

WITNESS LIST
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HEARING ON STREET KIDS - HOMELESS AND RUNAWAY YOUTH
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PANEL I:

DR. WADE HORN
COMMISSIONER
ADMINISTRATION FOR CHILDREN, YOUTH AND FAMILIES

MS. DELLA HUGHES
EXECUTIVE DIRECTOR
NATIONAL NETWORK FOR RUNAWAY YOUTHS

PANEL II:

MS. VIRGINIA PRICE
CLINICAL DIRECTOR
THE BRIDGE OVER TROUBLED WATERS
BOSTON, MASSACHUSETTS

MS. DEBORAH A. SHORE
EXECUTIVE DIRECTOR
SASHA BRUCE HOUSE
WASHINGTON, D.C.

MR. THOMAS BEHRENS
CHAIR
YOUTH COMMITTEE OF THE CHICAGO COALITION OF THE HOMELESS
EXECUTIVE DIRECTOR
NORTHSIDE ECUMENICAL NIGHT MINISTRY
EXODUS HOMES
CHICAGO, ILLINOIS

CLARENCE SMALL
DIRECTOR
NEUTRAL GROUND
WYANDOTTE HOUSE
KANSAS CITY, KANSAS

THREE YOUTHS WHO WERE FORMERLY HOMELESS WILL SHARE THEIR EXPERIENCES.

149393

**U.S. Department of Justice
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DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of
Human Development Services

Office of Assistant Secretary
Washington, D. C. 20201-1001

Statement of
Wade F. Horn, Ph.D.
Commissioner
Administration for Children, Youth and Families

before the
Subcommittee on Children, Family, Drugs and Alcoholism
Committee on Labor and Human Resources
United States Senate

February 7, 1990

INTRODUCTION

Mr. Chairman, I am pleased to appear before this distinguished Subcommittee to discuss the issues of homeless youth, especially as they concern the programs of my agency, the Administration for Children, Youth and Families (ACYF). I am well aware of the Subcommittee's concern for the wellbeing of America's homeless youth, and I assure you that I share this concern.

I am accompanied today by Carol Behrer, Associate Commissioner of the Family and Youth Services Bureau.

Today I would like to describe briefly four programs through which my agency is actively seeking to address the problems of our homeless youth. The first is our Basic Center program, which provides short-term shelter, food, clothing, and counseling to runaway and homeless youth while we try to reunite youth with their families. The second is our Transitional Living Program, which provides longer-term care to older homeless youth and which imparts basic living skills. The third is our Independent Living Program which imparts basic living skills to youth in foster care, enabling them to assume responsibility for themselves outside the welfare system. The fourth is our Drug Abuse Prevention Program for Runaway and Homeless Youth, which focuses on one of the most serious problems facing street youth.

Through these programs, homeless youth are provided the support, training and skills that will enable them to become adults in the full sense: independent, responsible, healthy, productive, and caring.

I would also like to interpret briefly these programs for you in light of my background as a practicing psychologist, which was my profession for a number of years before being appointed ACYF Commissioner.

THE RUNAWAY AND HOMELESS YOUTH PROGRAM

The Runaway and Homeless Youth Program is the central, and oldest, component of my agency that addresses the problems of homeless youth. When established by the Congress in 1974, the program was called simply the Runaway Youth Program, and its major goal was to reunite runaway youth with their parents.

Back in the mid 1970's, most of us assumed that runaway youth, even street youth, had homes to which they could return. The first runaway projects were built on the assumption that once the youth were reunited with their parents, followup counseling and other social supports would enable the parents to carry out their responsibilities. The principle behind this approach is that parents have the first responsibility in helping their children become mature adults.

Homeless Youth. In 1977, the runaway program was broadened to include homeless youth--those youth who can't go home again because their earlier homes or families no longer exist, or because to return home is not safe. Since that time, our program has served both types of youth: those who can go home again, and those who can't.

Basic Centers. In fiscal year (FY) 1989, the Runaway and Homeless Youth Program provided \$24,230,700 in financial support to 343 grantees, called Basic Centers. These Basic Centers provided shelter, food, clothing, counseling and other services to an estimated 63,000 runaway and homeless youth annually.

The services of the Runaway and Homeless Youth Basic Center Program are essentially short-term, crisis interventions. By regulation, stays in our shelters are limited to 15 days. During this time, shelter staff counsel, feed, and clothe the youth in their care. When appropriate, they refer them to local social, health, educational and other institutions that can provide long-term support. Above all, they try to reunite the youth with their parents. Approximately half of the youth receiving ongoing services in our shelters return to live with their parents or guardians. One-third are placed in other safe living arrangements, such as with other relatives or friends, in foster homes or in group homes.

Unfortunately, about 14 percent of the youth literally return to the streets or leave with no planned destination. We are keenly aware of the dangers of living on the streets and of leaving our centers with no planned destination. However, participation in our program is completely voluntary. These centers have been established outside the juvenile justice system. We can persuade, but we cannot force youth to stay or accept referrals.

Aftercare Study. In 1988, ACYF initiated an effort to determine the effectiveness of the services provided by our Federally-funded runaway and homeless youth shelters. We are encouraged by the preliminary results of this study. The study involved follow-up interviews of runaway and homeless youth and their parents during the period from 6 to 24 months after receiving shelter services. Here are highlights of the changes reported in the lives of the youth we serve:

- o 80 percent reported that their family relationships were either much or somewhat better. Only 7 percent reported their relationships were much or somewhat worse.
- o 60 percent of the youth reported that their employment situation was either much or somewhat better. Only 4 percent reported their situation was somewhat worse.
- o 63 percent reported their mental health as either much or somewhat better. Only 5 percent reported their mental health as somewhat worse.
- o Self-reported suicide attempts declined by 70 percent.
- o Weekly use of alcohol among the youth declined from 40 to 10 percent.

These findings clearly demonstrate that the Runaway and Homeless Youth Program brings about dramatic improvements in the lives of the youth it serves.

Incidence of Runaway and Homeless Youth. We estimate that there are approximately one million youth who run away from home in the course of a year, and who stay away at least one night. This estimate is based on a survey conducted in 1976. No comparable national study has been conducted since that time.

This early survey, while it gave us at the time an overall picture of the dimension of the runaway youth problem, is becoming less and less relevant to our current needs.

In the first place, the issue of homelessness was not addressed. And it has become increasingly clear the last several years that, for all their similarities, homeless youth and runaway youth are distinguished both by the problems they present and by the interventions they require.

Homeless youth are a hidden population. They are not static; they move around. They avoid contact with all the major institutions of our society: the schools, the police, medical services. They are hard to find.

Accordingly, we are now initiating a nationwide study that will give us more accurate data. Our current study will be based on direct contacts, direct interviews with a nationwide sample of youth, including both runaways and homeless. Our investigators also will investigate records of youth maintained by shelters, welfare agencies, and the juvenile justice system.

Further, the current study will survey the incidence of drug abuse among runaway and homeless youth, and will examine the role of drug abuse by family members in the decision of youth to run away. This information will be useful to us in implementing our new programs dealing with drug abuse prevention among runaway and homeless youth. The study will also examine the relationship of drug abuse by youth or by family members to youth suicide attempts.

Characteristics of Runaway and Homeless Youth.

Information reported to us by our funded programs indicate that youth do not run away from home casually. Instead, one or more problems, often serious, trigger a young person's flight from shelter, food, clothing, and family. These problems generally arise from conflicts between a youth and his or her parents, or from conflicts with social institutions, such as schools and the juvenile justice or law enforcement systems.

During entrance interviews into our shelters, 65 percent of the youth cite a conflict with parents as their central reason for running away. While there exists great variety in the specific nature of these problem relationships--emotional conflict, alcohol problems, and physical and sexual abuse--it is evident that difficult, unhealthy interactions with parents are the primary reasons our youth run away.

To be specific, parental physical abuse is cited by 20 percent of the youth, parental domestic violence by 9 percent, parental sexual abuse by 6 percent, physical or sexual abuse by other family members by 5 percent, and physical or sexual abuse by non-family members by 4 percent of the youth. These percentages reflect the extremely violent homes from which many runaway youth flee. Other significant family problems are parental neglect (20 percent) and parental drug and alcohol abuse (17 percent).

Moreover, the psychological problems or emotional burdens the youth carry within themselves as they enter the Basic Centers are equally troubling. Fifty percent have a poor self image; 45 percent are depressed; and 13 percent are possibly suicidal.

These problems, which may be explained in large part by the dysfunctional homes in which many of the youth have been reared, may be coupled with difficulties they experience in dealing with institutions outside the home such as the schools and the police. Problems with school attendance and truancy, bad grades, inability to get along with teachers, and learning disabilities are cited respectively by 32, 29, 11, and 7 percent of the youth.

In addition, significant numbers of the youth have self-reported personal problems with drug abuse (15 percent) and alcohol abuse (13 percent).

The shelter interviews show clearly that the troubled, dysfunctional, self-destructive youth who present themselves at our basic centers often come from troubled, dysfunctional, self-destructive families.

Often, intervention by a runaway shelter, especially if the intervention includes counseling the parents, prevents the family situation from worsening, possibly leading to a case of long-term homelessness for a young person.

Multi-Problem Youth. Over the past four or five years we have started to notice some disturbing shifts in the characteristics of youth seeking safety in our shelters. Early alerts came from the directors of some of the shelters who began informing us that they were serving more and more multi-problem youth. Youth who were not only in conflict with their parents, but also in conflict with their peers and their schools. Youth who had profound emotional problems and who were also in trouble with law authorities, often for drug and alcohol-related behavior. Youth who were engaged in prostitution and who also needed medical help. Some of the presenting youth were even physically threatening to shelter staff, to the point that some of our shelters have been forced to provide training in how to deal with hyper-aggressive, violent youth.

Because of this apparent trend toward more troubled, multi-problem youth being served by Federally-funded shelters, ACYF is presently re-examining the regulation that limits shelter stays to 15 days. We are concerned that this limitation on the length of time a youth may receive shelter has contributed to "shelter-hopping" by some youth; that it is inconsistent with several State regulations; and that it does not allow sufficient time to effectively intervene in the lives of these troubled young people.

Let me emphasize that we do not intend to change the primary focus of the Basic Center Program from crisis intervention and emergency services. Nor do we intend that these shelters become routine, long-term placements for young people who are more appropriately served by child welfare agencies. However, it does appear that the Federal 15-day stay limitation may need to be revised to enable Federally-funded shelters to better serve runaway and homeless youth.

Distinctions Between Runaway Youth and Homeless Youth.

The Administration for Children, Youth and Families has historically made a distinction between runaway and homeless youth. The term "runaway youth" is defined as a person under 18 years of age who absents himself or herself from home or place of legal residence without the permission of parents or legal guardians. The term "homeless youth" is defined as a person under 18 years of age who is in need of services and without a place of shelter where he or she receives supervision and care.

A just-completed study conducted by the General Accounting Office (GAO) of youth receiving services at Federally-funded shelters offers further information and extends our understanding about the characteristics that distinguish runaway youth from homeless youth. Over a period of approximately two years, staff of the GAO, in response to a request from your colleague, Senator Paul Simon, studied that portion of the youth in our centers, approximately 21 percent by GAO estimate, who may properly be called homeless. They noted a number of differences between the two groups.

Although similar in many respects to runaway youth, the GAO study reveals that homeless youth tend to be older, are less likely to be female, and are less likely to be attending school than runaways. Also, homeless youth are more likely to have been away from their legal residences for longer periods than runaways.

The majority of homeless youth (55 percent) are male, while only one-third (35 percent) of runaways are male. Twenty-eight percent of homeless youth entering our shelters are Black, compared with only 17 percent of runaways who are Black.

Fifty percent of homeless youth ages 16 and older have dropped out of school or have been expelled or suspended, compared to only 23 percent of runaway youth ages 16 and older.

Parental neglect, such as failure to provide food, clothing, medical care, or shelter, is cited as a problem by 36 percent of homeless youth who enter our shelters, while it is cited as a problem by only 18 percent of runaways.

The GAO findings confirm our view of the homeless youth population. As these characteristics of homeless youth have become evident, we have undertaken a two-pronged effort, first to uncover the underlying causes of youth homelessness, and second to provide services that focus directly on the needs of homeless youth.

Study of the Underlying Causes of Youth Homelessness.

