25%).

Demographics of Youth Removed From Home

Youth who had been removed from home by CPS:

- Had more episodes of homelessness (8.1 vs. 5.3).
- Were more likely to have first left home at a younger age (13.5 vs. 15.1 years).
- Were more likely to have spent at least one night on the street in the last month (59% vs. 45%).
- Were more likely to be engaged in the street economy (panhandling, shoplifting, trading sex, selling drugs, and/or pimping) (47% vs. 36%).
- Were more likely to originate from within the City of Los Angeles prior to becoming homeless (46% vs. 32%).

Youth who had been removed from home were also more likely to have stayed on the street or in some other location not meant for human habitation the night prior to the survey compared to youth who had not been removed (see Figure 6 below).

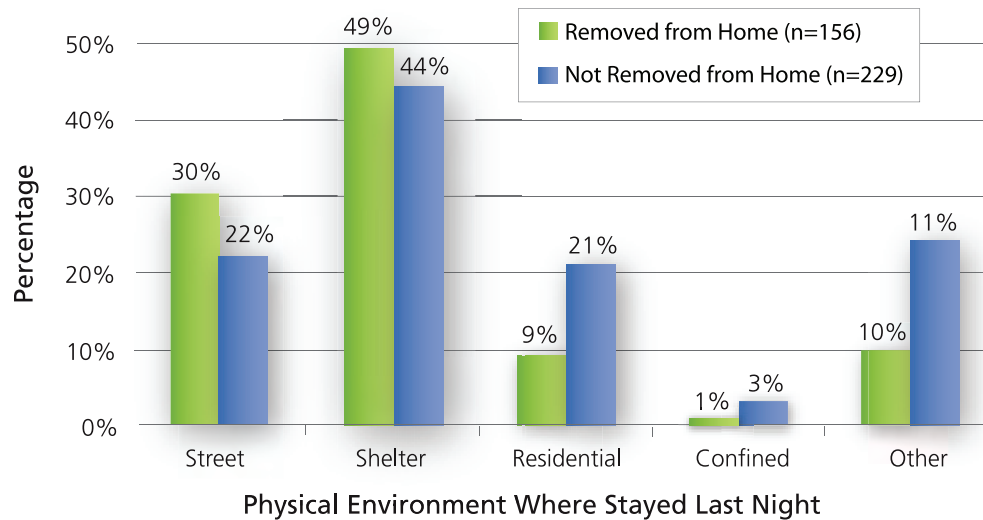
Education and Employment

There were some key differences in education and employment history and current education and employment status between youth who had been removed from home by CPS and those who had not. Youth who had been removed from home had been enrolled in more schools (7.09 schools vs. 5.26 schools), and were more likely to report:

- Diagnosis with a learning disability when in school (38% vs. 18%).
- Enrollment in a special education program (50% vs. 25%).
- Reading problems when in school (30% vs. 16%).
- Attentional problems when in school (51% vs. 36%).
- Writing problems when in school (27% vs. 18%).
- Behavioral problems when in school (43% vs. 30%).
- Current problems with reading or writing (22% vs. 12%).

Youth who have been removed from home were also more likely to report being unemployed (67% vs. 57%).

Figure 6. Location Where Stayed Previous Night by CPS-Removal Status



*"Other" includes youth who stayed in a parents/caregivers residence and youth who marked "Other" and did not specify. "Shelter" includes youth shelter, shelter with family, and other situations indicating they were not housed such as hotel/motel and "doubled up" with friends.

Section 4: Understanding Differences Among Homeless Youth

Mental Health and Substance Use Problems

Youth who had been removed from home by CPS were:

- More likely to have been admitted to a psychiatric hospital for treatment (22% vs. 12%).
- More likely to have seen a psychiatrist outside of the hospital (29% vs. 13%).
- More likely to have been diagnosed with psychological disorders including bipolar disorder (22% vs. 11%), conduct disorder (11% vs. 4%), and schizophrenia (9% vs. 5%).

Criminal Justice System Involvement

Overall, youth who had been removed from home were more likely to report some involvement with the juvenile and/or criminal justice systems, including arrest, probation, and/or incarceration (77% vs. 66%). More specifically, youth who had been removed from home were more likely to have been held in juvenile detention (54% vs. 31%), incarcerated in a youth camp (19% vs. 11%), incarcerated in a youth facility (11% vs. 4%), placed into a group home by probation (29% vs. 9%), and on juvenile

probation (11% vs. 3%). They were also more likely to have been placed on adult probation (56% vs. 41%), have outstanding warrants (21% vs. 9%), and have been incarcerated before becoming homeless (17% vs. 10%).

Sexual Risk

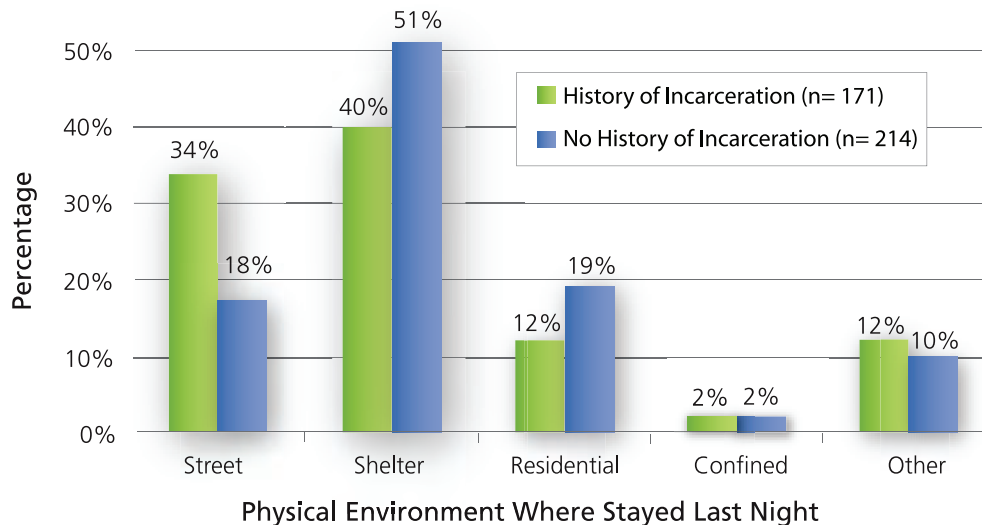
Youth who had been removed from home were more likely to report trading sex for money than youth who had not been removed from home (14% vs. 7%) and were more likely to have been forced into prostitution by their parent or another adult (19% vs. 8%).

Youth with a History of Incarceration

Demographics

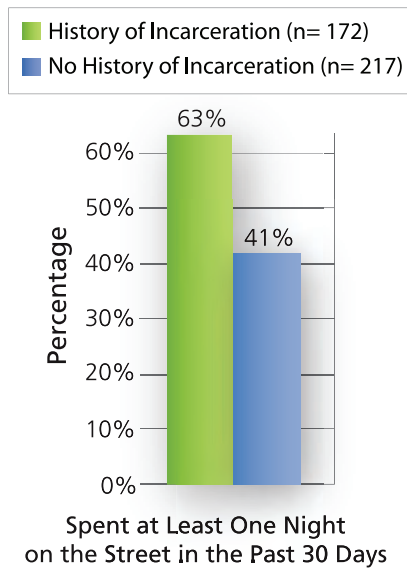
Youth with a history of incarceration were more likely to be African American (52% vs. 36%) and male (66% vs. 55%). Youth who had been incarcerated were also more likely to report a greater number of homeless episodes (8.0 vs. 5.2), having been homeless for a longer period (3.4 yrs vs. 2.0 yrs), and having been engaged in the street economy (54% vs. 30%). Youth who had been

Figure 7: Physical Environment Where Stayed Last Night by Incarceration History



*"Other" includes youth who stayed in a parents/caregivers residence and youth who marked "Other" and did not specify. "Shelter" includes youth shelter, shelter with family, and other situations indicating they were not housed such as hotel/motel and "doubled up" with friends.

