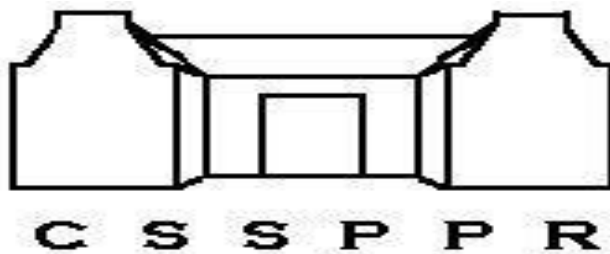# Report of Springfield's 2014 Survey of High-Risk and Homeless Youth

Research conducted by the Center for Social Science and Public Policy Research at Missouri State University in collaboration with The Homeless Youth Subcommittee of the Community Partnership of the Ozarks' Christian, Greene, and Webster Counties Continuum of Care. Report written by Dr. Tim Knapp and Adam Bryson of the Sociology Program at Missouri State University.

COMMUNITY PARTNERSHIP
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C S S P P R

Report of Springfield's 2014 Survey of High-Risk and Homeless Youth

This project, the fourth High-Risk and Homeless Youth assessment survey conducted since 2007, was developed and completed by the Homeless Youth Subcommittee of the Community Partnership of the Ozark's Christian, Greene, and Webster Counties Continuum of Care in conjunction with Missouri State University's Center for Social Sciences and Public Policy Research.

During May and June, 2014, questionnaires were given to youth at 14 not-for-profit and government agency sites in Springfield. The organizations serve youth who are in need of assistance and, therefore, may have experienced homelessness or may be at risk of becoming homeless. Three hundred eighty young people completed and returned a questionnaire. Not every respondent completed each of the 53 questions on the form, and this is noted when applicable below. However, most surveys were complete.

Five questions measured whether or not participants had experienced homelessness (see section V "Homelessness" below). Of 351 people who had answered at least one of the five questions, 205 (58%) had experienced at least one form of homelessness; 146 individuals (42%) had not experienced any type of homelessness. Non-heterosexual youths were significantly more likely to have experienced homelessness on their own (see section IX "Subgroups and rates of homeless on their own" below).
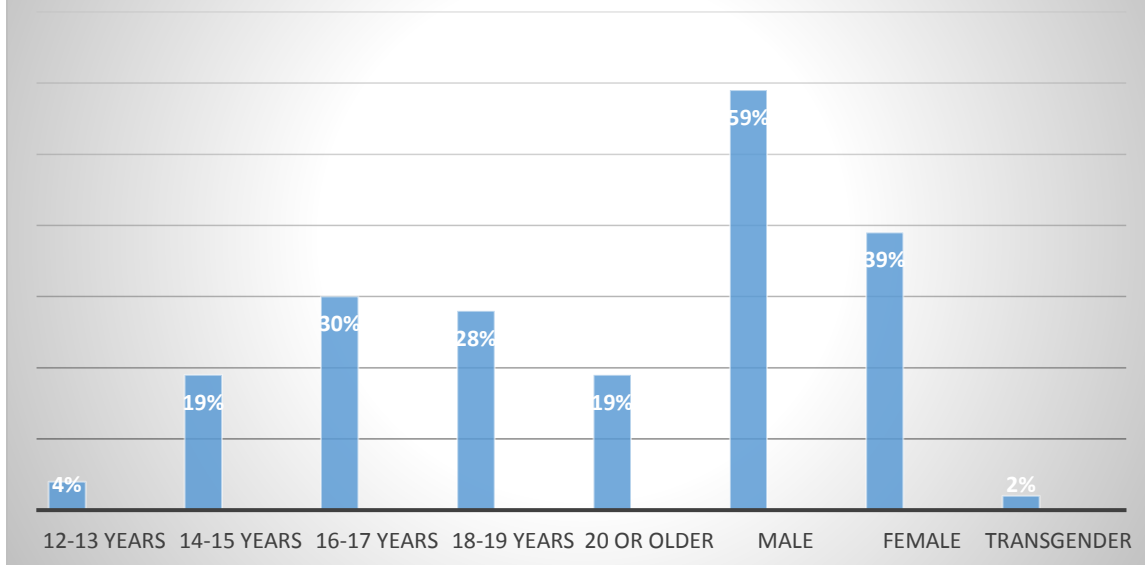
Difficult family backgrounds appear to be the primary factors that contribute to young people being homeless on their own, while developing a mental illness and running away likely are important secondary factors (see sections X and XI below).