To gain an understanding of the underlying causes of youth homelessness, we have engaged a contractor to examine the various pathways leading to youth homelessness. Under our direction, this contractor is now looking at such variables as families of origin, characteristics of the social environment, matters of education, employment and health, involvement with the legal system, sexual and physical abuse and exploitation, pregnancy and parenthood, mental health, and related issues. We have formed an advisory body to this project composed of representatives from the various Federal agencies now grappling with the problems of homelessness. We anticipate having preliminary results from this study by the end of this fiscal year, which we will distribute as they become available.

THE TRANSITIONAL LIVING PROGRAM FOR HOMELESS YOUTH

Development of Transitional Living Models. Since FY 1984, the Family and Youth Services Bureau has funded over 25 research and demonstration grants targeted to the development of program models that specifically address the needs of older homeless youth. Funding for those projects totaled over \$2.2 million.

The general purpose of the grants was to strengthen the capacity of runaway and homeless youth centers to address the problems presented by older homeless youth who were unprepared to live independently.

Specific projects focused on the development of local level, holistic approaches to self-sufficiency including acquisition of basic life skills; alternative education; employment preparation and placement; health care and treatment; financial management; and housing opportunities.

In addition, in cooperation with the National Youth Resource Center, an ACYF grantee, a manual entitled Pathways to Adulthood: Strategies To Prepare Youth for Independent Living was published in May 1988. This manual is now in use by shelters and other youth-serving agencies as a resource for developing a variety of independent living program models.

The Family and Youth Services Bureau has also supported projects that demonstrate the use of volunteers to work with shelters, child welfare agencies and the police to facilitate family reunification or other appropriate living arrangements for homeless youth. These projects focus on coordinating mechanisms, joint planning, and communications networking to assist existing community organizations to recruit volunteers to serve as youth mentors, family counselors and facilitators in developing and providing alternative living arrangements.

These efforts in the area of services to older homeless youth have resulted in a body of knowledge and a system of services and providers that provide an excellent foundation for the implementation of the newly established Transitional Living Program for Homeless Youth.

Launching the Transitional Living Program. I am pleased to inform the members of this subcommittee that ACYF is now launching the new Transitional Living Program for Homeless Youth. An announcement of the availability of funds under this program is currently being developed, and we plan to award grants this summer to projects that will provide long-term shelter and services to help older homeless youth become independent, responsible adults.

Funds for this program were first made available to us this year, FY 1990. The purpose of the transitional living program, is to provide support for youth "for whom it is not possible to live in a safe environment with a relative" and for whom there is "no other safe alternative living arrangement." The new program, in short, will provide for those youth who can't go home again.

We believe that this program, which is specifically targeted to homeless youth, will be an excellent complement to the Basic Center program I described earlier.

In FY 1990, almost \$10 million is available to implement the Transitional Living Program for Homeless Youth. With these funds, we anticipate awarding 50 to 60 grants for the provision of direct services and shelter to homeless youth.

The shelter services offered may be in group homes, host family homes, or supervised apartments. Participating youth will receive training and experience in basic life skills, educational advancement, job attainment skills, and mental and physical health care.

Project staff will prepare a written, individualized plan for each youth, based on the youth's particular needs, designed to promote the transition to self-sufficient living and to prevent long-term dependence on social services.

We anticipate that grants will be awarded and that the projects will be in operation by the end of this fiscal year.

THE INDEPENDENT LIVING INITIATIVES PROGRAM

A third program within ACYF, the Independent Living Initiatives Program (ILP), does not target homeless youth specifically, but it does serve as an important mechanism for the prevention of youth homelessness.

The Independent Living Initiatives Program provides funds to State governments for services that help youth make a successful transition from foster care to independent living. The program was first implemented in FY 1988, when \$45 million dollars in unmatched funds was distributed to State governments, based on a formula that included the number of children in foster care in the respective States.

Reports for FY 1988 from 45 States and the District of Columbia indicate that ILP services were provided to approximately 19,000 youth ages 16 through 18-1/2, which is 6 months beyond the age at which most youth leave foster care.

These funds are not available to provide room and board for the youth; the youth concerned are already housed in foster homes. Beyond this limitation, States have considerable flexibility in how they spend the funds. In FY 1988, most States provided basic skills training to the youth, either directly or through contracts with private agencies. Many States trained foster parents to help them teach their foster youth the skills needed for independent living. Many States also provided supervised practice living arrangements or transitional living settings. Some States provided subsidies to encourage youth to remain in school.

Prior to the enactment of the ILP, 25 States provided some sort of basic living skills training to youth prior to leaving foster care. Now, virtually all States provide this training, along with assuring development of individualized independent living plans for all youth in foster care.

THE DRUG ABUSE PREVENTION PROGRAM FOR RUNAWAY AND HOMELESS YOUTH

The Drug Abuse Prevention Program for Runaway and Homeless Youth is our fourth program which focuses directly on services to homeless youth.

Drug abuse has had an increasingly severe impact among American youth. In 1985, 350,000 youth (including runaway, homeless and other street youth) were arrested for drug abuse violations and other drug-related offenses. As mentioned earlier, among youth entering our Basic Centers, 15 percent cite problems of drug abuse and 13 percent cite problems of alcohol abuse as reasons for running away or being homeless. Equally disturbing, 17 percent cite drug and alcohol abuse problems of their parents among their reasons for leaving home.

The street life environment of runaway and, particularly, homeless youth places them at exceptionally high risk of involvement in the abuse of illicit drugs and the related consequences of contracting and transmitting the AIDS virus through contaminated needles or sexual contact. There is no doubt that an increase in substance abuse has contributed to the trend of youth entering the Basic Centers today who are measurably more disturbed and more difficult to deal with than those served in the past.

The Runaway and Homeless Youth Program, through its network of Basic Centers, has traditionally been involved with the problems of drug abuse prevention, reduction, and treatment among this population. The passage of the Anti-Drug Abuse Act of 1988, Public Law 100-690, has brought added resources for addressing the prevention and reduction of drug abuse among runaway and homeless youth through support for services, research, and demonstration activities.

The Administration for Children, Youth and Families first implemented this new program in FY 1989, awarding 104 grants to public and private non-profit organizations and agencies to address the drug abuse problems among runaway and homeless youth. The activities being conducted by these grantees include group, individual, family and peer counseling; referrals to treatment; community and school-based prevention and education efforts; and the development of community support systems and other resources where services are minimal. Two projects in particular are focusing exclusively on the needs of homeless youth.

One project, the Youth Continuum of TRI-RYC, Inc. of New Haven, Connecticut, will provide drug abuse prevention services to 250 homeless youth in the State of Connecticut. The project is providing medical, psychological, and other counseling and casework services to adolescent homeless parents and homeless pregnant teenagers. Through formal working agreements, 35 outreach workers are being trained to identify at-risk homeless youth, and the project is coordinating drug abuse prevention and treatment services region-wide.

In addition, a model for collaboration between emergency shelters and community health centers for drug abuse prevention among homeless youth is being developed. The project is also conducting activities to increase public and provider awareness of the problem of drug abuse among homeless youth.

The second project, Northside Ecumenical Night Ministry of Chicago, is using a motor home vehicle to provide intensive substance abuse prevention, education and medical outreach services for up to 300 homeless youth. The target area is the business district and several northside neighborhoods in Chicago, Illinois.

The mobile vehicle provides a street-based approach to providing physical exams, emergency food and clothing, health education on substance abuse, AIDS, basic hygiene and related topics, and counseling and referral services. The project also enhances outreach and program coordination among youth service providers by having provider representatives ride in the vehicle at least once a month to disseminate information about their services and programs.

In FY 1990, ACYF will solicit applications for additional demonstration and service projects for drug education and prevention among this population.

Also under the Drug Abuse Prevention Program for Runaway and Homeless Youth, ACYF has contracted for the development of a drug education training curriculum for, and the provision of technical assistance to, runaway and homeless youth service providers.

Finally, in FY 1990 a contract will be awarded to evaluate the incidence of drug abuse among runaway and homeless youth. In part, this study will assess the number of runaway and homeless youth abusing drugs; the relationship between parental drug abuse and its affect on these youth; and the correlation between drug abuse and youth suicide.

SERVICES PROVIDED THROUGH COLLABORATION WITH OTHER FEDERAL AGENCIES

In addition to the service programs for which we are directly responsible, ACYF is collaborating closely with several other Federal agencies through which we have been able to leverage services to homeless youth.

Health Care Services for Homeless Youth. In FY 1988, a memorandum of understanding was signed with the Public Health Service, which had received funds under the Health Care for the Homeless Program of the Stewart McKinney Homeless Assistance Act to set up 109 medical clinics across the country. Through this agreement, the directors of our 343 Basic Centers in all the States were put in touch with the directors of the medical clinics nearest to them. The result has been provision of medical care to many homeless youth who would otherwise have gone unserved.

Also through this agreement, we were able to arrange for a pilot program of medical students volunteering their time in a number of our shelters, providing training to shelter staff, screening youth for their medical needs, and in some cases, because of their very youth, acting as the first friendly contact that a number of alienated homeless youth have ever had with professionals in our medical system. We anticipate that this volunteer medical student aspect of our collaboration with the Public Health Service will be expanded this year.

AIDS Prevention Training. Additionally, through collaboration with the National Institute on Drug Abuse (NIDA), we have been able to provide AIDS prevention training to the staff of many of our Basic Centers. Because homeless youth are at high risk of contracting the AIDS virus, it is important that those agencies serving homeless youth are properly trained in this area.

At our request, NIDA developed an AIDS prevention curriculum and is providing training to youth service providers across the country. The curriculum focuses precisely on the risks of acquiring AIDS for which street youth are extremely vulnerable, that is, through use of dirty needles when taking drugs, through promiscuous sex, and through prostitution. A contractor hired by NIDA sent small teams of trainers to several cities across the country to conduct short but effective two-day workshops based on this curriculum. In approximately 20 cities, we arranged to have the directors and staff of runaway and homeless youth shelters participate in the training sessions.

This effort is continuing and is being coordinated with a similar program which has been funded by the Centers for Disease Control (CDC). The CDC program is being implemented through the National Network of Runaway and Homeless Youth Services, Inc., a private, non-profit organization with a membership of over 500 youth-serving agencies.

We are also exploring potential future collaborative efforts with the National Institutes of Mental Health to improve access to mental health services for runaway and homeless youth, and with the Alcohol, Drug Abuse and Mental Health Administration to provide more drug treatment services to this population.

CONCLUSION:

With this testimony, I have briefly traced for you the evolution of the Runaway and Homeless Youth Program from a modest number of projects that initially focused exclusively on runaway youth to a comprehensive set of programs that take into account the problems of both runaway and truly homeless youth. Programs administered by ACYF now include components that deal with transitional living for older homeless youth, with independent living for youth coming out of foster care, and with drug abuse prevention among homeless youth.

I have also touched on some of the research and demonstration projects that have provided us with a solid foundation on which to develop programs for homeless youth and on our continuing efforts to analyze and understand the problems of runaway and homeless youth.

Finally, I have described our collaboration with other Federal agencies in addressing the problems of runaway and homeless youth.

We will continue these efforts to improve and make more responsive the ACYF programs that are designed to serve this population.

I hope this information has been helpful; I would be happy to answer any questions.

Bright Culhane

(1)

I would like to say something about my experience, strength, and hope over the past five years.

Please take into account the stories I tell are for the purpose of those adolescents who have gone through and are going through hardships similar to my own, that they might benefit from them.

At the age of fifteen I had left my home by the will of my parents. Up until this time I was actively using drugs and alcohol, which was causing me problems at home and school. According to my parents I was an "uncontrollable child." So, with this behavior of mine and the charges brought against me by my sister because of a physical dispute we had, it was justified that I be sent away.

The juvenile court had a hand in to where I was going, but it was mainly up to my parents to decide. The court recommended me going away to school. They described it to me as a boarding school environment. All was agreed upon that it would be a suitable and healthy rehabilitation.

(2)

The 11 months I spent there was in fear of those living with me.

The school was segregated into White, Black, and Spanish groups. The unspoken but understood rule was to "stay with your own kind." When interactions did occur there was always drugs, violence and sexual abuse involved with residents as well as with staff. I had made attempts to leave there, but because of the problems of over-crowding in many other state run facilities it was difficult. Twice I had run away with some other residents, but we were always found and brought back.