Figure 8: Slept on Street in Past 30 days by Incarceration History

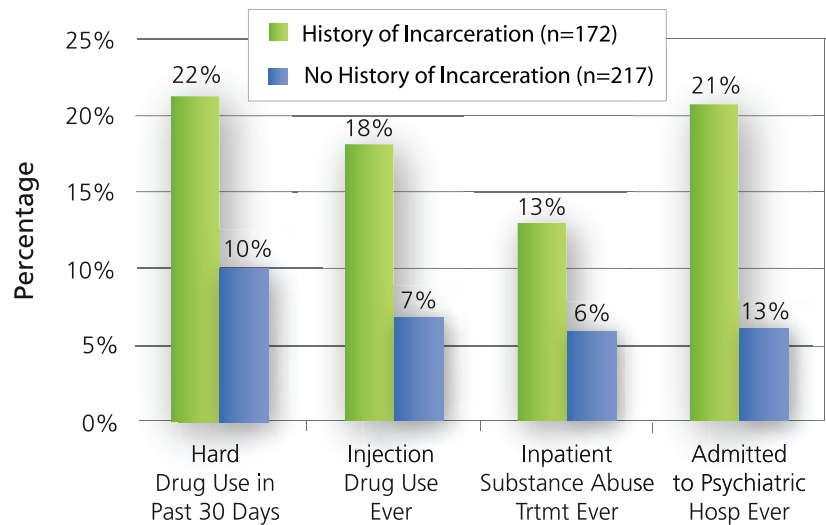


incarcerated left their homes at a younger age (13.9 vs. 14.9 years). Youth who had a history of incarceration were more likely to have spent the night prior to the survey on the street than youth who did not have a history of incarceration (34% vs. 18%), and were less likely to have spent the night in a shelter (40% vs. 51%). (See Figure 7 on previous page.) Youth were also more likely to have slept on the street in the past 30 days compared to youth who had no history of incarceration (63% to 41%). (See Figure 8.) Youth with a history of incarceration were also less likely to have stayed in a shelter or housing program in the last 30 days (42% vs. 30%).

Education and Employment

Youth who had been incarcerated were less likely to be in school (23% vs. 31%) and less likely to be employed (14% vs. 33%). These youth also reported attending more schools on average than youth who had never been incarcerated (6.5 vs. 5.6 schools). Youth with a history of incarceration were more likely to report having been diagnosed with a learning disability (31% vs. 22%) and having behavioral problems in school (41% vs. 30%).

Figure 9. Substance Use and Mental Health Indicators by Incarceration History



Mental Health and Substance Use Problems

Youth with a history of incarceration had significantly higher levels of mental health and substance use problems. (See Figure 9.) These young people were:

- More likely to have received inpatient substance abuse treatment (13% vs. 6%).
- More likely to have been admitted to a psychiatric hospital for treatment (21% vs. 13%).
- More likely to report having been diagnosed with a bipolar disorder (22% vs. 11%).
- More likely to report having been diagnosed with schizophrenia (12% vs. 2%).
- More likely to have used hard drugs (cocaine, heroin, and/or methamphetamine) in the last 30 days (22% vs. 10%).
- More likely to have used injection drugs (18% vs. 7%).

Section 4: Understanding Differences Among Homeless Youth

History of Abuse and CPS Involvement

No significant differences were found in history of abuse and CPS involvement between youth with a history of incarceration compared to youth who had never been incarcerated.

Victimization

Youth with a history of incarceration were more likely to have been victims of violence while homeless. They were more likely to have been robbed (29% vs. 20%), physically assaulted (27% vs. 16%), and threatened with a weapon while homeless (31% vs. 18%). Moreover, youth with a history of incarceration were more likely to report carrying a weapon for protection (41% vs. 27%). Youth with a history of incarceration were over twice as likely to report ever having been forced into selling drugs (13% vs. 6%). In addition, gang membership was significantly more prevalent among youth who had been incarcerated (39% vs. 14%).

Sexual Risk

Youth with a history of incarceration were more likely to trade sex for money compared to youth who had never been incarcerated (15% vs. 6%). Youth with a history of incarceration were also more likely to report pimping in order to get money (8% vs. 2%).



Section 5: Understanding Service Needs, Utilization, and Barriers to Care

One of the key goals of this needs assessment was to better understand service needs and utilization among homeless youth in Hollywood, so as to initiate improvements in our own agencies' policies and practices and craft recommendations for larger system improvement. The survey included a series of questions about services youth had utilized in the past year and how satisfied they were with the services, how easy or difficult it was for them to find the service if they had used it, and which services they had needed in the past year but were not able to find or did not actually use because of barriers or restrictions. In addition, in focus groups and interviews, youth were asked to talk about their satisfaction with services, barriers to accessing services, benefits and value of the services they had used, and their relationships with agency staff.

Utilization, satisfaction, and barriers to care were assessed for thirty-four discrete services within the following service categories: housing, health care, mental health and substance use, legal, education and employment, and basic needs (e.g. bus tokens, clothing, and personal identification cards). We assessed barriers to care in the following areas: a) knowledge of resources; b) agency "hassles and hoops;" c) transportation; d) agency capacity; and e) age eligibility. We constructed the barrier of "hassles and hoops" by combining the following responses: it was too much of a hassle; I was afraid they would turn me in or report me; I had to jump through too many hoops once I got there; I had to disclose too

much personal information; the agency had too many rules; no one wanted to help me; staff were not nice; and I did not feel comfortable in that place. The two primary barriers youth reported they faced were lack of knowledge of resources and agency "hassles and hoops."

The findings from our service utilization assessment provide a unique perspective on service needs and barriers for homeless youth, and can help us create programs and transform services and policies that are responsive to these young people. Below are relevant findings for four core services - housing, mental health and substance use, education and employment, and health care. In general, youth were satisfied with the services they received, but still faced critical access barriers, and frequently couldn't find the services they needed.

Housing Services

"..... a lot of people out here in Hollywood, I have to say, their most stress, where the stress mostly comes from is knowing that they don't have anywhere to stay. Because when I would go on the streets I really, I was stressing you know, I just wouldn't want to talk to anybody, and I was just, it built up. ...And most of these kids out here, they don't have anywhere to stay.... Some of them don't know their resources. But the main stress is the not having anywhere to stay, but I feel like, if they had somewhere to stay, they'll be all right." — African American, Female, Age 19

Housing Services Received and Satisfaction with Services

Housing is fundamental to youth’s safety, health, and stability. About half of youth (48%) surveyed reported using a short-term shelter (2 weeks or less) in the last year (see Table 9), and over a third (36%) reported using longer-term housing services (greater than 2 weeks). Youth could report that they used both short-term and longer-term shelter/housing services in the last year. In general, youth were satisfied with the housing services that they received; two-thirds of youth using shelter and housing services received these services from a HHYP agency.

Table 9. Services Received and Satisfaction with Services

Housing Service	Percent who used service in last year (n=389)	Of those who received the service, percent satisfied^
A Shelter: up to 2 Weeks	48 %	90 %
A Shelter or Housing Program: longer than 2 weeks	36 %	87 %

^% “Satisfied” includes responses of “somewhat satisfied” and “very satisfied.”

Significant Subgroup Differences - Service Utilization and Satisfaction

Youth who had slept on the streets in the past 30 days were less likely to have used short-term shelters in the past year compared to youth who had not slept on the streets (44% vs. 56%). Youth who had slept on the streets in the past 30 days were also less likely to have sought and received help finding both shorter-term shelter or longer-term housing programs in the last year (30% vs. 44%).

Housing Services Needed and Not Received

Youth reported barriers to housing services. Almost one in five youth (17%) reported “needing a shelter or place to stay and not getting it” in the past year, including both short-term shelters (13%) and longer-term housing programs (11%). The primary reasons identified by youth for not getting the housing services they needed were lack of knowledge about resources and agency “hassles and hoops.” (See Table 10 for details.)

Table 10. Housing Services Needed and Reasons Not Received

Service Needed	% Not Receiving Who Needed Service (n=389)	Barriers: Reasons why did not get the help needed				
		I did not know where to go (%)	Agency Hassle/ Hoops* (%)	I did not have transportation (%)	Agency too full or too busy (%)	I was too old or too young (%)
Getting into shelter: up to 2 weeks	13%	33%	45%	4%	10%	8%
Getting into shelter or housing program: more than 2 weeks	11%	35 %	45%	7%	23%	13%

*Hassle/Hoops (one or more of the following): It was too much of a hassle; I was afraid they would turn me in or report me; I had to jump through too many hoops once I got there; I had to disclose too much personal information; Agency had too many rules; No one wanted to help me; Staff were not nice; I did not feel comfortable in that place.