Eventually I was to go home on vacation for two weeks and then return back to school. I never came back neither did I go "home." Home was a place where I was not accepted into anymore. This experience started my merry-go-round into Connecticut's state shelters, drug and alcohol rehabilitation facilities, and group homes.

I was homeless many times while waiting for an open bed at these programs. Again, there was always a problem with over-crowding.

(3)

During my early childhood years I could never fathom some day not having a place to call home. My father being an attorney and my mother an R.N. we lived without many wants.

Eating at soup kitchens, sleeping at shelters and living on the street during the day became a reality, which I thought at one time could never happen to me.

It was very scary for me when I turned 18 now legally on my own, but being on my own all along. Fortunately I gained some ambition, and decided to do something about my life, knowing I didn't have to live this way anymore.

Today I have a bright future with college coming soon and a stable direction ahead. I'm 19 now and seeing, that was then, this is now.

The National Network

of Runaway and Youth Services, Inc.

1400 I Street, N.W., Suite 330, Washington, D.C. 20005 (202) 682-4114



TESTIMONY
OF THE
NATIONAL NETWORK OF
RUNAWAY AND YOUTH SERVICES

BEFORE THE
SUBCOMMITTEE ON
CHILDREN, FAMILY, DRUGS, AND ALCOHOLISM
COMMITTEE ON LABOR AND HUMAN RESOURCES
U.S. SENATE

HEARING
ON
YOUTH HOMELESSNESS
FEBRUARY 7, 1990

PRESENTED BY
DELLA M. HUGHES, EXECUTIVE DIRECTOR
THE NATIONAL NETWORK OF RUNAWAY AND YOUTH SERVICES

Chairman Dodd and members of the Subcommittee, my name is Della Hughes. I am Executive Director of the National Network of Runaway and Youth Services. Thank you for holding this hearing today, and thank you for this opportunity to speak before this esteemed Subcommittee whose work is so critical to the health and welfare of millions of children and youth.

Robert Frost once wrote, "Home is where...when you have to go, they have to take you in." There are an estimated 100,000 to 300,000 adolescents who don't have a place where they'll always take you in. These young people are living on their own -- often on the streets, eating out of dumpsters -- without the supervision, nurturance, or support we expect from a parent or other adult.

The National Network of Runaway and Youth Services represents youth-serving agencies and programs from across the country, as we tell the stories of these young people and their families. Implicit in our statements is a challenge to the nation to provide support and services for high-risk youth, so they may lead safe, healthy, and productive lives.

Characteristics of Homeless Youth

Efforts to count and characterize these youth are limited by the fact that these young people are profoundly isolated from community life -- they do not have stable living arrangements, they are often mistrustful of adults and helpers, and they lack access because of economics, administrative barriers, fear, and ignorance to health, educational, mental health, and other social services. Homeless youth do not conform to a single profile and often attempts to define them tell more about the writer than the young people who are seen daily by street workers and shelter staff.

Data from the federally-funded centers that serve runaway and homeless youth indicate the following:

- o About 21% of the youth served at these centers conform to the Department of Health and Human Services definition of homeless -- youth under 18, needing services, and without a place of shelter providing supervision and care.
- o Although a homeless youth is most often white, male, and at least 15 years old, young people who are homeless represent every segment of American society: they are every color, ethnicity, and religion; they are rural, urban, and suburban; they are straight, gay, lesbian, and bisexual; and they were affluent, poor, and in-between before they became homeless.
- o When compared to runaway youth, homeless youth tend to be older, more likely to be male, less likely to be attending school, and more likely to have been away from home for a longer period (GAO, 1990).

The Causes of Youth Homelessness

Estimates and definitions of these youth may differ, but service providers know these young people: they know who they are and where they come from. Youth workers know that these young people are not living on their own to realize dreams of personal autonomy and adventure. Life on the street appears to be the most viable option for youth who can not return to their families or who can not receive services through service systems already in place.

The reasons for their homelessness are varied. Many of these young people flee their homes to escape parental neglect, sexual and/or physical abuse, or other chaotic situations (e.g., family violence, parental alcoholism or substance abuse) which they can not tolerate. Other youth are forced from their homes by parents who can not cope with their own marital, economic, or emotional problems and find caring for a teenager beyond their capabilities.

Some youth become involved with drugs and alcohol. They engage in substance abuse and/or other behaviors that their parents, and the youth themselves, can not manage. Youth who become seriously out of control frequently experience depression and suicidal tendencies. They may run, as one young man said, "to save their lives." They hope they can have another chance by radically and completely changing their environment.

Many homeless young people were removed from their homes years before due to abuse, sexual exploitation, neglect, or abandonment by their caretakers. After a series of foster homes and other placements, too often they either age-out of the child welfare system with no living skills, run away from placement and are not found, or prove to be such a "difficult case" that they are given early emancipation.

A 1985 study in Massachusetts of youth-emergency shelters indicated that the young people served had averaged 6 different out-of-home placements in the year prior to their shelter stay. Further, children removed from their homes due to abuse or neglect before their 13th birthdays averaged 11 moves per year. In the year preceding the study, only 5% of the young people surveyed remained in a stable placement, and 65% had sought emergency shelter up to 5 times (The Greater Boston Adolescent Emergency Network, 1985). After years of shuffling between foster homes, emergency shelters, psychiatric hospitals that take medicaid-funded youth for 30 day-assessments, and juvenile justice or mental health facilities, many youth "finally conclude that the streets meet their needs better than the child services system..." (Athey, 1989)."

Some youth are refugees or undocumented immigrants who are living in the United States to earn money to send to their

families. They often face language barriers in addition to the problems experienced by other homeless youth.

Other youth are separated from their families when the family becomes homeless and can no longer care for the children or when the family seeks refuge in a shelter and the adolescent child is denied admission -- e.g., shelters for battered women usually do not admit older children.

Consequences of Youth Homelessness

While youth who become homeless may have had little in common with each other when they were living at home or were in a more stable court-mandated placement, living without adult support and guidance is a great equalizer. Homeless youth often lack access to things many adults take for granted: bathrooms, places to bathe, warm places to sleep, regular and balanced meals, transportation, and people in their lives whom they can trust.

These young people have few skills or life experiences with which to earn a living. They are extremely vulnerable and are easily exploited. Many must rely on "survival sex" just to ensure a place to stay each night or for food, rides, and clothes. They appear invisible to many, because they are disconnected from community life. They lack access to schools, health care, families, counseling services, and other community support systems. Many of them are in need of mental health care due to substance abuse or depression.

Their behavior and life circumstances put them at risk for a number of debilitating problems:

- o HIV infection/AIDS. Some programs for runaway and homeless youth in high-incidence areas report that 7% (and more) of their clients who have been tested for HIV, the virus that causes AIDS, are infected. Homeless youth, infected or not, often lack HIV prevention information, the negotiation skills necessary to practice safer behavior, and access to condoms or bleach to disinfect needles. Also, the adults who sexually assault and exploit homeless youth are rarely interested in risk reduction and pay youth more if they forego condom use. Too often, because of their profound isolation, homeless youth lack the will to save their lives through less risky behavior.
- o Emotional Problems. Suicidal ideation and attempts run as high as 60% among homeless youth. Reported rates of clinical depression among homeless youth range from 29 to 84% (Shaffer & Caton, 1984; Yates et al., 1988).

- o Early Pregnancy. In a study that focused on health services to homeless people in 19 cities, homeless girls aged 16-19 had the highest pregnancy rate of any other age group. Thirty-one percent of the 16-19 year-olds receiving health services were pregnant, as compared to 9% of the control group used (Wright, 1989). Other service providers estimate the rate of pregnancy for homeless young women is as high as 50%.
- o Health problems. Homeless youth are nearly twice as likely to suffer from chronic physical ailments as their non-homeless counterparts (Wright, 1989). Most of these health problems can be easily treated and many can be prevented; however, youth lack access to services.
- o Drug and alcohol abuse and dependency. Reported rates of substance abuse among homeless adolescents range between 70-85% (Shaffer & Caton, 1984, Yates et al., 1988, Rotheram-Borus, Koopman & Bradley, 1989).

Preventing or treating these problems is very difficult given the lack of stability in these young people's lives. Just securing shelter on a day-to-day basis and remaining relatively safe from assault is consuming.

Barriers to Service

Youth who reach out for help unfortunately may face numerous barriers to service. For example, too few residential services are targeted for these youth. Often runaway programs are full and must turn away runaway and homeless teens seeking residence in order to stay in compliance with state licensing requirements. Program expansion is difficult given that federally-funded youth shelters receive annual grants of less than \$150,000.

Youth emergency shelter programs are designed for a short-term stay of two weeks or less. The focus is on crisis resolution, stabilization, and reuniting families. Runaway programs act as the point of access for runaway and homeless youth into the service delivery system, and programs consistently broker for additional services (e.g., getting the child welfare agency to take custody when the youth has been abused or neglected). In most cases, programs successfully execute these activities.

However, the increasing numbers of youth who can not return to their families, who can not get into a treatment program, or who are not appropriate for foster care still need a safe and nurturing environment after the initial two-week stay. At that point, non-crisis, on-going shelter and other support services are needed. Currently, youth who need longer periods of assistance may be forced back on the streets if their community does not have transitional living or other alternative long-term residential

services. Most communities do not have these services, leaving youth with few safe options.

Shelters for the adult population often refuse to serve youth younger than 18 years, and shelter life presents many dangers for teens -- e.g., sexual and physical assaults. No system of service is mandated either by the states or the federal government to provide for these almost totally disenfranchised youth. They are excluded from existing service systems and are often outside of research, planning, and funding efforts.

There are other barriers faced by youth who can not live with their families. The promise of self-sufficiency for those homeless young people who are lucky or old enough to have the education, skills, and maturity to secure and keep jobs is threatened by sub-minimum (or training wages) for new workers that make meeting basic expenses difficult. The lack of affordable housing negatively affects young people as well as single adults and families.

Homeless youth characteristically lack money, insurance, or medicaid-coverage with which to buy needed services. They are often excluded from appropriate services (e.g., public welfare, educational, health, mental health, job training) because of administrative policies and procedures that make service provision contingent upon parental notification or consent, presentation of positive identification, or proof of permanent address. In addition, an over-burdened child welfare system and often unresponsive mental health system too often are at the root of a young person's homelessness.

Current Services for Homeless Youth

Having personal histories often filled with incidents of adult betrayal and failure to support and protect, homeless adolescents do not trust adults and most professionals wishing to help them. However, we find that good service and respect consistently mitigate this tendency. Essential services that help reconnect youth with their communities include: prevention programs; street outreach programs; emergency shelter and food; street clinics or mobile medical services; alternative school programs; youth employment programs; outreach and residential programs for young mothers; counseling services, out-patient and residential; and transitional living programs that promote skill-building to ensure economic self-sufficiency, educational proficiency, personal health, and strong interpersonal relationships.

Challenges for the Future

As we begin the last decade of this century, we face many challenges and hard decisions. In the interest of the next generation, we believe the following commitments must be made.

A coordinated, continuum of care, in which funding follows young people in need and not the other way around, must be provided.

- o Prevention and services that act to strengthen families must be emphasized. Runaway centers have proven their effectiveness in reuniting young people with their families. The centers also provide an alternative to running away for youth -- i.e., a distraught young person goes to the center instead of out on the streets and remains in a safe and supportive environment as family mediation begins. However, there are many opportunities for prevention long before the youth calls a hotline or knocks at a shelter's door that need to be taken. In addition, home-based and other services designed to keep families intact need further development and adequate funding.
- o Outreach efforts to get these young people off the streets must be supported. Too many respected street outreach programs have ended because their research and demonstration money ran out and they could not find other interested funders. Aggressive, street outreach services are basic and should not remain in the realm of demonstration. As a NNRYS member from Connecticut recently said, "The pimps and drug dealers already have a very sophisticated street outreach program for kids; we need to be able to compete."
- o Aftercare and transitional services for youth leaving shelter must be provided. The new transitional living program for homeless youth is critical. It should be closely monitored, essential components should be delineated through research and evaluation, the cost of making these services more available and accessible to homeless youth should be calculated, and services should be funded at a level that begins to address the need.
- o Other specialized-care research and demonstration programs for homeless youth should be provided -- e.g., programs for young mothers and their children.

A national youth policy should be established. We applaud your leadership, Senator Dodd, in this effort and thank you for introducing S. 1911, the Young Americans Act, last session. This legislation is very important to our members. In fact, the initial impetus for the Act came from one of our annual public policy symposiums and a Wingspread conference the National Network hosted in 1985.

The Young Americans Act needs to be enacted this year for several reasons:

- o The Young Americans Act represents a comprehensive approach and takes the first steps to developing a national plan for children and youth. Even economically-strapped parents don't raise their children in a piecemeal fashion, deciding for example to only focus on educational needs while ignoring their child's physical, mental, and developmental needs. The federal government shouldn't, either.
- o In addition, the provision of a White House Conference on Young Americans and statutorily establishing the Administration of Children, Youth, and Families as a permanent entity can further move the nation toward a unified plan.
- o Just as families in crisis at times jettison their oldest children, America's service delivery system too often drops or excludes youth from its attention and services. The Young Americans Act represents a plan that includes youth.
- o Programs serving runaway and homeless youth face the challenges of uneasy neighbors, inadequate physical plants, holding onto to poorly paid, overworked staff, and the difficulty of securing educational, medical, long-term residential, and other services for homeless youth. To survive organizationally and to help reconnect disenfranchised youth to community life, these community-based organizations have had to create strong linkages with other systems -- e.g., child welfare, educational, vocational, juvenile justice, law enforcement, health care, mental health. Strong coordination of services at the local level is weakened when parallel efforts are absent at state and federal levels. The Young Americans Act emphasizes the need for strong collaboration and coordination between public agencies.

The government needs to support efforts to identify who these youth are, what works, and ensure they receive quality services.

- o Appropriate data collection should be mandatory for federally-funded public and private programs.
- o Funds to pay for data collection, program evaluation, and travel budgets for program monitors should be provided.
- o The Administration for Children, Youth, and Families should provide plans for dissemination of information and training/technical assistance for service providers.

Communities and runaways centers which wish to adopt new services should not have to reinvent the wheel. For example, although successful street outreach programs can be found in some communities across the nation, how to develop and maintain these programs remains anecdotal. There is no written guide on outreach programs or a plan of training and technical assistance to facilitate replication of successful programs.

Barriers to services must be recognized and eliminated.

- o Services should be available for homeless young people who are older than 18.
- o Various parental consent requirements need to be reexamined, so homeless youth who are in need of service but not in need of custodial care from the state, can receive crucial services. In such cases, the kind of support and guidance we assume when parents are involved could be provided by an adult friend, counselor, or youth worker.

The Administration of Children, Youth, and Families should examine the problem of adolescent abuse and begin to generate remedies. The very existence of homeless young people points to the failure of the child welfare and other child-service systems: it is assumed that if a young person can not be cared for by their parents, the state should and will assume custodial duties. Public agencies need adequate funding to bring down caseloads. They should be required to ensure services for all children under 18 who fall under CPS and other guidelines, whether they are boarder babies or young children or teenagers.

Increased coordination of programs within the Department of Health and Human Services (HHS) and between Justice and HHS is needed to avoid duplication of efforts.

Affordable housing must be a national priority. To that end, we support an amendment to S. 566 that would allow rent subsidies for homeless youth and those youth who age-out or leave foster care and have no family or other safe living arrangement. Rent subsidies should also be made available to families who have been identified by social service agencies as lacking adequate housing, when that condition is the primary factor in imminent removal of a child for placement in foster care or prevents a child in foster care from being reunited with the family.

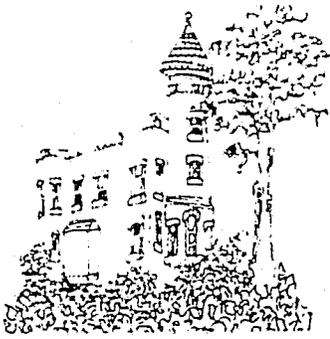
Health education and prevention demonstration projects should be supported. Technical assistance and training to providers is needed to ensure that staff and residents of youth shelters receive frequent training (including accurate information and skills-building opportunities) about the prevention of sexually

transmitted diseases (e.g., HIV), pregnancy, and drug and alcohol abuse.

Federally-funded runaway centers should be required to link with health care providers and encouraged to overcome barriers that keep youth in emergency shelter from receiving educational services. The Primary and Pediatric Care for Disadvantaged Children Act of 1990, introduced last week by Sen. Dodd, is an important step in making health care more available to disadvantaged children and youth and should be enacted.

Finally, young people should be included in the planning and implementation of policies and programs that affect them. We lose an important resource when we devalue their ability to contribute. Through youth participation and empowerment we not only increase the probability that youth programs will have the intended effects, we prepare the next generation for leadership.

In conclusion, we need to see homeless young people as more than a collection of problems. We must value their energy, resilience, and ability to survive an often hostile world. We must see, and help young people to see, who they can become. The nation's young people await our leadership. The National Network looks forward to working with you as you move forward to meet the challenges discussed today.



Sasha Bruce Youthwork, Inc.

1022 Maryland Ave. NE/Washington, DC 20002/(202) 675-9340

Good Afternoon, my name is Rashida and I am 18 Years old. I lived with my aunt since I was 7 years old because my mother was an alcoholic and was sick most of the time. A few years ago my aunt and I argued all the time. We were not getting along at all. A man who lived in our building, who happened to work at Sasha Bruce House, referred me to the program. I stayed there for less than two weeks while my aunt and I participated in family counseling. The family counseling worked out, so I went back home. Shortly after, my aunt was set out of her apartment and she had no where to go. I went to live with my brother. My brother's wife and I did not get along. About three months after moving in, my brother pulled a gun on me. I left and moved in with a manager I use to work with. Her oldest daughter started living back at home and we didn't get along, so I returned to Sasha Bruce House.

During the time that I was moving around alot, I didn't want people to know about my situation at school so I stopped going regularly. I often worried about someone stealing my clothes and when I was at my brother's, I had to worry about how I would eat because I had to buy ny own food. I think that if my mother was living and was not an alcoholic, things could have turned out better for me. Also if my brother, his wife, and I had talked things out everything may have been alright. It was helpful for me and my aunt to get counseling because we started communicating better and doing more things together. Also, my being referred to Sasha Bruce Youthwork's Independent Living Program really made a big difference in me getting my life back together. I feel great to be able to say that this year I will be graduating from high school and plan to go to college.

Sasha Bruce Youthwork, Inc.

Good afternoon, my name is LaFonda and I am 16 years old.

When I was 11 years old my mother's new boyfriend moved into our one-bedroom apartment with my mother, older sister and me. About three months later they were married. It wasn't the best living situation with me and my sister sleeping on a roll-away bed in the living room as my stepfather walked through to get to the kitchen.

That summer my sister and I went to visit relatives in South Carolina, and I ended up staying there for a year. I missed my mother, but in South Carolina everyone seemed to get along better and it was less crowded.

I came home after the school year ended and stayed with my mother and stepfather for the whole school year. My stepfather often talked down to me, said negative things, and made sexual remarks. I continued to sleep in the living room with little privacy and continued to take my stepfather's negative remarks. After the school year, I returned to South Carolina for two years.

I returned home at 15 years old after my mother had a new baby and wanted me to help watch him.

When my brother was ten months old he was taken to Egypt by my aunt. My stepfather is from Egypt. After the baby was gone, my mother acted as though she wasn't interested in my schooling or anything about me. She acted like she didn't want me around. She even got rid of the roll-away bed and I had to sleep on the sofa. I felt that my mother didn't want me.

One day, after school, I didn't go home. I stayed with a friend. The next day I explained to the principal about my home situation and he contacted Protective Services who said they couldn't do anything because I was not neglected or abandoned. My mother came to the school to meet with me and the principal, but it ended with a lot of yelling and she not wanting me to come home. Some friends talked to my mother and she let me come home. My mother was always nagging me and my stepfather continued to degrade me.

One day, I came in at 11:30pm and my mother shut the door on me and told me to go back where I came from. I contacted the police to help me get my clothes, but they said there was nothing they could do.

I stayed with different friends and then with my "play" aunt, but her apartment was over-crowded and there were a lot of drugs around.

Testimony of
DEBORAH SHORE, EXECUTIVE DIRECTOR
Sasha Bruce Youthwork, Inc., Washington, D.C.
to

The Subcommittee on Child, Family, Drugs & Alcoholism

I appreciate this opportunity. Your thoughtful consideration of my testimony will hopefully help to strengthen our society and serve as an investment in the future. Helping troubled families, runaways and homeless youth today stems the tide of the most troubling social problems of our day including delinquency, chronic homelessness, early parenting, drug abuse and AIDS.

I have been working with runaway and homeless youth since 1971. I began as a Streetworker and founded Sasha Bruce Youthwork in 1974 to provide counseling and drop-in services to youth on the streets. Our organization now serves close to 1000 young people each year through eight programs we operate. We have continued an outreach counseling program, we have a short term shelter for runaway and homeless teens, an independent living program, a program for teenage mothers and their babies and programs for alleged delinquent youth. (A more detailed description follows) SBY takes seriously its commitment to re-unite youth and families and counsels over 90% of the families of youth who come into our services. This orientation has direct results in that 75% of the youth we serve do re-unite with families. Another 17% go on to a stable living situation. So we are only losing 8% to the streets.

Although SBY is limited in its scope and size, we have developed successful ways of working with young people and a program of quality. We are joined by our colleagues around the country who have also come from the same philosophical commitments to youth and do a wonderful job with so little.

Some of the features of the current service system which has led to our success are:

- A commitment to open intake
- A style of services comfortable to young people
- Outreach in order to connect with hard to reach youth
- Family focused services when possible
- An understanding of the value of youth participation

It is important to note that as a field we have developed from a child saving orientation to a philosophy that strengthening parents is an essential part of helping youth whenever it is possible. This has made a considerable difference in the outcomes for many youth. But of course, the services are only useful when there is a family to work with.

Knowing the youth and families and seeing the changes which have occurred over this past 15 years, has made me passionate about the importance of expanding and broadening services to homeless and runaway teens while building on our successes. SBY has been able to do some of this but many gaps continue to exist. A comprehensive, coordinated system of services is needed to provide early intervention which supports youth in their families whenever possible, but provides care and protection and a place to grow up for young people when family resources do not exist. Any additional services that add

capacity to the existing skeletal system must be well coordinated with on-going efforts. This will insure we are assessing the needs of youth appropriately, and are doing all we can to involve and strengthen the family unit before concluding that alternative living is necessary. There is also a need to determine that we will not as a country allow youth to be homeless and that all young people must be provided a safe, protective place to live.

A continuum of care is what is necessary to build upon existing strength and to broaden the mandate to these youth.

The system of services we now have is essentially crisis oriented. The runaway and homeless youth population however is a diverse group which requires numerous programmatic responses. The problems youth bring have become a great deal more serious in depth and chronicity over time, and there are many more youth who are truly homeless. Just as in the large population of homeless adults, we are now seeing the casualties of the de-institutionalization of PINS effort, which stopped short of developing essential community based programs. Also, the population reflects the increasing poverty circumstances of so many families, family disintegration brought on by divorce, alcoholism, drug abuse and family stress.

In order to look broadly at the needs of the youth and the service system, I have found it useful to break down the population into four groups. I will describe each group, what we are now doing and where the gaps are. These categories are not meant to oversimplify complex problems, but to give a context in which to discuss solutions. The solutions for each are not the same.

A. YOUNG PEOPLE WHOSE FAMILY PROBLEMS CAN BE SOLVED

The majority (60-75%) of young people who runaway or are in crisis, are in difficult family situations which, with the proper support, can be successfully resolved.

To help the majority of runaway teenagers we must help their entire family. We must see them not as problem children, but as members of a family system which has broken down and become dysfunctional. As services providers, we can help family members stop blaming each other for problems in the home and start working together to create a successful family structure.

By the time a young person runs away or a parent throws a young person out of the home, both the child and the parents feel failed. Neither feels the other pays attention or understands. The family is often experiencing typical tension between adolescents and parents, but the family lacks the skills or proper supports to work out its problems. Eventually, either the parents or the child or many times both parties decide that this will be better if the child is no longer in the house.

The overwhelming percentage of children away from home are runaways. They are young people who left home to make things better. Their leaving home is a cry for help and for support for themselves and for their families. They don't run far, typically not more than two miles away from home. But they run far enough that someone will pay attention.