Significant Subgroup Differences - Unmet Needs and Barriers

Youth who had slept at least one night on the streets within the last 30 days reported greater access barriers compared to youth who had not slept on the street. Youth who had slept on the street were much more likely to need and not receive short-term shelter services in the past year (20% vs. 7%), and were more likely to need and not receive longer-term shelter and/or housing services (15% vs. 7%). Age and sexual orientation were also significant factors in service access. Youth ages 18 and over were more likely to need and not receive help finding a short-term shelter compared to youth ages 17 and younger (16% vs. 7%). GLBT youth also indicated needing and not receiving help finding short-term shelter (20% vs. 9%) and longer-term housing (16% vs. 9%) at higher rates compared to non-GLBT youth.

Youth's Experiences Accessing and Using Housing Services

In nearly a third of the individual interviews asking about housing services, youth reported major access barriers. These included the lack of affordable housing, long waiting lists, limited availability of housing programs for youth, the complexity of enrollment procedures, and not knowing the resources that were available to them. The challenges youth encountered finding housing services point to the critical need for increased age-appropriate low-barrier housing programs.

"The process is just impossible, I don't know. The expectations are outrageous. It's just very long and after... certain processes you think you have everything done they come back and slam more stuff on it, and it's just really a big hassle."

— Youth in focus group at a transitional living program

After they completed shorter-term shelter stays, youth often found it difficult to find longer-term transitional living or other housing programs.

"The negative part...after the thirty days ... there's rarely a possibility that someone's going to get kicked out or give up a residential bed. So they need to have something set up where you can have somewhere to go, some resources you know to call, you know have something set up....When you get to day thirty...you get the boot."

Some youth talked about the importance of having transitional living programs, as opposed to jumping into apartment living, and a need for budgeting classes and independent living skills training, along with individualized case management assistance, to help them become more stable and be able to transition into more permanent living situations. Some youth indicated that they hadn't found or couldn't get into transitional living programs. Youth also said that they were concerned that there weren't enough adult transitional living and housing programs for them when they aged-out of youth-specific services.

"And then it's just kind of like we only help you from eighteen to twenty-four so it's either you get your shit together in between that period of time and we're willing to help your ass."

Strict rules in shelters and transitional living programs were identified by almost all of the youth as a major barrier to entering and remaining in housing programs. They thought that rules should be more flexible and age-appropriate, and there should be more lenient consequences for breaking rules.

"I wouldn't do well in shelters. I hate rules, so...I'd rather follow my own rules, and live on my own. I plan on staying in hotels, but not too, for too long, no. Like I feel like, if I need to stay in a shelter, then...I have to go when I'm ready... 'Cause it's hard for me to take rules and accept, you know, and accept rules, so...I would have to go when, when it's time for me to go."

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“The whole transitional housing situation, no I wouldn’t want transitional housing, because if I can’t work the hours I want to work, and you expect me to get a job? If you want me to get a job you should let me work whatever hours I want to work. I shouldn’t have to be in the house by ten o’clock because you say so.”

Youth found requirements for maintaining sobriety in order to stay in housing programs a serious barrier.

“I’ve been pretty honest about my use of drugs, and they’re just always like, Oh, if you don’t quit, you’re gonna get kicked out of the program. It’s always an ultimatum, like, Oh, you need to quit this because if we find it in your system, you’re gonna be out of the program. It’s not something like, Oh, you know what? It’s a problem. We want to help you. It’s never been like that...”

“--- first of all they wanted me to admit that I had a drug addiction problem then go to rehab and all this and blah, blah, blah, blah, blah. And like, I just wasn’t ready for it.”

“There is really no help out there, they’re just like, they just give you ultimatums, like, ‘Oh, if you don’t quit this or you don’t stop doing that, we’re gonna kick you out of this program.’ And it’s just like, well, a lot of people just leave because it’s like, ‘Well, I’d rather just stay high than stay in this place.’ Or, ‘I’d rather just do what I’m doing and not pay attention to what you want.’” — Latina, Female, Age 20

Despite concerns with housing programs, many youth participating in transitional living programs reported that the stable housing and structure helped them start doing positive things in their lives.

“Okay, well I’m finally in a safe place, and I’m gonna be able to work towards my goals, and so, I get in the house, and everything is good.”

“...Probably they give curfew for a reason. Probably they give you all these rules for a reason, so you could start [to] develop a life, you know? So you could start knowing what’s going to be out there in life for you.”

“So I’m like, it’s very good. No let it be, you know, take my curfew, and basically my training ... has been really, really good, ‘cause like I said, they helped me a lot. My reading improved, my spelling improved more. And, like I said, I got a job, I got an intern job with outreach [at the agency]. I work with them.”

Homeless youth with children faced particular challenges finding and maintaining stable housing.

“When I was pregnant ... I was determined not to be homeless anymore. Like I slept on the streets while I was pregnant, for as long as I possibly could. And then finally I got this little sort of, like this little single apartment with his dad. That was when we were still together. And we got this little single apartment. It was like \$550 a month. And then, then I couldn’t work anymore ‘cause, you know, I had him. And CalWORKS picked up the tab ... they want you to find an apartment for like \$467. I don’t know where you’re gonna find an apartment in LA for \$467 a month.”

“...Unless you’re on like Section 8. And it’s very hard to get Section 8, because like, you could be bumped higher on the list because you have a child, but everybody in LA has a child. We’re still waiting.”

Despite their interest in finding housing programs that met their needs, youth shared that what they really wanted was a home of their own – they just couldn’t see how they were going to get from where they were now to where they wanted to be.

“My ideal situation is my own apartment, my own pad, money, all that shit.”

“To get my own apartment, get my own dreams, provide my own rules.”

— Youth in focus group at a transitional living program

Mental Health and Substance Abuse Services

“Because the fact that I didn’t trust nobody. I didn’t care to deal with nobody. Me, myself, I was a loner. And then yet also, I was going on a thing that... I’m independent. I need to be independent. These doctors don’t know what’s best for me. They don’t know me like I know me. And for them to try and put a label on me is really pathetic, and I didn’t like that.”

— African American, Male, Age 21

Despite the prevalence of mental health and substance abuse problems, utilization of treatment services was relatively low. This could reflect youth’s inability to see certain issues as problems, their negative experiences with prior services, other perceived barriers to care, and limited availability of youth-specific services, including outpatient psychiatry, residential treatment for youth lacking public or private insurance coverage, and outpatient treatment services.



Table 11. Mental Health/Substance Use Services Received and Satisfaction

Mental Health/ Substance Use	Percent who used service in last year (n=389)	Of those who received the service, percent satisfied [^]
Help when you were in crisis	37%	88%
Help finding a therapist or counselor	35%	91%
Regular counseling	27%	82%
Help re-unifying with your family	11%	72%
Dealing with your drug /alcohol use	14%	70%
Help dealing with partner abuse	9%	68%

[^]% “Satisfied” includes responses of “somewhat satisfied” and “very satisfied.”

Over one third of youth (37%) reported receiving crisis intervention services in the past year; 15% of youth reported needing crisis intervention help and not getting it. Twenty-seven percent of youth indicated they received regular counseling; 10% of youth indicated they needed regular counseling and didn’t get it. Most youth (88% and 82%, respectively) were satisfied with the crisis intervention and counseling services they received. Only fourteen percent of youth reported receiving help dealing with their drug use in the past year; 6% of youth reported needing help in this area and not getting it. Of those who got help dealing with their substance use, over two thirds (70%) were satisfied with the help they received. Of those that did not get needed help with mental health or substance abuse services, the primary reasons were lack of knowledge of resources and agency “hassles and hoops.” (See Tables 11 and 12 for details on service utilization, satisfaction, and barriers to care.)

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Notably, only 11% of youth reported receiving services to help them re-unify with their families – this could reflect the age of the youth surveyed, their estrangement and disconnection from their families, or the inappropriateness of reunification given the family situations youth had come from. However, many youth reported that they would have liked more access to family therapy and counseling for their parents who struggled with substance abuse and other problems.

Significant Subgroup Differences - Utilization and Access

Youth who had spent at least one night on the streets within the last 30 days were much less likely to have received help finding a therapist or counselor as compared to youth who had not slept on the street

(29% vs. 42%). Youth ages 18 and over were also less likely to have received help finding a therapist or counselor compared to younger youth (30% vs. 51%). Youth removed from home by CPS were more likely to have received help finding a therapist or counselor (44% vs. 30%), as well as finding regular counseling (34% vs. 24%).

Significant Subgroup Differences – Unmet Needs and Barriers

Youth who had slept at least one night on the streets in the last 30 days were more likely than youth who had not slept on the street in the prior 30 days to have needed help finding a therapist or counselor and not gotten it (13% vs. 7%). Youth ages 18 and over were also more likely to have needed help finding a therapist and not gotten it compared to minor youth (12% vs. 3%).