The crisis oriented services which exist do successfully begin to

address the needs of these families, especially those who are early in their difficulties, because they encourage the provision of comprehensive, family focused services. Timing is of great importance in connecting with alienated youth. Early intervention is also critical.

The most successful runaway programs around the country have comprehensive programs which combine all of those components. Our Sasha Bruce House, for example, had a 92% positive placement rate for young people who stayed at the shelter last year. That means we helped 95% of the young people return to a stable living situation. Our staff receive two hours of training each week in structural family therapy and we provide multiple family support groups after young people return home.

That's the good news. The bad news is: the need is far greater than the service providers capacity to respond. Also, preventive outreach services and supportive follow-up aftercare are typically inadequate when limited funds exist to operate a crisis shelter.

One effect of the underfunding of the service system is that many shelters have had to sell their beds to the local city or county welfare system to survive. In some cases this has limited access to and changed the public persona of the shelters making it less desirable to young people. Limiting access is a serious matter with this population of young people as timing is crucial. They come to us in a crisis and if a response is not immediate, we often lose them to what can become a destructive course.

B. OLDER HOMELESS ADOLESCENTS WHO CAN BENEFIT FROM INDEPENDENT LIVING SERVICES

This second population is another that we know how to help. Although they are less visible than the population of adult homeless who sleep on the streets, America has a large population of homeless adolescents who need more than crisis intervention services. Senator Simon's recent report illuminated who they are and what exists now. Given a specialized program which includes employment and life skills training and support, they are able to become self sufficient adults.

This population of young people is between 16 and 19 years of age. They are too old for most available social services, but not yet ready to be independent. They have not been able to reconcile with family or find other natural resources. Their families have died, they have been abandoned, or they cannot return home due to abuse or severe family dysfunction. They know how to survive, but not how to make it on their own.

Sasha Bruce Youthwork has established an Independent Living Program for this population here in Washington, D.C.

The Sasha Bruce Independent Living Program

The Independent Living Program (ILP) is the newest Sasha Bruce Youthwork effort for Washington's homeless youths. Through the ILP, qualified teens (16 or older) locate suitable foster homes, receive employment counseling and help with finding a job, and work toward the goal of becoming financially independent. The ILP also provides counseling, helps the youths find apartments and roommates, and offers

start-up financial assistance when they are ready to strike out on their own.

Once a young person is stabilized in a job and home, the Independent Living Program continues to help, identifying basic skills and training needs. In addition, the program provides aftercare followup to assure that each youth has the support needed to succeed in living independently.

Since the program's beginning in 1986, 88% of the homeless youths who have entered the program have conquered homelessness. Over two-thirds have successfully established complete independence.

Programs to help youth become self-sufficient are minimal. Some special problems have emerged for youth in these programs which do exist. Most of our ILP youth wish to finish high school but must work to support themselves which is sometimes conflictual. Any youth with motivation to complete high school needs to be supported to do so. Also, teenage mothers are a group in great need and require specialized services. Homeless teens who are also parents are often encouraged to give up parenting because of the lack of programs that will take them. These disrupted families will continue to need services.

C. YOUNG PEOPLE WHO DO NOT HAVE RESOLVABLE FAMILY PROBLEMS AND ARE NOT READY FOR INDEPENDENCE

This population is growing and we have few solutions for them. They are young people who were abandoned or abused or whose families, for some other reason, are unable to care for them. However, they are not yet old enough or mature enough to begin self-sufficiency.

This year 15% of the young people who came to the Sasha Bruce House were in this group. These youths need long term planning and support. The Runaway and Homeless Youth Act should challenge the states and the District of Columbia to provide for these young people. Documentation of need could certainly be established by gathering information from Basic Center grantees. We need more information about what is happening to these young people and new positive strategies to serve them.

D. YOUTHS WHO ARE LIVING ON THE STREETS

This is the most visible population of young people out of the home, yet our society is not definitive about its commitment to help them. Helping these youths is possible, but not easy. They require special long term efforts -- a crisis intervention model is not sufficient.

A special effort should mandate services to this population. Successful strategies to help young people off the street should incorporate close cooperation between service providers and law enforcement agents. Simply contacting these youths is not sufficient. They need to develop relationships with service providers who can offer support when they experience a crisis and decide to leave the streets. Law enforcement agents and service providers should become allies to ensure that such services are made available.

RECOMENDATIONS

There is a skeletal system of services which is very effective for some of the runaway and homeless youth. And we know that many of the older homeless adolescents will become involved with independent living programs and successfully transition to full independence. However, we are terribly limited by the lack of resources to respond to the numbers of youth on the streets and we must add new components for the types of youth now unserved.

I specifically recommend a serious effort be made to invest in a coordinated system which assures all efforts are made to strengthen families and re-unite youth whenever possible and has capacity to provide alternative living alternatives for youth who cannot go home. This requires:

Funding the existing system to insure crisis shelter space is available and that outreach and preventative counseling is available and known to youth and families. Efforts should be made to insure that there is open intake in shelters and that shelters are not forced to sell beds to survive.

Outreach and aftercare are needed to prevent family disintegration and help stabilize youth and families after a crisis

Programs for older homeless adolescents must be expanded and targeted so that youth can finish school and teenage mothers served. These programs need to have the capacity to work with youth for 1 - 2 years until self-sufficiency is possible.

Programs for younger homeless adolescents must be developed and coordinated with Protective Services.

Programs for street youth engaged in illegal means to survive must be developed to permit the long term commitment necessary to allow these youth to move into another identity.

I applaud the Senators on this sub-committee for your interest in these young people. For those of us who sometimes feels we are serving the function of the child who keeps their finger in the dike, I hope this hearing serves to urge your involvement as advocates. The young people I have been serving for 17 years are searching for adults to help them and are still hopeful we are there somewhere. Some of the youth we see in our programs for alleged delinquents have had that hope extinguished and it is a frightening sight. I hope we can look forward to a more hopeful future.

Thank you.

Sasha Bruce Youthwork, Inc.

Sasha Bruce Youthwork, Inc. (SBY) is a private, non-profit organization that serves over 1,000 youths in crisis and their families each year.

Agency History

Sasha Bruce Youthwork, Inc. began as a streetwork counseling agency (Zocalo Outreach) in 1974 to help the large number of runaway youths on the streets find the services available to them. Zocalo continues to seek out and work with young people in their natural settings (at school, home or community). It provides crisis intervention and runaway prevention and links youths and families who would not otherwise self-refer with a helping network of services.

We opened Sasha Bruce House in 1977 as a temporary home for runaway and homeless teens. The house is open 24 hours a day and provides shelter for 350 youths each year. Our work with young people and their families helps most youths return home. In 95% of all cases, we help youths return to a stable living situation which means they do not continue to run or become institutionalized.

In April 1979, we began Community Advocates for Youth (CAY) to allow juveniles awaiting court proceedings to remain in the community under careful supervision rather than be incarcerated. In June of the same year our Consortium for Youth Alternatives (CYA) was formed to provide an alternative to court processing for alleged offenders. It is jointly administered by four youth agencies. These programs for court referred youths have an average of a 10% re-arrest rate for youth which compares to a rate of 65% to 70% for youths who go through normal court processing.

The Rosa Parks Shelter Home, for youth deemed to be beyond parental control, began in June of 1981. It now serves eight (8-14 year old) boys in a short-term residence which improves damaged family relationships, assists youths in their schooling and develops better interpersonal skills.

In November 1983, the Sasha Bruce House moved to its present location at 1022 Maryland Avenue, N.E., and the following year, the former building became the home of our new Teen Mothers Program, a residential program for neglected and abused teenagers and their babies. The first of its kind in the District, this long-term residence improves parenting skills and develops life management skills that enable independence.

In 1986, Sasha Bruce Youthwork, Inc. officially began an Independent Living Program to help older homeless adolescents make the transition to self-sufficiency. We teach the young people life and employment skills and support them as they move out on their own.

Each of the programs started by Sasha Bruce has survived and grown and enjoys an excellent reputation for its services and management. In 1990, we will again help between 800 and 1000 youths and their families. These clients will receive individual, family and group counseling as well as education and legal assistance, recreation, job placement and advocacy.

Runaways in Washington, D.C.

SBY served over 500 youth last year in our runaway and homeless youth programs. Of the youth we served in the Sasha Bruce House residence, 92% were positively placed into stable living situations and family counseling services are provided to almost 90% of all families. But our efforts stand out as a lonely example of quality alternatives for families in need and outreach is all too often limited to the youth or families who happen to hear of our agency. In fact, we know that there are many thousands of District and out-of-state youths who have runaway from home but for whom no intervention services are made available.

Profile of a Typical Client

SBY serves Washington area youths in crisis (ages 8 to 19) and their families. Most of these young people are members of single-parent families and are experiencing problems such as lack of family structure, poverty, overcrowded homes, or family involvement with drug or alcohol abuse. Typically, SBY clients are having problems at home, in school, and in the community. Many of them suffer from low self-esteem, and have become street-wise and distrustful rather than successful and happy in their relationships with others.

BRIDGE

OVER TROUBLED WATERS

47 West Street, Boston, MA 02111 • (617) 423-9575

Testimony Before the U.S. Senate Subcommittee on
Children, Family, Drugs and Alcohol

by Virginia Price, M.Ed.
Clinical Director, The Bridge, Inc.

February 7, 1990

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My name is Virginia Price and I am the Clinical Director of The Bridge, Inc. in Boston, Massachusetts.

Bridge Over Troubled Waters is a comprehensive multi-service agency for runaway and homeless youth. Founded in 1970, Bridge responds to over 2200 youth annually at our main office. We make contact with an additional 3,000 youth through our street outreach services and Free Medical Van. Bridge works with a diverse group of young people ranging in age from 13 to 25, although the majority are between the ages of 16 and 21. They are a racially mixed group: approximately 60% white, 30% Afro-American and 10% Latino. Other ethnic groups are rare. Overall, Bridge clients are 60% male and 40% female. However, adolescents under age 18 are 55% female and 45% male. The reverse is true for those over 18: 68% male and 32% female. Sixty percent are from the Boston area, 30% are from other communities in Massachusetts, and 10% are from other states. Approximately 60% are homeless -- staying in shelters, depending on friends for temporary housing, or literally living on the streets, in abandoned buildings, subways, abandoned cars, church basements, etc. These youth come from a spectrum of socio-economic backgrounds: 24% report welfare as the primary source of family income while 19% report that one or both parents are employed as a professional. Despite their diversity, these youth share a common family background that sets the stage for their homelessness and street involvement.

Homeless street youth tend to come from families characterized by a high degree of discord and dysfunction. For these adolescents, homelessness and the violence of the streets are more attractive than remaining in a family setting characterized by parental alcoholism, deprivation and neglect, and physical, sexual and emotional abuse. Runaways from healthier families tend to return home. Thus the streets are populated by adolescents from extremely disturbed families, or by youth thrown out of their homes with no option to return.

Only 20% to 25% of homeless youth at Bridge report intact families and these youth have predominant memories of quarrelling and physical abuse between their parents. The majority of these adolescents have been raised in single parent families due to divorce, death, or desertion, or they have family histories characterized by multiple marriages and remarriages, with an array of half-siblings and step-siblings. They tend to have been isolated from contact with an extended family, and report an absence of structured activities in their childhoods. Most striking is the presence of continuous abuse of the youths by their parents and by other adult family members, as well as an extraordinarily high incidence of familial substance abuse.

When surveyed, approximately 25% of homeless youth report that one or both parents are alcoholic or drug abusers. However, when the family is assessed by a counselor, the incidence of parental substance abuse rises consistently to approximately 65%, and rises even higher with the inclusion of step-parents and older siblings. This discrepancy is suggestive of the degree of denial, in which substance abuse is perceived as normal behavior.

Homeless youth are more willing to identify themselves as victims of physical abuse. When Bridge asked homeless youth about physical abuse, 65% reported that they had been physically abused, 30% chose not to answer, and only 5% clearly stated that there was no abuse in their homes.

This history of victimization in their families continues on the streets. Street life is violent, and those youth unable to physically defend themselves are the target of violence from stronger peers; there is always someone who is

stronger. Younger street youth tend to drift back and forth between home and the streets for several years until home becomes too painful or they become physically strong enough to defend themselves on the street.

The repeated interpersonal losses youth have suffered set the stage for depression, which is prevalent among street youth. They have negative expectations of others and of the world, and little hope that the future can or will be different. Without hope for the future, they learn to live in the present. Their life-styles revolve around immediate gratification, with little thought to the consequences of their actions. They become impulsive, and then their perception is that life is becoming increasingly unpredictable. Youth become trapped in street life, seeking excitement today to ward off the pain of an even emptier tomorrow.

In time, these youths' behavior may become suicidal. While it is rare that street youth take their own lives, they care so little for life that they place themselves in high-risk situations. Street youth who die do so as a result of murder, drug overdose, AIDS, or bizarre accidents. For some street youth, the threat of death is not a deterrent; it is an attraction. They become progressively confused, unable to differentiate between pleasure and pain.

Street youth usually turn to alcohol and other drugs to escape their emotional turmoil. They have access to a wide range of drugs, although alcohol is the most widely abused substance. Marijuana use is pervasive. In recent years cocaine abuse has become commonplace, although its cost is prohibitive for many street youth. Most street youth do not perceive alcohol and marijuana as

drugs; they view them as a lifestyle, and reserve the term drugs for more expensive substances. Approximately 60% of the street youth Bridge sees have an active substance abuse problem. Of these youth, 71% abuse alcohol, 45% abuse marijuana, 33% abuse cocaine in its various forms and 7% abuse heroin. Twelve percent report IV drug use in the 30 days prior to coming to Bridge. For these youth, street life facilitates a rapid progression of their substance abuse beyond what would be expected given their chronological age. They are living in an environment in which alcoholism and substance abuse are considered the norm, and abstinence or occasional use is considered deviant. Living on the streets, these adolescents lack the structure of school, jobs, curfews, etc., that might motivate a more typical adolescent substance abuser to controlled use.

Unfortunately, as homeless young people aged 18 and over use shelter facilities designed for the older homeless population, these youngsters are becoming acculturated to a "shelter lifestyle" that precludes the use of motivational services like Bridge offers and hence unwittingly enables them to remain trapped in a lifestyle of dependency. A concomitant effect is the bonding that occurs with older, homeless substance abusers that mimics the relationships in their often dysfunctional families of origin. Another related problem stems from shelter guidelines which allow for indefinite stays. Thus, homeless youth have little motivation to change their lives.

Street youth usually spend their days congregating in downtown Boston. During the winter, they hang out in shopping malls, arcades, bars, movie theaters, and fast food restaurants. In warmer weather, they spend their time outdoors,

either on the Boston Common, or on street corners. Youth in shelters arrive downtown during the morning rush hour; those staying elsewhere arrive in the early afternoon. Their days are spent arranging to meet their survival needs. Once this is accomplished, youth spend time hanging out with friends, often drinking or getting high. Their discussions typically focus on some intrigue such as a fight or an expected scam. These youngsters often complain of boredom. A common misconception about street youth is that they all engage in prostitution. Bridge has consistently found that under 20% of homeless male and female youth resort to prostitution as a means of survival. For most, the prostitution is linked to their drug addiction and puts them at high risk for contracting AIDS.

The longer youth remain on the streets, the more difficult treatment becomes. Having grown up in chaotic, unpredictable and violent homes, adolescents easily adapt to street life with its chaos, unpredictability and violence. They seek the familiar. Rather than living in an environment that offers the possibility for emotional growth, youth exist in a world that reinforces the same pathological behaviors from which they ran. Adolescents become trapped, not only in a street lifestyle, but also in patterns of abusive interpersonal relationships that can be changed only by years of sustained intervention and support. Without such assistance, youth are likely to remain on the streets -- the chronic runaways of today become the next generation of chronic homeless street people.

For almost twenty years Bridge has been developing innovative programs to offer both intervention and support to homeless youth. The following is a description of Bridge services:

Medical:

Since 1970, the Bridge Free Medical Van has brought important medical services to youth who might otherwise never find the help they need. Each weeknight, the van makes regularly scheduled stops in areas of Boston and Cambridge where street youth gather. A pool of 17 physicians and 41 nurses volunteer an average of 1 night per month. The use of volunteers constitutes a powerful message to these alienated youth that professionals do care about them and are willing to extend themselves to offer assistance. For many youth, trapped in a street life-style of instability and chaos, the regular appearance of the medical van offers the only positive structure in their lives. It is a front-line service reaching out to the neediest youth. In training medical volunteers, Bridge stresses to them that the manner in which their services are offered may be more important than the service itself. By providing medical care in an environment where youth feel comfortable, Bridge promotes trust, and clients are more likely to return for the other services they may need. Additionally, the van is used one day a week to provide outreach to young single parents living in welfare motels.

The van, a converted mobile home, consists of a waiting area, two examination rooms, a small laboratory facility, and a small pharmacy. (Youth are aware that the van does not carry any medication with a potential for abuse.) The most common medical concerns treated on the van are upper respiratory infections, minor traumas including sprains, cuts, human bites, etc., sexually

transmitted diseases and dermatological problems. Additionally, the waiting area is stocked with an array of alcohol and other drug educational materials as well as HIV educational brochures and resources. In addition to the medical staff, the medical coordinator and a streetworker are available to respond to the psychosocial concerns of the youth.

Approximately 800 youth make 3000 medical visits annually to the van. Two thousand youth drop by for a sandwich, a cup of cocoa or someone to talk to. In combination with the Streetwork program, the van offers a powerful outreach presence to street youth.

The Bridge Free Medical Van was the first of its kind in the country. Bridge estimates that replication of the van would cost approximately \$60,000 to purchase and equip a van. Operating costs, principally salaries for a coordinator and a part-time streetworker and medical supplies are about \$70,000 yearly. Since Bridge uses volunteer health care providers, their services amount to approximately \$30,000 yearly in in-kind donations.

As a back-up to the Medical Van, Bridge offers an in-house Nurse Clinic which provides physicals and testing at the Bridge main facility. This has been particularly helpful in coordinating medical services for Bridge clients who are infected with HIV.

Counseling/Runaway/Streetwork:

Bridge conducts outreach through the Streetwork program. Every weekday afternoon and evening outreach workers go to the areas where

youth congregate on the streets, as well as to shelters utilized by young clients, and develop relationships with them to offer Bridge services and other appropriate referrals. Streetworkers make 13,000 contacts yearly with 2000 youth. When outreach workers find runaways on the streets, they are referred to the runaway counselors who work with the youngsters and their families to determine appropriate treatment plans as well as placement options for youth who should not return home. Runaway counselors provide on-going counseling for the youth and their families. Bridge works with 450 runaways annually. Ten volunteer host homes are utilized to house runaways. Substance abuse counselors provide intake and assessment, advocacy, substance abuse counseling, and in-depth psychological counseling for a variety of issues that trouble street youth, including physical and sexual abuse. The counseling team responds to 1,600 youth annually. These services create a comprehensive intervention effort to promote freedom from substance abuse and the mastery of skills needed to function successfully.

Dental:

The Dental Clinic is a 3-chair fully-equipped facility. It is open 4 evenings per week in the Bridge main facility and offers a wide range of restorative services, with particular emphasis on preventative oral hygiene technique instruction. Over 50 volunteer dentists, hygienists and assistants provide services and educate clients about the procedures they will undergo. The education, combined with an informal low-key atmosphere, helps to allay patients' fears of dentistry. Approximately 475 youth make over 1300 visits annually to the clinic.

Family Life Center:

The Bridge Family Life Center intervenes in the lives of pregnant and parenting young people to assist with all aspects of parenting. The staff provides 175 young parents yearly with individual counseling to address their histories of physical and/or sexual abuse, drug and alcohol abuse, low self-esteem and other emotional issues which impact their parenting and their general social adjustment. Staff also provide education and workshops to teach young adults about the development of their children and the skills they require to meet their children's needs. Parents are encouraged to attend the Bridge Education/Pre-employment Program. The Family Life Center provides child care to 70 young children annually while their parents are involved in Bridge services. Parents are supported each step of the way toward independence: passing the GED, enrolling their children in day care, finding a job, and finding and furnishing an apartment. The Family Life Center seeks to impart to clients a deep awareness of what it is to be a parent, and confidence in the parenting role.

Education and Pre-Employment:

The teachers and volunteers work with each student at his or her own pace toward the goals which s/he has set, which often includes preparation for the GED exam. Bridge has an annual graduation to formally recognize those students who receive their high school equivalency diploma. Many students participate in weekly writing workshops. The job development counselor works with students to

develop job readiness and to locate permanent employment. Through regular contacts with the business and services community, he is aware of the hiring needs of a wide range of employers, and recommends appropriate places for clients to interview. The job development counselor also helps clients to resolve difficulties they have once they are working. The word processing instructor works with clients on a word processing training curriculum, as well as other computer functions. Over 160 youth yearly are enrolled in vocational/educational services at Bridge.

Residential

The Bridge Independent Living Program provides transitional living for street youth 16-21 years old. The house is available to youth who express a desire to leave street life behind and move towards independent living.

All youth at the Independent Living Program must agree to attend school, work a job, be involved in managing the house, take turns cooking and shopping, receive counseling, and participate in group activities. They must abide by house rules which prohibit sex, drugs, alcohol or weapons in the house, dictate curfews, and require that youths avoid Boston's downtown centers for street life. Youths share rooms, decorated to their tastes, and share a common kitchen, dining and livingroom area. A mandatory weekly group meeting for residents serves as a vehicle for conflict resolution, development of communication skills and provides an opportunity for interpersonal feedback and for insight into themselves.

The Independent Living Program offers young people 9 to 12 months of housing in a supervised setting; training in independent living skills; medical screening, evaluation, and treatment; psychological evaluation and treatment which emphasizes issues of sexual abuse, sexuality, prostitution, drug and alcohol abuse, depression and self-esteem; and job development. Residents are encouraged to participate in community volunteer work and to develop personal talents or interests such as music, writing or dance. Youths open savings accounts and pay \$50 rent per week. The needs of residents are assessed continually to revise their treatment plans, and to determine the support services they need to move forward in their development.

The program is staffed primarily by a project coordinator who has overall responsibility for case management, coordination of clinical services, and supervision and training of counselors and volunteers, and by seven counselors who are responsible for 24-hour coverage of the house. Counselors supervise the residents' activities, orient new youth to the house, coordinate job development and recreational activities, and provide counseling to residents regarding house-related issues. A licensed psychologist provides consultation. The service portion of this program, which can house 16 youths at a time, costs approximately \$300,000 per year.

Much of the success of the program can be attributed to the creation of a strong family atmosphere in which youth are both valued and

challenged to succeed. In many ways staff are "re-parenting" these youth, offering them both the and the structure of limits that were lacking in their families of origin. Fewer than 20% of the 45 youth annually who reside at the Independent Living Program return to street life.

The Single Parent House offers a similar environment, where individual counseling, participation in the Bridge Family Life Center, working, going to school, housekeeping, participating in weekly group meetings, finding childcare, and becoming involved in community networks are required. Through participation in these activities, each parent is encouraged to develop communication skills, an ability to schedule her time, education, work skills, and her personal potential. Of particular importance are the parenting skills these young mothers develop. Having grown up in abusive families, they are at high risk for perpetuating abusive patterns. By intervening during the first weeks and months of their parenthood with a combination of support, education and on-the-spot training, Bridge offers these young families the opportunities to escape lives of depression, abuse and poverty.

Approximately 30 young mothers and their children use the residence annually. The total program cost is approximately \$250,000 yearly.

The Transitional Apartments house youth who have been through the existing Bridge residential programs. These youth are ready to test

the skills they have developed in their previous residential experience. A Bridge residential coordinator visits apartment residents weekly and conducts group counseling to discuss their progress, problems, and to offer support. Youth lease the apartments for one year. They share these apartments in groups of 2 to 4 young people. When youth leave the apartments for homes of their own, most continue with outpatient services at Bridge for aftercare and support.

At anytime, up to 42 clients and 8 young children are in residence at Bridge. Since 1988, three youth with symptomatic HIV have lived in these programs. Bridge has found that they benefit tremendously from living in a home-like atmosphere with peers their own age. The other youth, in turn, benefit from a heightened awareness of the reality of HIV infection. In the future, Bridge expects to see more HIV symptomatic youth looking for alternatives to street life, such as those offered in our transitional living programs.