Table 12. Mental Health/Substance Abuse Services Needed and Reasons Not Received

Service Needed	% Not Receiving Who Needed (n=386)	Barriers: Reasons why did not get the help needed				
		I did not know where to go (%)	Agency Hassle/ Hoops* (%)	I did not have transportation (%)	Agency too full or too busy (%)	I was too old or too young (%)
Needed help when I am in crisis	15%	36%	39%	9%	5%	7%
Needed help finding a therapist or counselor	10%	38%	46%	16%	5%	10%
Needed help with reunifying with family	7%	43%	35%	9%	4%	9%
Needed help dealing with my drug or alcohol use	6%	36%	36%	16%	16%	12%
Needed help with dealing with intimate partner abuse	5%	17%	67%	6%	6%	6%

*Hassle/Hoops (one or more of the following):

It was too much of a hassle; I was afraid they would turn me in or report me; I had to jump through too many hoops once I got there; I had to disclose too much personal information; Agency had too many rules; No one wanted to help me; Staff were not nice; I did not feel comfortable in that place.

Youth's Experiences Accessing and Using Mental Health and Substance Use Services

The vast majority of the youth participating in interviews and focus groups had had some prior experience with individual counseling, group counseling, or psychiatric services. A smaller number of youth had had extensive experience with mental health services, including involuntary psychiatric holds and placement in mental institutions, and involuntary therapy and medication in placement, jail or prison. There was a very negative association with most mental health services. The youth felt “the system” (parents, schools, institutions) had labeled them at an early age as “abnormal.” Youth reported that they preferred counseling to medication, and would have liked to have access to more alternative strategies for coping, such as art, yoga, meditation, writing classes, or pet therapy.

Past Negative Experiences with Mental Health Services

Almost all of the youth reported that they knew how to access mental health services, but that their past negative experiences made them reluctant to seek out or use services. Youth did not like the feeling of being labeled, categorized, or objectified, and they often felt that mental health providers had not really helped them.

Most of the youth said they didn't trust mental health providers and had concerns about confidentiality and mandatory reporting.

“Like if I had a choice I wouldn't have done it. Like go to counseling. I mean, 'cause I always felt better talking to a friend or somebody really close, than to talk to people that were, I don't know, how do you say it? I always felt that like...I'd always be afraid to talk to them more. ... 'Cause I always thought that, like, I don't know, like I was afraid to tell [someone] because I thought they were going to be like running to the police or social service or something.”

The issue of mandatory medication for mental health problems came up in every one of the focus groups and many of the interviews. Many youth reported taking prescription medication at some point in their lives. Overall, youth viewed psychiatric medications negatively, and felt that providers over-utilized them as a means of controlling them or forcing them into cooperating.

“They should get to know the patient before they give them medicine, to really see what is wrong with them. All this medication given, and it's not working. It's making more kids hyper, acting bad in school, and it's supposed to work. It's not working.”

“I think that, you know, if I was to ever go to a counselor again I would actually want them to like hear me out and understand me, what I'm saying to them about my life and how I'm feeling. And not immediately jump to the conclusion, like, “Well this girl needs this medication for this and needs this for that.” And I don't want to be this drugged out [like a] freakin' zombie, you know? I actually want to be able to be myself and, you know feel my feelings. I was on, you know, a whole bunch of different medications when I was in high school.”

— Youth in focus group at a transitional living program

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Most youth interviewed did not like the effects medication had on them. Several youth reported that they had just stopped taking the medication that had been prescribed. Other youth reported that they stopped taking their medication when they ran out of meds and did not have money, a prescription, or an appointment to get more.

“Being under the influence of those medications, it wasn’t helping me, it was making me feel more depressed. And it was just having me stuck and sleepy, so I just stopped taking them when I ran out. I wasn’t taking them again.”

“When I was taking . . . it just made me feel like a zombie, like. I can’t feel nothing, like I just literally felt like I’m dead.”

Past Negative Experiences with Substance Abuse Treatment Services

Almost all of the youth who had had substance abuse treatment reported negative experiences with both inpatient and outpatient treatment which contributed to their reluctance to use treatment services. Most of the youth who had been to Narcotics Anonymous (NA) or Alcoholics Anonymous (AA) meetings, or who had been required to attend treatment groups in different programs, hadn’t found them useful, and had, in fact, often found them counter-productive.

“So if there are mandatory groups, then you’re gonna have fuckin’ hell. You’re gonna have smart-ass comments. You’re gonna have . . . people being disrespectful or whatever. . . A lot of people feel that they don’t have a drinking problem. But guess what? It’s coming from all the people that have been caught drunk in the house. . . They’re the ones complaining. . . when they’re the ones that need it. But because it’s. . . mandatory then they make it hell for everybody else that actually. . . would want to go to an Al-Anon meeting or an AA meeting. So as long as a meeting’s mandatory, there’s hell. . . But when it’s, when it’s voluntary, it goes pretty well. Cuz people actually go on their own will. “

Many youth reported that they didn’t need or want treatment services, even though they continued to use drugs off and on and had friends that used.

“Actually I’ve been sober for eight months, like I’ve always, like I’ve always taught myself how to quit. Last year I quit, no like two years before that, I had quit for like a whole year. And then I started hanging around with the same people I was hanging around with, they were like, “Oh, would you like to smoke?” and I was just like, “Sure!” I was like, “I have nothing better else to do today, why not?” So. . . it’s, I could quit like anytime, like if I started smoking, I could quit anytime.”

“So mostly when I try to quit something I try to do it on my own, like as much as possible. I’m not incompetent. I’m not stupid. I’m healthy. So it’s like, I know what’s good for me and I know what’s not. So like I try to help myself first before I tend to have somebody else help me.”

— Latina, Female, Age 20

Positive Experiences with Mental Health and Substance Abuse Treatment Services

Some youth reported being satisfied with the services provided by therapists and counselors. They particularly valued the relationship that they had with their therapist, the opportunity to be listened to, and the fact that they didn't feel judged. Youth appreciated the help they got from therapists, and valued the support provided by case managers and other staff at agencies.

"It's been cool, 'cause it's like people right there that listen to me. I never had nobody listen to me. 'Til I got here. And that was a year, almost a year ago. They really care... I [started] crying when I first came here and talked to my therapist. 'Cause nobody really like sit right there and listen to me."

"It's going great. I get a lot of feedback when I speak to the therapist. And it applies so well, so well. It's to where it makes me feel a lot smarter because I know, you know, what's really going on, rather than just operating myself out of emotions, I can definitely tell where the emotions are coming from, what emotions I'm feeling, and why, what actions I take from that."

"I mean, she's cool. I like her. And basically we just talk about like my goals, and how I'm feeling that day, or if I'm feeling fine, or like if I'm just mad. We just talk about things like that. Or, or, or just things that trigger my anger, stuff like that. And how I can control them, and things I can do to meditate and just... not be stressed out that much." — Latina, Female, Age 20

In addition to clinical staff, many youth reported strong relationships with their case managers and with other direct care staff at agencies.

"She's [case manager] just like, she helps me out whenever like I need to go somewhere or when I'm trying to get a job or something. She's like, she gives me tokens to go there and everything."

"They've actually helped me out a lot about, with my kids. You know, parenting classes and stuff like that, certain situations I'm going through. You know, they've always been there to help me out."

"... it wasn't necessarily something they did within the job description, it was just like one-on-one conversations that... I had with certain staff members or people that worked there. They actually took the time to actually really, truly get to know me. And, you know, when there's someone like that around, who will actually take the time and listen to you and understand you and... you know, it's not that they automatically understand, it's that they try to understand. They make that effort to have a connection with you. That helps." — White, Male, Age 22

Education and Employment Services

"Education is the key to success in life but at the point and time I need money cause life revolves around money, you know, I'd rather have a job first so I can save that money up, and then get in school and then I wouldn't have to worry about nothing, you know. I have everything planned out, so that, that's just where my head at. I'd rather get a job first, you know."

Along with housing, education and employment are critical for youth's long-term stability and success. Twenty-nine percent (29%) of youth reported receiving help going back to school in the last year; 15% of youth reported they needed this help and didn't get it. Four out of ten youth (39%) reported they received help looking for a job in the last year; 30% reported they needed help looking for a job and didn't

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get it. Less than a third (31%) reported receiving pre-employment skills training, and only 16% reported receiving job training or internships; 15% and 17% of youth, respectively, did not receive the help they wanted in these areas.