As Bridge moves into the 1990's our youth are presenting increasingly complex problems that will grow in severity during the coming decade:

A major trend emerging with this decade is an increase in drug abuse and its effect on family and community functioning. We are witnessing an increase in drug abuse among the parents of our youth, particularly the abuse of free-base cocaine and crack. It is becoming common for youth to

report to us that they were introduced to drugs not by their peers or older siblings, but by their parents. The parental drug abuse leads to increased verbal and physical abuse, as well as a pervading neglect of the emotional needs of the child. The effects of parental alcoholism on family dysfunction have been well documented. Bridge is witnessing an acceleration and exacerbation of these effects as cocaine becomes the parental drug of choice. Bridge expects to see more severe psychological disturbance among children emerging into adolescence in the 1990's as a direct result of parental drug abuse.

We are also witnessing psychological stress caused by drug-related violence within the minority community. Bridge is receiving increasing requests for help from parents who want their child removed from their home. These requests stem not from the adolescents' behavior, but from a concern for their safety and their lives. Adolescent males report pressure to belong to a gang for protection while many females exhibit signs of depression and fear caused by the violence they have witnessed and the friends they have lost to violent deaths. Adolescents not involved in gang activities are held hostage by their fear of victimization and violence, becoming increasingly isolated from normal daily activities due to fear of leaving their homes after dark. While these youth are not Bridge's target population because they are not homeless, it is a measure of the distress in their lives that they are reaching out to Bridge for help.

A second and frighteningly serious trend is the reality of AIDS and HIV infection among street youth. During the past 4 years, 28 of our

clients have been diagnosed with symptomatic HIV. Twenty of these youth have histories of both IV drug use and prostitution, 5 have histories of prostitution only, 2 of IV drug use and 1 who was the sexual partner of an IV drug user. We are seeing a rapid increase in HIV infection among our female clients. Five of the 10 clients diagnosed in 1989 were female. Other adolescent service providers have noted the same trend.

These youth are frightened, depressed and actively suicidal. Testing and diagnosis provokes a major crisis in their lives that most cope with by escalating their drug and alcohol abuse. This in turn increases both their depression and their impulsivity, resulting in greater numbers of attempted suicides. Their depression and hopelessness has engendered a fatalism among their peers on the street. Three years ago street youth frequently expressed an omnipotent belief that they would never be infected; today they view AIDS as an inevitability in their lives. Tragically, throughout the 1990's, for many of these youth the "inevitability" will become the reality.

A third trend of concern to Bridge is an increase in male adolescents from Central America. Some of these youth report induction into military service at the age of 12 or 13 and report being severely beaten and abused while in the military. Others report that their families pooled resources to transport the youth out of the country. Still others report that they have no families to return to as a result of the disruption caused by war. All have entered this country illegally, and are terrified of the consequences of being returned to their home countries. That we are seeing

these youth in a city as far north as Boston suggests that this is a nationwide phenomenon. These youth express hopes of finding jobs and apartments. They face the realities of violence, drugs, exploitation and victimization on the streets. Many barriers exist in working with these adolescents including language barriers, cultural differences, their illegal immigration status and their mistrust of service providers. We have found that most Latino social service agencies are reluctant to involve themselves with these youth, hence the responsibility falls on agencies like Bridge.

Finally, a disturbing trend that Bridge has first-hand knowledge of, is the growing number of adolescent single mothers residing in "welfare hotels and motels" with their children. As part of our medical outreach, a Bridge pilot project brings the medical van to a number of these hotels/motels. The young families live in cramped and inappropriate quarters where the major source of stimulation is the television. Isolated from medical and social services, the mothers receive no training in the development of independent living skills. When they do locate traditional housing, their lack of experience in and support for managing basic daily living tasks contributes to many becoming homeless again in 3 to 6 months.

The children often sleep by day and are awake at night watching television. Many jump from school to school and suffer from lack of continuous education. Others simply do not attend school either because the hotel/motel is too far away or because they lack proper immunization records. These youngsters have no sense of "home" or a home life and are

lacking in any male role models. The longer they are homeless the less medical care they receive and the more at risk they become for serious illness.

The hotel/motel rooms have no kitchen facilities. Most families have a hot plate and use the window sill for refrigeration in the colder months. The children are at high risk for serious malnutrition and potentially irreversible brain damage resulting from under nourishment.

As the numbers increase dramatically, Bridge fears that these children will easily become the street youth of the late 1990's and that their problems will go far beyond what Bridge is seeing among street youth today.

For close to 20 years Bridge has been a consistent provider of services to homeless youth. New programs have evolved to meet changing needs and new trends. Bridge has aimed to "be there" for distressed youngsters when they have no where else to turn. As a result, we see a lot and we hear a lot. The complexities of modern living, and the ensuing stresses have taken a toll on the family. Its most vulnerable members - the children - have suffered tremendously. Programs like Bridge help some of these young people literally pull together a life that makes sense. But Bridge is always riding upstream facing trends like those described here. Bridge and programs like us will continue to do what we can, but we need more support from the outside and particularly from the government. We need to feel that we are being heard, and that the problems we see are receiving the attention they deserve. It is my

sincere hope that the information provided herein will be used to generate increased support for programs like Bridge, facing front-line problems on the front lines. Thank you for the opportunity to provide this testimony.

STATEMENT TO THE SENATE COMMITTEE ON CHILDREN

by Rev. Thomas Behrens,
Chair of the Youth Committee of the
Chicago Coalition for the Homeless and
Executive Director of the Northside Ecumenical Night Ministry

February 7, 1990

My comments today are informed by my experiences in youth service, but also, and equally important, by my experiences as a parent. My ability to empathize with the youth caught up in homelessness, which grows from time spent at night on the streets, contributes to a deep empathic response to youth in the crisis of homelessness. Ultimately I believe my personal and human experiences inform me more than my professional experience. Anyone raising teens, even in the best of circumstances, knows it is a tough time in both the teen and parents life.

I am the executive director of the Northside Ecumenical Night Ministry. I have been with the Night Ministry from its founding 14 years ago, and was its only staff person until we began to expand in 1985. Currently we have 12 staff positions and 4 major programs, 3 of which provide services to homeless youth.

In the State of Illinois, the Governor's 1985 Task Force on Homeless Youth, on which I served, estimated that there are over 21,000 youth up to age 21 who are homeless and over 11,000 of these youth are minors aged 17 or younger. These are youth who are no longer living at home or in a supervised environment, and who live in unhealthy and even dangerous circumstances.

These youth who are without a home are neither juvenile delinquents nor gang members. While they may fall into these groups after becoming homeless, they are homeless because of the breakdown of the family. These youth are not leaving home or being kicked out of their homes (some are even abandoned by their families) for insignificant reasons. The reasons are serious - not merely an argument or disagreement that got out of hand; not for one time occurrences.

The reasons are severe and generally on-going in nature. Their family has either disappeared as a functioning unit or become dysfunctional due to stresses that are not coped with. Such stresses may be due to the inability to manage or cope with divorce, drugs or substance abuse, death of a significant member of the family, or damage due to sexual or physical abuse. We refer to these as the four deadly D's.

Life on the streets for these youth is extremely dangerous

to both their physical and emotional well being. The dangers have often been spoken about: turning to prostitution, becoming involved in drug and alcohol abuse, being recruited into pornography, increased despair and suicide, and increasing emotional instability that leads to a permanent inability to develop a life of healthy independence. These youth become homeless adults or part of our mental health or corrections systems supported by the public.

To understand the crucial and unique problem of youth becoming homeless we need to look at human developmental stages. Child psychologist Erik Erikson points out that the primary task of the teenage years is to construct a sense of personal identity. By being forced out of the security of a home, youth are forced to grow up quickly. "Today's society leaves the teen more vulnerable and less competent to meet the challenges that are inevitable in life." (Elkind, All Grown Up and No Place to Go, p. 5) Without a secure home life, and without the opportunity to construct a secure personal identity, the youth are unfinished and unable to grow. The teen years are crucial to the development of individuals. The turbulence of typical teens years is balanced by the support processes of the family. When the family is not healthy or not there at all, then this important developmental stage is likely lost.

The results of youth homelessness are at least threefold: 1.) the contributions these youth might make are lost, 2.) they become a burden on society, and 3.) they are lost to themselves to pursue a meaningful life, and they in fact often die far too early and tragically.

How do we respond? We can respond in many ways that are helpful, but we need to understand the limits of our responses in solving the problem of youth homelessness. We can seek to achieve long term results or short term results. We can respond to crisis or to deeply ingrained issues. Both are needed and of value. It seems that our response today, however, is to the crisis of youth homelessness, and not to the societal problems of which youth homelessness is only an indicator. It is my personal opinion, though, that if we are serious about solving youth homelessness problems, we must make long term efforts that address its causes.

We did not arrive in this fine mess quickly and we will not get out of it any quicker. Adequately addressing the needs of the homeless will require thoughtful and honest evaluation of the circumstances that have created homelessness, and skilled and compassionate responses. If we intend to be serious about the well being of all our citizens we must view the long term consequences and solutions.

The best response to homeless youth is to prevent them from becoming homeless. Once a youth leaves home it is only a matter of weeks or even days before they become submerged and addicted to street life. To prevent homelessness we must find ways to

provide services to families at risk at the earliest possible opportunity. We must support family and and the health of family.

The Night Ministry began as an outreach service to people on the streets of our community at night. Our purpose was, and remains, to provide a visible helping presence to people in need through conversation, counseling, referral and information, and crisis intervention services to whomever we meet. This includes dealing with substance abuse issues, emotional and suicide issues, and homelessness.

Very quickly we realized that there were a large number of homeless youth on our streets and essentially no services for them. We felt capable of responding to these kids through our outreach program and expanded by adding staff that focused their outreach work totally on homeless youth. Working on the street with the kids we quickly learned that the most important service missing was emergency shelter. There was no shelter for youth that could be easily accessed.

In an attempt to address this issue of shelter, and to tap the resources of the surrounding churches, we founded the Exodus Homes Project. Exodus Homes is a unique foster care project which recruits churches rather than families or individuals. Rather than asking an individual family to take on the responsibility of caring for these youth, the project asks for a network of people to work together to provide adequate support for both the foster family and the for the youth.

There are several benefits to this model of foster care. First, while we recognize that none of these youth will be "fixed" by a hug, a cup of soup, and a bed, most of them need this basic human emotional response in order to begin to heal at all. They are in need of many services, but in order to begin they need to be somewhere safe. Once the youth is safe, then the hard work of making decisions about the future can begin.

Another benefit of this is that by placing a youth with a family, she may see a model of living that may be unknown to her. In whatever time a youth is placed in one of our foster homes -- if that is a week, or a month, or even six or seven months -- it is a time to work on issues, and to view healthy lifestyles and healthy decision making processes. The period of time with us is also a time to try and achieve some successes no matter how small. With success comes self-esteem. Self-esteem is the foundation which helps a youth stand firm when approached by (or attacked by) prostitution, pornography, and substance abuse.

We believe that all of those involved in work with this population must continue to develop innovative models of care which provide both the basic needs of youth and provides them with visions of a different kind of life.

To provide services for youth who are close to homelessness

or are already homeless, we must develop a comprehensive continuum of services. This continuum will provide a variety of programs through which youth can access appropriate services. Presently we have, at best, a piecemeal effort that itself lacks resources, both financial commitments from private and public sources and professional staff trained to work with this special population.

The continuum of services for youth must include a wide variety of services, ranging from such things as transitional shelters and housing opportunities to youth who are unable to return home to street outreach work which goes to where the youth are. In the development of these programs, a critical component of care is commitment and consistency.

Transitional shelters are an essential component of the continuum of care. This housing option is necessary for youth who are unable to return home because the family dysfunction is too severe. Transitional care allows a youth to move from emergency and crisis to developing a plan for independence and begin to achieve some part of that plan. An essential service in transitional housing, as in emergency housing, is attention to self esteem, and the building of self confidence. The shelters must be able to offer the support necessary when a youth struggles and does have failures in achieving independence.

My experience as a parent informs me about developing and managing programs for homeless youth. So many of the problems that we see and experience with youth are not much different from those I have experienced with my teenaged children. The difference is that I have to tolerate my kids and their struggles to grow up. Youth from functional families who often fail in endeavors of growing up also have the family to support and nurture them until they can get it together to try again. To honestly address the continuing needs of youth, our programs must have this sort of ongoing commitment.