Youth who received education- and employment-related services were satisfied with the services they received (85% for help going back to school; 75%-79% for employment-related services). The greatest unmet need that youth reported was help looking for a job. Their desire for work and employment-related training reinforces the importance of expanding job-related services responsive to the needs of homeless youth. (See Tables 13 and 14 for details.)

Table 13. Services Received and Satisfaction With Services

Employment/Education	Percent who used service in last year (n=389)	Of those that received the service, percent satisfied [^]
Help looking for a job	39%	75%
Pre-employment skills training	31%	79%
Job training or internships	16%	75%
Clothing for work/school	37%	81%
Help going back to school	29%	85%
Help getting a driver's license	22%	77%

[^]% Satisfied includes responses of "somewhat satisfied" or "very satisfied"

Significant Subgroup Differences – Service Utilization and Satisfaction

Youth ages 18 and over were more likely to have received help looking for jobs compared to younger youth (43% vs. 28%). African American youth were more likely to have received help finding a job (48% vs. 33%) and to have engaged in pre-employment skills training (40% vs. 26%) than non-African American youth. Youth who had been removed from home by CPS were more likely to have received help to return to school (37% vs. 25%). Youth who had spent at least one night sleeping on the streets in the last 30 days were less likely to have received help looking for jobs (34% vs. 46%).

Significant Subgroup Differences – Unmet Needs and Barriers

GLBT youth were more likely to have needed help returning to school and not receiving it than non-GLBT youth (20% vs. 11%). Youth with a history of incarceration were more likely to report needing help looking for a job and not getting it in the last year (36% vs. 27%). Youth who had slept at least one night on the street within the last 30 days were more likely to have needed and not received help finding a job (36% vs. 26%) and help finding job training and internships (22% vs. 13%) than youth who had not slept on the street.



Table 14. Education and Employment Services Needed and Reasons Did Not Receive It

Services Needed and Reasons Did Not Receive Them	% Not Receiving Who Needed	Barriers: Reasons why did not get the help needed				
		I did not know where to go (%)	Agency Hassle/Hoops* (%)	I did not have transportation (%)	Agency was too full or too busy (%)	I was too old or too young (%)
Needed help looking for a Job (n=387)	30%	43%	33%	19%	16%	10%
Needed pre-employment skills training (n=386)	15%	48%	31%	22%	5%	5%
Needed job training or internships (n=386)	17%	60%	31%	15%	11%	6%
Needed help going back to school, GED, or college (n=386)	15%	33%	37%	15%	0%	8%
Needed help getting clothing for school or work (n=383)	19%	35%	28%	7%	9%	7%
Needed help getting a driver's license or ID card (n=378)	20%	33%	33%	12%	9%	5%
Needed help finding a computer or e-mail access (n=386)	10%	53%	38%	6%	6%	3%

*Hassle/Hoops (one or more of the following):

It was too much of a hassle; I was afraid they would turn me in or report me; I had to jump through too many hoops once I got there; I had to disclose too much personal information; Agency had too many rules; No one wanted to help me; Staff were not nice; I did not feel comfortable in that place.

Youth's Experiences with Education and Employment Services

In focus groups and interviews, youth expressed strong and often conflicting feelings about the educational and employment services they needed and received and the barriers that they had faced. Many youth in housing programs felt they received the educational help they needed, while others felt they needed more tutoring and homework assistance. Youth had a lot to say about employment, reflecting the real difficulties of finding work in this economy and their lack of job-related skills.

Most of the youth involved in housing programs reported that their case managers were supportive in helping them meet their educational needs and goals.

“Well like yeah, ‘cause like on my case plan I have like, looking for a job, looking for... schooling. Job, school, and then I think also there’s...like apartments and stuff like that. ‘Cause I don’t plan on staying at the [place] like forever... But, yeah, but my main two goals are like getting like...getting my GED and stuff like that But it’s been doing good, doing well so far.”

Many of the youth were completing on-line GED programs at agencies. Most of the youth were satisfied with the GED services that they were receiving.

“It’s going fine...Yeah, there’s tutoring up in there, yup. It’s like, anything I need, this place have. Everything I need.”

Youth didn’t feel that the financial support they received from government programs or agencies for school was sufficient.

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“I got a grant ...for a hundred dollars, but that still doesn’t like help me enough. ‘Cause \$46 of it went to my, my school dues and I only had like \$54 for books. And they didn’t have enough money to give me more, so I’m still like struggling right now at school. ...there’s still a lot of people that doesn’t have books around here for school.”

Youth struggled to achieve their educational goals when they also had to deal with more immediate housing and employment issues. As a result, not all youth saw education as the priority.

“It’s better to be in school, better to just have a long term place to stay. But when you’re coming up on eighteen like some of us are, it’s better to have permanent actual housing that you won’t get kicked out of ... and an actual job that you can make enough money to live off of you know. It’s way more important at that point than school. If you haven’t graduated then it’s at least for me a tough luck situation. I have to get by without it until I can afford to do it. I have to be able to make enough money to where I can work enough hours so that I can go to school.”

Youth talked about the difficulty of finding jobs even when staying in housing programs, and how the programs didn’t always meet their needs and sometimes had unrealistic expectations.

“Your case manager gives you thirty days to find a job and you have to check back with him two times out of the week and let him know that you’re looking for a job. And they give you this list to go out to make sure that you’re looking for a job to bring back to him and whatever.”

One youth reported that his case manager’s priority was for him to get a job, while he would rather focus on his education.

“I think he feels more strongly about me getting a job than I do. Personally I would prefer to... kind of... be more focused on education and school. But I know that... in order to get into transitional housing you need to be working. So I understand what he’s trying to do. But it’s just kind of stressful, ‘cause I have to like make time to go to school and then make time to go to work. And I don’t even know where I’m gonna live next month.”

Youth were frustrated by the kinds of jobs that were available to them, and as a result, often felt that agency staff were only interested in linking them with low level service jobs and not necessarily taking into account their interests. As one participant said:

“[They] just want you to have a job. Really. And so they [say] like, ‘Work at McDonalds if you have to.’ And I’m like, ‘I’m not trying to work at McDonalds.’ ... I’m not trying to like sit there, flip burgers or whatever like that. Even though it’s a job, sure, but like, you would think that like they would want you to do something better than that, you know.”

Many youth mentioned that they would like some sort of job placement program that could help find them a job or internship that would support their career goals, rather than some menial, dead-end job. One youth said, *“Yeah ... like maybe they can do a training or something and if it’s in the field that you’re interested in they could actually help you to get into that job, you know. That would be good.”*

Lack of transportation was mentioned as a serious barrier to seeking or maintaining a stable job: *“In any of these jobs ... what we need is transportation, a bus pass. Just because you have a job doesn’t necessarily mean that you always have a bus pass to get there.”*

Some youth felt that the “street mentality” negatively impacted their motivation to go to school or get a job. They sometimes reported that prostitution and involvement in the street economy were easier than finding a steady job and going to school. Many youth mentioned that there is a “Catch-22” when it comes to housing and a job; you need a job to pay for housing, but in order to get a job you need stable housing.

As one youth put it *“I don’t know nobody living on the streets that’s maintained a nice job, ever!”*

“That’s the main thing. Well you see the thing about having a job and the thing about housing is, it’s, it all, everything all goes in hand in hand with each other. To maintain a job you need a house but you want a job because you need to maintain your house, so if you don’t have one or the other then it’s kind of hard to get one or the other.”

— Youth in focus group at a transitional living program

Youth described the problems of keeping a job while homeless.

“Housing is definitely part of it because if you don’t have somewhere to stay it is hard to keep yourself maintained ... enough to work... So imagine for someone coming in who hasn’t been able to sleep somewhere that night, maybe having a little B.O...you know what I’m saying... cause their hygiene is off cause of their limited resources. It makes it hard for you to even get your mind ready to go for it, let alone to be at work knowing that you know, you’re tired, you have nowhere to go.”

Health Care Services including HIV Testing and Contraception

One in five (21%) youth surveyed reported getting medical attention for a chronic illness (such as asthma, diabetes, epilepsy, etc.) and one in five (21%) youth reported getting medical attention for an acute illness (such as colds, flu, diarrhea, etc.) in the past year. The most commonly used services were HIV testing (59%), and testing for sexually-transmitted infections (STIs) (37%). Overall, youth were satisfied with the services they received, except for dental care. Dental care was also the most commonly cited healthcare service that was needed and not received (23%), most likely due to the scarcity of dental care for uninsured populations in the community. Youth reported minimal barriers to accessing other health care services, reflecting perhaps the availability of targeted services for homeless youth in the community. (See Tables 15 and 16.)

Table 15. Healthcare Services Received and Satisfaction

Health Care	Percent who used service in last year (n=389)	Of those who received service, the percent satisfied [^]
Medical care for chronic illness	21%	79%
Medical care for acute illness	21%	91%
Dental care	22%	64%
An HIV test	59%	83%
Birth control or contraceptives	13%	75%
An STI test	37%	92%
STI treatment	11%	95%
Emergency contraception	4%	--
An abortion	2%	--
Prenatal care	6%	--
Hormone shots	4%	--

[^]% Satisfied includes responses of “somewhat satisfied” or “very satisfied”

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Table 16. Healthcare Services Needed and Reasons Did Not Receive It

Service Needed	Percent Not Receiving Who Needed Service (n=386)	Barriers: Reasons why did not get the help needed				
		I did not know where to go to get it (%)	Agency Hassle/ Hoops* (%)	I did not have transportation (%)	Agency too full or too busy (%)	I was too old or too young (%)
Needed help with getting an HIV/AIDS test	9%	27%	30%	15%	6%	9%
Needed help with getting medical treatment for HIV	4%	23%	8%	15%	8%	23%
Needed help with getting condoms	7%	29%	29%	4%	0%	8%
Needed help with getting birth control or contraceptives	7%	30%	43%	9%	0%	0%
Needed help with getting a test for sexually transmitted infections (STIs)	7%	30%	26%	0%	13%	9%
Needed help with getting treatment for sexually transmitted infections (STIs)	5%	29%	43%	0%	0%	7%
Needed help with getting emergency contraception	3%	30%	40%	0%	20%	0%
Needed help with getting an abortion	2%	37%	50%	0%	13%	25%
Needed help getting medical care for chronic illness	8%	33%	30%	10%	7%	23%
Needed help getting medical care for acute illness	6%	36%	36%	9%	9%	9%
Needed help getting dental care	23%	49%	34%	16%	11%	6%
Needed help with getting medications that you need	13%	33%	37%	10%	6%	6%
Needed help with getting prenatal care	3%	25%	17%	8%	8%	17%
Needed help with getting hormone shots	4%	33%	27%	13%	7%	13%

*Hassle/Hoops (one or more of the following):

It was too much of a hassle; I was afraid they would turn me in or report me; I had to jump through too many hoops once I got there; I had to disclose too much personal information; Agency had too many rules; No one wanted to help me; Staff were not nice; I did not feel comfortable in that place.

Significant Subgroup Differences – Utilization and Satisfaction

Younger youth ages 17 and under were more likely to have received medical care for chronic illnesses (32% vs. 18%) and received dental care (43% vs. 15%) than older youth ages 18 and over. Younger youth were also more likely to have received birth control or other contraceptives than older youth (21% vs. 10%). Older youth were more likely to have gotten an HIV test than younger youth (63% vs. 50%). African American youth were more likely to have received an HIV test (67% vs. 54%), dental care (29% vs. 17%) and testing for STIs (46% vs. 31%). GLBT youth were more likely to have gotten an HIV test (73% vs. 53%) and treatment for an STI (15% vs. 9%) compared to non-GLBT youth. Youth who had been removed from home by CPS were more likely to have received medical care for chronic illnesses (30% vs. 16%) and dental care (30% vs. 17%), and to have received condoms (72% vs. 59%) than youth who had not been removed from home. Youth who had been removed from their homes were also more likely to have received treatment for STIs compared to youth who had not been removed from their homes (15% vs. 8%). Youth who had spent at least one night on the streets in the last 30 days were more likely to have received medical care for a chronic illness (28% vs. 16%), medical care for acute illnesses (28% vs. 16%), an HIV test (66% vs. 53%), and condoms (74% vs. 55%) than youth who had not slept on the street.

Note, we did not include health care access questions in our focus groups and interviews and thus do not have qualitative data on youth's experiences, satisfaction, or barriers to care.

Significant Subgroup Differences – Unmet Needs and Barriers

GLBT youth were more likely to have needed and not received medical care for a chronic illness (12% vs. 6%), needed and not received medical care for an acute illness (10% vs. 4%), and needed and not received dental care (34% vs. 17%) compared to non-GLBT youth. GLBT youth were also more likely to have needed and not received help getting necessary medications (20% vs. 9%), medical treatment for HIV (7% vs. 1%), and condoms (12% vs. 3%). In addition, they were much more likely to have needed and not received help obtaining contraception (12% vs. 3%), getting an STI test (10% vs. 3%), getting treatment for an STI (7% vs. 2%), and obtaining emergency contraception (5% vs. 1%) compared to non-GLBT youth.

Youth who had slept at least one night on the streets in the last 30 days were more likely to indicate needing and not receiving medical care for an acute illness (9% vs. 3%), dental care (31% vs. 17%), help getting necessary medications (18% vs. 9%), and help obtaining condoms (10% vs. 4%) compared to youth who had not slept on the streets in the last 30 days.



Section 6: Conclusions and Recommendations for Improving Services and Systems

As our research shows, homeless youth in Hollywood are largely disconnected from traditional service systems. A significant number face serious mental health and substance abuse problems; too many have been involved in the dependency and/or delinquency systems. The majority are not on track with their education and many have left school completely. Most are unemployed. These obstacles challenge but do not diminish these youth's hopes, aspirations or their basic needs. Homeless youth need what all youth need: a safe place to live, a good education and access to a good job.

Most of the homeless youth in Hollywood experienced traumatic events before they left home, including child abuse and neglect, and many of them were re-traumatized once on the streets. This trauma impacts their sense of self, their relationships, their beliefs, and behaviors, and shapes their responses to services. Trauma-informed services which recognize the presence of trauma symptoms and the role that trauma has played in their lives are critical for engaging homeless youth and meeting their needs.

Most homeless youth have little connection to parents and families that could help them navigate the transition to adulthood, and little connection to other community supports that could enhance their development and help buffer the overwhelming negative effects of poverty, family disruption, childhood abuse or neglect, and community violence and crime. An emerging research base in youth development has identified key components needed to promote positive outcomes for young people and alter their risk trajectories: the ability to make strong

connections with caring adults, environments which provide physical and psychological safety and security, and programs that offer youth opportunities for skill building and mastery and experiences in leadership and shared decision making.⁵⁰

It will take political will and significant resources to end homelessness among youth. We have a set of 29 specific and technical recommendations for preventing, reducing, and ending youth homelessness, organized under four overarching recommendations. These recommendations are informed by our data and by almost thirty years of experience providing services to runaway and homeless youth in the Hollywood community, as well as research on complex trauma and positive youth development. These recommendations have been reviewed and vetted by a diverse group of stakeholders. We see these recommendations as a starting point for discussion and present them in order to engage public agencies, elected officials, foundations, and civic and community organizations in finding new and creative solutions to youth homelessness.

I. Homeless youth require stable, secure, and supportive housing that is responsive to their developmental needs. Youth-specific housing programs need to be expanded and low-barrier housing models need to be developed for youth.

The most fundamental strategy for preventing and reducing youth homelessness is housing. The current nationwide emphasis on “housing first” as the strategy for addressing homelessness is clearly productive, but needs to be adapted to the developmental needs of youth. We need a variety of housing models to serve young people. Some youth need the structure and support provided through transitional living programs, and need this level of support through their early

⁵⁰ National Research Council and Institute of Medicine (2002). *Community Programs to Promote Youth Development*. Committee on Community-Level Programs for Youth. Jacquelynne Eccles and Jennifer A. Gootman, eds. Board on Children, Youth, and Families, Division of Behavioral and Social Sciences and Education. Washington, DC: National Academy Press.

adulthood. Other youth are not able to tolerate the rules and structure of many housing programs, and need housing which provides safety from the streets yet lets them live independently and stay connected with their social networks. Further, those young people who are engaged in the street economy and/or who are actively using substances cannot find housing that is appropriate for them. As we are doing for adults, we need low-barrier housing models for these youth. In addition, homeless youth who do not meet specific eligibility criteria or have specific qualifying conditions face significant problems finding the housing they need, reflecting perhaps the reliance on categorical funding to build new housing programs for youth.