The movement from crisis to independence is not easy for youth. For a youth to become stable after losing his home, or to become comfortable in "straight" society after some time on the street can be a lengthy process. In our foster care program, we have discovered that it often takes as long as six weeks for a youth to move out of crisis and into a more stable, directed life. Even then, the youth needs time and support to get established and to feel secure in their choices. Emergency housing does not get met in just 14 or 15 days.

The hallmark of the Night Ministry is outreach. From our beginning in 1976 our mission has been to be present on the streets of our community at night in order to help people in need. We have become very good at this and can address the value of outreach as experts.

Good outreach consists of three important factors. First, we must be present in the community that we want to serve. While

this may seem obvious, many who do outreach do not do this. Being present means physically being in the community to be served. This means spending time there. In our outreach to homeless youth, we only assign fulltime workers so they can spend as many hours each week as possible being present. Our workers are out on their streets four nights per week for six hours per night.

Second, we must be visible. In order to be effective on the street, the outreach worker must be somehow identifiable from the general population. Some wear special jackets, others develop special relationships. Our outreach workers wear a clerical collar for identification purposes only. We are not involved in evangelizing. We work to develop personal relationships with people who work in the nighttime communities we hang out in. While we serve them, the regulars also serve to refer others to us for services.

Lastly, we must be available. When youth or others approach with questions or for assistance, we try to respond immediately by being attentive to the person approaching. If we are busy in a conversation with another person, we will meet with the person as soon as possible. If the situation is an emergency, we triage the various needs.

In being present consistently and often, visible, and available we are able to build positive relationships with people on the street. We establish enduring and knowing relationships with the regulars of a nighttime community who in turn introduce us to the transient population that is in need of help.

Becoming trusted is a crucial ingredient to being a helping person to street people. The youth we meet are especially distrusting. This distrust grows from a history of failed relationships, abuse, and exploitation. Even their family life has ended in failure. Thus, if we are to have any chance of having an impact in a positive way the lives of these youth, we must establish trust by earning it. It will not be given automatically.

One ingredient for building trust is the manner in which we treat those we meet. We treat them respectfully at all times, and allow them to maintain their own integrity. This includes realizing that the youth now are in control of their lives, for better or worse.

We must recognize that given that they are homeless, they do not have many worldly possessions to call their own, but what they do have--something we must understand and respect--is control over their lives. They can decide to stay up late, abuse substances, go and come as they want. They have control, and if we are serious about helping them we cannot simply tell them what we are going to do for and to them. Rather, we must help them to make good decisions for themselves.

Another ingredient of developing trust is not being judgemental of their decisions. We must not make value assessments that judge the kids as good or bad kids. We can, and should, address healthy and unhealthy actions, but we must not make moral judgments unless asked. Our goal is to maintain the relationship in order to be able to continue to encourage healthy actions and decisions. For example, we may meet a youth involved in prostitution. While not availing himself of our services when we initially meet, our goal is to remain present, visible and available for that time when he does want help. This may be a week, a few months, or even years.

These youth have experienced far too many failures and betrayed relationships. If we are to establish positive trusting relationships, we must begin to have interactions that are successful, and are honest. We cannot lie, put off, or provide incomplete information for our own convenience. Even when we know that conflict may result, we must give honest and full information. While this is often difficult in the short term, over the long haul of building relationships and helping youth, we must be totally honest.

The task of outreach is to catch homeless youth as soon as possible. Outreach can be through presence in their gathering places, or in providing basic services such as shelter, food, and medical attention.

At these points of contact, we must be sensitive to them and understand some of the nature of their sad journey and not condemn them, as state before, as bad kids. Regardless of where they are, what they do or say, and how they may support themselves, we cannot help them if we regard them as bad kids who should just go home. They may have made bad decisions, but they are not bad kids.

It is crucial to regain some of their trust, and show them that they are of value--that they are important and that some people care about them. After we have regained their confidence, we can then begin to address more basic questions of any emotional and physical damage they have incurred in their life, and to plan what will be done in the future: return home to work out problems, or begin to move to independence, or any other option.

In all of the work that is done to address this unique population of homeless people, what we have discovered as the central task is that of building healthy relationships. The continuum of services will be meaningless unless it incorporates this essential element. The work with these youth is not simply meeting the basic needs of shelter and food, nor is it filling time with activity. Rather the real work comes from honestly relating to these youth, providing them with models for relationships which are not abusive or judgemental, and giving them a vision of a life different from that which they have known. Establishing a good working system to manage these youth

until independence is not enough. They remain damaged, even if managed well.

What we as a country stand to lose is potential. Those of us who work with these battered and abused youth daily see young men and women without hope and without a vision of a future in which they make worthy contributions to their community and to themselves. It is a hard picture to see.

What we need is resources to address these critical problems among homeless youth. We need the financial ability to create the services that are necessary to respond to their life situation. We need caregivers who are well trained and competent and committed to staying in relationship with the youth as they move toward adulthood. In recent years, appropriately trained staff have become increasingly hard to come by. We have been trying to hire a clinically trained Masters of Social Work person for three months and have not yet found one. Many other agencies I know have experienced the same discouragement in finding qualified personal. We need to find ways to attract these people.

In conclusion, we have far too many youth who are homeless. This is not only a tragedy for the suffering they must experience, but is also a tragedy for what it indicates of the state of the American family. Far too many families are falling apart.

To help those youth who have become homeless, we must first go out into our communities and reestablish contact with them, indicating that they are of value. Building positive and trusting relationships is essential. In doing this we become excellent conduits to more substantial help. First as early counselors, and then helping get established with longer term care.

As we help these youth, drop in centers and emergency overnight shelters also serve as outreach vehicles to make initial contact for street kids. In establishing trust we can stabilize the youth to the point to move from crisis services to transitional services, and ultimately to long term services and independence.

To address the societal issues, we must address the issues of providing support to families, particularly those that don't have the skills to cope with stress. Important also is helping our families, and our communities, to raise children with self-esteem. Self esteem is basic to healthy decision making. There is a Proverb in the Old Testament of the Bible that says, "Raise up a child in the way he should go, and when he is older he will not depart from it." If we raise are children with hate, when they are older they will only know hate as a way of relating to the world. If we raise our children with positive values, these values will sustain them when they are older. This will be a better community for all of us.

TESTIMONY BEFORE THE
CHILDREN, FAMILY, DRUGS AND
ALCOHOLISM SUBCOMMITTEE
"HEARING ON STREET KIDS"

FAMILY REUNIFICATION OF RUNAWAY YOUTH

Submitted by

Clarence Small

Director of Emergency Services
Wyandotte House Inc.

February 7, 1990

FAMILY REUNIFICATION OF RUNAWAY YOUTH

TESTIMONY

Mr. Chairman and Members of the Subcommittee:

I would like to thank you for the opportunity to share some of my experiences and agency efforts to reunite runaways with their families.

My name is Clarence Small. I'm from Kansas City, Kansas where I work as Director of Emergency Services for a comprehensive youth organization called Wyandotte House Inc. I also serve as a board member of M.I.N.K. (Missouri, Iowa, Nebraska, Kansas Network of Runaway and Homeless Youth Services) with office headquarters located at Synergy House Inc., Parkville, Missouri. Wyandotte House Inc. is also part of the national network of runaway and youth services.

I am one of the fortunate ones. I grew up in a single parent home with a lot of support from a loving mother, three (3) sisters and one (1) very special brother. In our home, the family unit was taken very seriously. We ate together, played together and prayed together. We didn't have the best of everything but it didn't matter. If something happened that affected one family member, each one of us shared in it whether it be joyous or sorrowful.

In my adult life, I've come to treasure those experiences that I had as a child. My mother worked VERY hard to create a healthy,

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positive environment which enabled me to develop into a healthy, positive adult.

Unfortunately, in our society, we tend to throw away things that are broken. When the family unit breaks down, the youth tend to be discarded (physically and/or mentally) which may create a "runaway". However, runaway centers all across the country have recognized this problem and have endeavored to assist the runaway youth and reunite the family.

For the past 9 years, I've been associated with one such center, Neutral Ground, which focuses on family reunification. It is not possible for every young person who comes through our doors to return home for many reasons. But, at Neutral Ground, we're proud of our 60% success rate of reuniting youth with their families with a recidivism rate of less than 3%. With 75% of the youth we serve living within a 40 mile radius; good counseling, networking and aftercare services attribute to our success rates.

THE PROGRAM

Neutral Ground is a 24 hour runaway center providing an alternative for runaways, youth at risk, and youth in crisis. Located in Kansas City, Kansas, the center is less than 5 minutes from downtown Kansas City, Missouri. Neutral Ground provides services to youth ages 10 to 17. Sixty-seven percent of our youth

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are police referrals, not due to criminal activity -- but conflicts in the home. Our police also are a source of transportation for the youth to our shelter. Twenty percent come on their own. Youth come from various socio-economic and ethnic background. The center serves an urban area known for its depressed economy, high teen pregnancy and crime rates while also serving an affluent area which is considered the third richest county in the nation.

Youth are aware of our program from radio and television public service announcements, newspaper ads and articles, posters and brochures which are placed in prominent areas. During the school year staff will visit school districts, classes and speak at school assemblies. Neutral Ground also co-sponsors community events such as Optimist Youth Appreciation Week.

INTAKE

Work at family reunification begins when the child first enters our center. Each youth will be assigned a primary counselor who will follow that case through completion. It is the counselors responsibility to meet with the youth daily, help youth and family to set up goals and work toward solutions. Immediately upon arrival, regardless of the hour, efforts to get to the core of the problem begin with recognizing that "running away is usually a symptom of greater problems." To ensure that the best care can be

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given, a Drug and Alcohol, medical and social assessment which includes all elements of the youth's life is completed.

Once information is gathered and physical/sexual abuse is not the major problem, the task of reunification starts with notification of parent or legal guardian within 24 hours of arrival. It's important to establish a trust relationship with parents and relieve anxiety, so we attempt to contact them as quickly as possible by telephone or in person. The following information is given:

1. Explanation of program and identity of staff
2. Assurance of safe arrival of youth
3. Program expectation
4. Brief description of major problems.
5. Verbal permission for youth to stay
6. Commitment of parent to work with Neutral Ground

We also inform parents that we stand ready to help in a non-judgmental capacity and by no means are we there to take over their parental responsibilities or to advocate separation of the family unit. According to federal guidelines the maximum time that a youth can stay at Neutral Ground (as in the case of most runaway centers) is 14 days. Therefore, it is extremely critical to move swiftly and professionally towards a resolution. It's also important to get the family back together as quickly as possible so aftercare can begin. As counseling progresses, the youth,

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parent(s) and staff move toward a disposition plan with everyone involved in the decision-making process.

NETWORKING

Being a short-term agency, we realize that those issues which caused the family to utilize our program may reoccur or never go away, so part of our services are to network with community agencies which can further help the family. After the youth leaves Neutral Ground, the family is referred to a family counseling agency as part of the disposition plan. The primary counselor will set up the initial visit by telephone and encourage the family to follow through.

Networking also becomes important as Neutral Ground addresses the needs of youth who cannot return home. Negotiating and mediating on behalf of a youth for placement into foster care, group home or state custody becomes essential. Networking with local authorities helps to facilitate this process.

AFTERCARE

With the help of a volunteer (retired school teacher), youth will be contacted at least 5 times during the year following their departure. The volunteer talks with them via telephone asking a series of questions which include:

.Have you runaway since returning home?

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.How are things at home now?

.Were Neutral Ground services helpful?

.Are further services required?

Written documentation occurs and immediate follow-up services are provided if needed either directly or through referral.

Recently, an outreach drug and alcohol counselor was added to the staff who will be going into the homes of youth where substance abuse was a primary problem.

CONCLUSION

In conclusion, I have summarized what Neutral Ground is doing and while we, like other centers, have excellent, successful programs - IT IS NOT ENOUGH!!!

While useful and necessary legislation has been passed resulting in the:

- . Juvenile Justice and Delinquency Prevention Act
- . Runaway and Homeless Youth Act
- . Transitional Living Grant Program
- . Drug Abuse Prevention Program for Runaway and Homeless Youth

to name a few. To pass the acts and design the programs is not enough! The next step and the most significant step in this dynamic process is to provide the additional federal funds needed to bring these programs to fruition. Once this step is completed,

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we will be in a better position to serve the youth and assist their family in the reunification process.