Specific recommendations to increase the number and type of youth-specific housing programs are:

1. Increase the opportunities for youth-specific services to be funded through HUD's McKinney-Vento programs through an expanded definition of homelessness that includes the most unstable living situations; by fully funding new homeless prevention services envisioned by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act; and by allowing greater flexibility in housing programs to meet the needs of youth.
2. Increase the age eligibility for Runaway and Homeless Youth (RHY) Act services for youth through age 25; and increase the federal allocation for the RHY Act grant programs within the Department of Health and Human Services (DHHS) to expand outreach, emergency shelter, drop-in center services, family reunification, and transitional housing programs.
3. Ensure that transitional living programs for youth funded through HUD, DHHS, and local and state agencies

allow youth to enter programs beginning at age 16 through age 24 and one-half, and allow time-unlimited stays for youth through age 25.⁵¹

4. Expand drop-in centers, emergency shelters, transitional living programs, permanent supportive housing, and scattered site housing for homeless youth ages 18 through 25 in Los Angeles County, in California, and in communities throughout the United States.
5. Allocate sufficient operating subsidies for youth housing programs so that youth do not have to contribute financially while they're learning new behaviors and skills, completing education, or participating in job training and internship programs.
6. Advocate for California to receive a proportional share of federal Runaway and Homeless Youth Act Funding.
7. Develop, test, and fund new low-barrier housing models for homeless youth (including those using substances) that will enable youth to enter and remain in youth-specific housing and begin a path to stability and self-sufficiency.
8. Expand transitional living and supportive housing programs for homeless youth in Los Angeles County who do not meet specific categorical eligibility requirements, such as mental health diagnoses or former foster care status.
9. Adopt developmentally appropriate, trauma-informed performance measures for housing programs that capture incremental, short-term improvements and do not rely solely on longer-term changes such as self-sufficiency.
10. Increase and standardize the age limit of individuals considered to be transition age youth through age 25 for all city, county, state, and federal programs, and adjust the age limit for eligibility for all federal programs accordingly.⁵²

⁵¹ DHHS-funded TLPs serve youth, including pregnant and parenting youth, ages 16 through 21. Youth can stay in these TLPs for 21 months, until they reach their 22nd birthday. HUD defines transitional living programs as 24-month programs.

⁵² This should include programs such as DHHS RHY Act-funded emergency shelters and transitional living programs; Independent Living Program (ILP) services; and Early Prevention, Screening, Diagnosis and Treatment (EPSDT) services. We are hopeful that health care reform will significantly change access and eligibility for homeless youth.

II. Homeless youth need to be connected to caring adults, to build life skills and competencies, to complete their education, and to prepare for and find meaningful employment. Programs and services for youth must be expanded, integrated, guided by trauma-informed approaches, and responsive to youth's cultural diversity, gender identity, and sexual orientation.

We must ensure that there is a continuum of services to help prevent and respond to youth homelessness, including health care, mental health and substance abuse treatment, legal services, benefits assistance, educational programs, employment assistance, and youth development opportunities. And, given the significant number of homeless youth who are gay, lesbian, bisexual and transgender and who are youth of color, services must be responsive to their specific needs and experiences. Though the youth we surveyed were generally satisfied with the services they were already receiving, they were discouraged by complicated agency requirements and procedures and often couldn't find the resources they wanted.

We believe that some of the changes legislated by the Affordable Care Act (Health Reform) will go a long way in improving access to health care services for homeless youth. However, we need barriers removed now. The homeless youth we surveyed cannot find jobs or employment-related services; they struggle to balance their competing need for education and employment. While California's Mental Health Services Act (MHSA) was a pioneering accomplishment by identifying transition age youth through age 25 as a priority population, we have a long way to go to meet the mental health needs of homeless youth. Most youth we surveyed were not interested in mental health or substance abuse treatment

services, given their prior negative experiences, but youth who wanted mental health services often couldn't find inpatient treatment, psychiatric services, or counseling due to restrictive eligibility requirements.

We believe the following 8 recommendations will further our efforts to ensure that youth have access to health care, mental health services, public benefits, and education and employment services:

- 11.** Establish an eligibility criterion for Title XIX (Medicaid) that qualifies all unaccompanied homeless youth through age 25.⁵³
- 12.** Expand the availability of psychiatric services, medication management, day treatment options, and outpatient and in-patient mental health and substance abuse treatment services for homeless youth who aren't eligible for publicly-funded programs due to age restrictions or documentation status, and ensure that outpatient programs are available to youth who do not have a diagnosis of significant impairment.
- 13.** Reduce the reliance on mandatory mental health services (including medications, therapy and hospitalization) for youth under the supervision of public service systems.
- 14.** Prioritize funding for mental health services that are: a) youth-centered and focused on positive youth development; b) integrated with substance abuse and primary health care; c) supportive of harm reduction; d) guided by the principles of Attachment, Self-Regulation, and Competence (ARC);⁵⁴ and e) informed by evidence-based, evidence-informed, and practice-based interventions.
- 15.** Streamline enrollment procedures to facilitate youth access to public benefits.

⁵³ We need to ensure that unaccompanied homeless youth can access Medicaid services while we prepare for health care reform in January 2014.

⁵⁴ Blaustein, M.E. & Kinniburgh, K.M. *Treating Traumatic Stress in Children and Adolescents: How to Foster Resilience through Attachment, Self-Regulation, and Competency*. New York: The Guilford Press. 2010. Print.

16. Expand McKinney-Vento Homeless Education Act funding so that school districts and local schools can strengthen and expand their support services for homeless youth and better comply with identification, tracking, and reporting requirements.

17. Develop and test educational programs specifically designed for homeless youth aged 18-25 who have not graduated from high school, secured a diploma or obtained a GED.

18. Ensure that state and local Workforce Investment Act (WIA)-funded programs, TANF programs, YouthBuild programs from the Department of Labor, and other local, state, and federal employment programs specifically target homeless youth and offer services to increase their skills and readiness, including employment-related experiences for youth who are not yet ready for traditional work environments.

III. Homeless youth have significant involvement in the dependency and delinquency systems. Policies must be enacted and services designed that prevent youth from entering these systems and ensure that youth leaving them are prepared for independence and do not become homeless.

Too many homeless youth are involved with the dependency and delinquency systems. They often fail to make secure connections with adults while in care, and leave these systems ill-prepared for self-sufficiency. We are heartened by the efforts within Los Angeles County to focus on youth development and self-sufficiency for youth under the care of DCFS and Probation, and the plans to strengthen housing, education, and employment services to ensure that youth emancipate from these systems fully prepared for adulthood. We are also encouraged by the passage of AB 12, which extends foster care for youth in the dependency

and delinquency systems through age 21, but we continue to worry about outcomes for youth that are not eligible for these expanded benefits.

We offer 5 additional recommendations to further strengthen support for youth involved in the dependency and delinquency systems:

19. Expand funding for the Chaffee Foster Care Independence Program (CFCIP) to provide housing and supportive services to youth emancipating from foster care and former foster youth.

20. Prohibit the release of youth from public systems or institutional care unless there are documented, feasible plans for placement in appropriate, stable, and supportive housing services or family homes, and increase resources so that agency staff can monitor placement suitability and stability after release.

21. Reduce the number of out-of-home placements for youth under the jurisdiction of Child Protective Services (CPS) and/or Probation and reduce the number of times youth are transferred to new case workers when placements are changed or youth are moved from one secure environment to another.

22. Require that the child welfare system implement cross-county and inter-state funding mechanisms for housing and supportive services for youth, including Independent Living Program (ILP) services, to ensure that youth can access benefits when they have left or been released from care in other communities.

23. Require that all public service systems screen youth for homelessness and facilitate access and linkage to housing, public benefits, medical and behavioral health care, education and job training programs, and other supportive services, as needed.

IV. Homeless youth have an urgent need for public and private agencies to coordinate planning and programs at the local, state and federal levels to ensure their successful transition to adulthood. Additionally, youth themselves need to be involved in identifying solutions and recommending policy changes and practice improvements.

“Opening Doors: The Federal Strategic Plan to Prevent and End Homelessness” calls for preventing and ending homelessness among youth in ten years and sets forth the goal of ending homelessness in America as a national priority. This federal plan emphasizes the need for “collaborative leadership at all levels of government and across all sectors to inspire and energize Americans to commit to preventing and ending homelessness,” and calls for us to “strengthen the capacity of public and private organizations by increasing knowledge about collaboration, homelessness, and successful interventions to prevent and end homelessness.”

Here in Los Angeles, we have seen remarkable progress over the last four years, as local government, the United Way, business leaders, faith-based organizations, elected officials, and community-based organizations have attacked the problem of chronic homelessness. Although much work is still to be done, extraordinary leadership and commitment have resulted in a sea change in how we approach chronic homelessness. We have generated new resources, changed service systems, and initiated exciting new policy efforts. We hope that the energy and creativity shown through these efforts can now be applied to the challenge of preventing and ending homelessness for youth.

We look forward to working with public and private agencies, civic organizations and other stakeholders over the next 10 years to prevent and end youth homelessness, and offer these specific recommendations to this end:

24. Establish a high-level working group in Los Angeles County which brings together leaders from public agencies, law enforcement, school districts, elected officials, United Way, faith-based organizations and community-based agencies serving homeless youth and youth at risk of homelessness to develop and implement a 10-year action plan for preventing and ending youth homelessness.⁵⁵

25. Convene and support a Los Angeles County Homeless Youth Council to ensure youth input into planning and policy efforts and program design, and to involve youth in educating the community about the need to prevent and end youth homelessness.

26. Establish and implement uniform methods and strategies to be used by cities, counties, and other jurisdictions in their Continuum of Care counts so that HUD can accurately determine the number of unaccompanied homeless youth ages 25 and under in our cities and counties.

27. Establish mechanisms for integrating data and generating reports from multiple systems to better understand service needs and utilization, key characteristics, and service outcomes for homeless youth.⁵⁶

⁵⁵ Participants should include, at minimum, the following public entities: the Los Angeles Homeless Services Authority (LAHSA), the County CEO's office; the County Departments of Children and Family Services, Community and Senior Services, Probation, Public Health, Mental Health, and Public Social Services; the Sheriff's Department and the Los Angeles Police Department; the Los Angeles County Office of Education and Los Angeles Unified School District; the Community Development Commission; the Los Angeles Community Development Department and the Housing Authority of the City of Los Angeles. Private agencies include, at minimum, the agencies of the Hollywood Homeless Youth Partnership and other agencies providing housing and supportive services to homeless youth.

⁵⁶ At minimum, there needs to be a method for integrating data from the Homeless Management Information Systems (HMIS) required of HUD-funded agencies; the RHY Management Information System (RHYMIS) required of DHHS-funded Runaway and Homeless Youth (RHY) Act grantees; the GPRA utilized by SAMHSA-funded Homeless Treatment grantees; and data from the National Runaway Switchboard.

28. Ensure that the youth-specific initiative of the Federal Strategic Plan to Prevent and End Homelessness is inclusive of homeless youth through age 25.

29. Fund more research on pathways to and patterns of youth homelessness, protective factors and prevention strategies, and interventions to address housing stability, educational and employment needs, and mental health and substance abuse problems of homeless youth.

We know that most of our recommendations require increased and dedicated funding, and most of the service improvements require fundamental changes in eligibility criteria, funding streams, and service capacity. Further, we appreciate that we are releasing this report during a major economic downturn which triggers increases in demand while at the same time reduces public funds. Both affordable housing and social services programs are suffering. We argue, however, that investing now in ending youth homelessness will result in youth becoming more productive, contributing members of our society and will save us the much greater, long-term costs of chronic homelessness, worsening mental health and substance abuse problems, welfare dependence, and further incarceration. These are the stark options we face if we ignore the needs of these young people.

We are encouraged by the changes at the federal level. The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act offers new opportunities for serving young people, and the inclusion of youth as a priority population in the Federal Strategic Plan to Prevent and End Homelessness from the United States Interagency Council on Homelessness brings new focus to the issue of youth homelessness.

Yet despite these recent policy gains, homeless youth are often a forgotten group. We hope that the findings from this needs assessment focus attention on the serious and often devastating reality that is homelessness among young people. We expect such increased focus will lead to greater resolve to expand the resources we need to prevent and end youth homelessness and strengthen the capacity of public and private agencies to address the needs of youth. We anticipate that increased understanding of the needs and experiences of homeless youth provided through this report and a serious review of our recommendations will help safeguard the future of these young people and help them find a way home.

Dashboard of Homeless Youth in Hollywood

75% of youth were ages 18 to 25; 25% were minors.

60% of youth were male, 32% were female, 5% were transgender, and 3% weren't sure of their gender or used other terms.

40% of youth reported their sexual orientation as gay, lesbian, bisexual, or questioning.

42% of youth were Black/African American; 24% were Latino; and 14% were Caucasian.

56% of youth surveyed lived in Los Angeles County before their first episode of homelessness.

14.4 years: The mean age when youth first left home, were removed from home, or were forced out of home. The mean total amount of time youth were homeless was 2.8 years.

25% of youth had spent the night preceding the survey in a place not meant for human habitation, including the streets, rooftops, abandoned building or squats, alleys, bus stations, train stations, and airports. In the 30 days before the survey, 51% had spent at least one night in a place not meant for human habitation.

27% of youth had experienced hate crimes due to race, sexual orientation, or gender identity while homeless.

21% of youth had been victims of partner violence including verbal abuse, physical abuse, and/or sexual assault while homeless.

28% of youth reported being in school at the time of survey; 53% of those over 18 did not have a GED or high school diploma.

23% of youth who had sex in the last 3 months reported ever being involved in survival sex (sex in exchange for food, money, a place to stay).

49% of youth met the criteria for clinical depression and 18% met the criteria for post traumatic stress disorder using standardized scales.

59% of youth had been victims of child physical and/or sexual abuse.

40% of youth reported having been removed from their home by CPS.

69% of youth reported involvement with the juvenile and/or criminal justice systems at some point in their lives.



Selected Significant Differences (p < 0.05) for Identified Subgroups of Youth for Homelessness, Mental Health and Substance Abuse Problems, Sexual Risk, Education and Employment, Abuse and System Involvement*

Selected Differences	Older Youth Age 18-25	Males	African American	Gay, Lesbian, Bisexual, Transgender	Slept on Street in Last 30 Days	Removed from Home by CPS	History of Incarceration as Juvenile or Adult
Homelessness History	(+) means more likely; (-) means less likely						
Became homeless at a younger age	-					+	+
Longer time homeless							+
Higher number of homeless episodes					+	+	+
Spent at least 1 night on street - last 30 days	+	+			NA	+	+
Stayed in a shelter/housing program - last 30 days	-						-
Mental Health/ Substance Use							
Prior psychiatric hospitalization			-		+	+	+
Seen an outpatient psychiatrist						+	
Diagnosed with Conduct disorder						+	
Diagnosed with Bipolar disorder				+	+	+	+
Diagnosed with Schizophrenia					+	+	+
Inpatient SA treatment					+		+
Lifetime injection drugs					+		+
Higher score on Depression/ PTSD scale					+		
Engaged in self-injurious behavior			-		+	+	
Used hard drugs (last 30 days)#			-		+		+
Used hard drug (last 12 months)#				+	+		+
Sexual Risk							
Engaged in survival sex			-	+	+	+	+
Use condoms at last sex		+	+				
Education & Employment							
Attended more schools						+	+
Diagnosed with learning problems						+	+
Enrolled in special education						+	
Reading/writing/behavioral probs in school						+	+
Currently in school	-				-		-
Currently employed	+	-	+		-	+	-
Engaged in the street economy^					+	+	+
Victimization While Homeless							
Been robbed	+			+	+		+
Been physically assaulted	+			+	+		+
Been sexually assaulted				+	+		
Been victim of partner violence	+			+	+		
Been threatened with a weapon	+				+		+
Carried a weapon for protection					+		+
Abuse, Neglect, CPS Involvement							
History of physical abuse				+	+	+	
History of sexual abuse				+		+	
History of verbal abuse						+	
History of neglect					+	+	
Removed from home by CPS					+	NA	
Juvenile or Criminal Justice Involvement							
Arrested		+	+		+	+	NA
Been in juv. detention, youth camp or facility	-		+		+	+	NA
Incarcerated before becoming homeless			+		+	+	NA
Been placed on probation					+	+	NA
Ever gang member			+				+
Current outstanding warrants					+	+	+
Current gang member	-						

* Identified subgroups (in the columns) were compared separately against all others in the dataset.

Hard Drug Use includes cocaine, heroin, and/or methamphetamine.

^ Street economy = income from panhandling, shoplifting, trading sex, selling drugs, and/or pimping.



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