I. DEMOGRAPHICS OF THE SAMPLE

Age The three youngest respondents were 12 years old, and the oldest person was 25 years of age. Sixteen subjects, 4% of the sample, were 12 or 13 years of age. Seventy-one individuals, 19% of the sample, were either 14 or 15 years old. One hundred fifteen respondents, 30% of participants, were either 16 or 17 years old. One hundred five people, 28% of the sample, were either 18 or 19 years of age. Sixty-two subjects, 19% of individuals, were age 20 or older. The average (median) age of individuals who completed a survey was 17 years old.

Gender Two hundred twenty-five respondents, 59% of the sample, were males, and one hundred forty-seven (39%) were females. Seven individuals were transgender (2% of all participants).

Age & Gender of Participants

| Category	Percentage
12-13 YEARS	4%
14-15 YEARS	19%
16-17 YEARS	30%
18-19 YEARS	28%
20 OR OLDER	19%
MALE	59%
FEMALE	39%
TRANSGENDER	2%

Racial/Ethnic group Two hundred eighty-six of the youth (76% of the sample) were white. Thirty-two respondents (9%) were black, and an equal number were of two or more racial group backgrounds. Seventeen subjects (5% of the sample) were Hispanic or Latino, five individuals (1%) were Asian-Americans, three people (1%) were American Indian, and one person (0.3%) was of Hawaiian or Pacific Island descent.
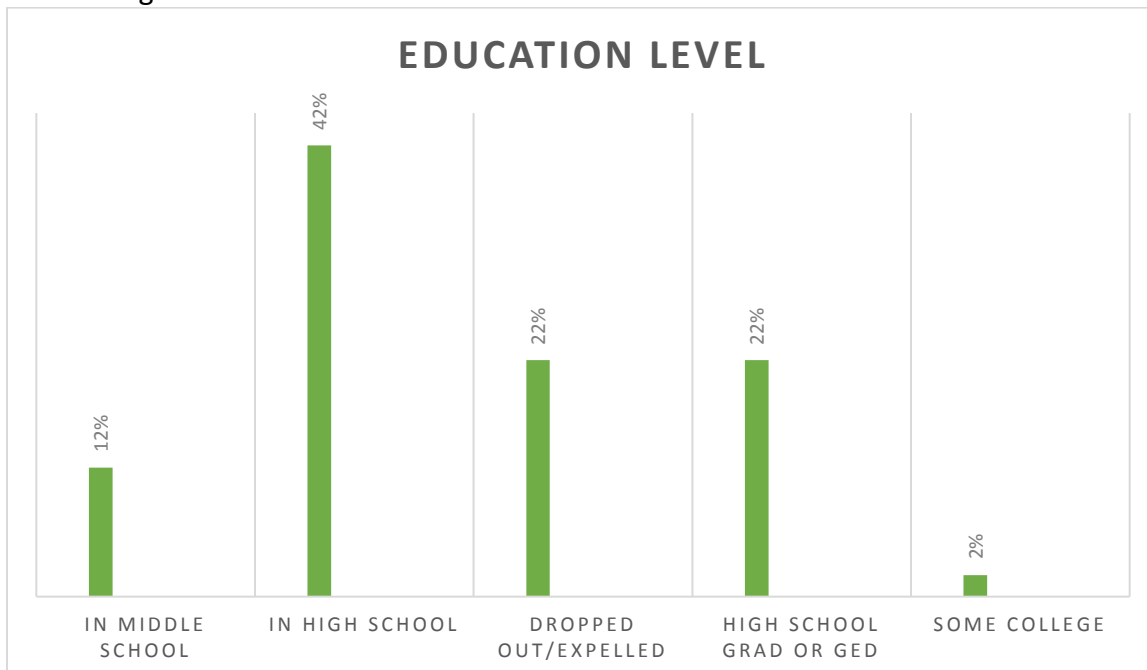
Ethnic Background

Group	Percentage
White	77%
Black	9%
2 or more backgrounds	9%
Latino or Hispanic	5%
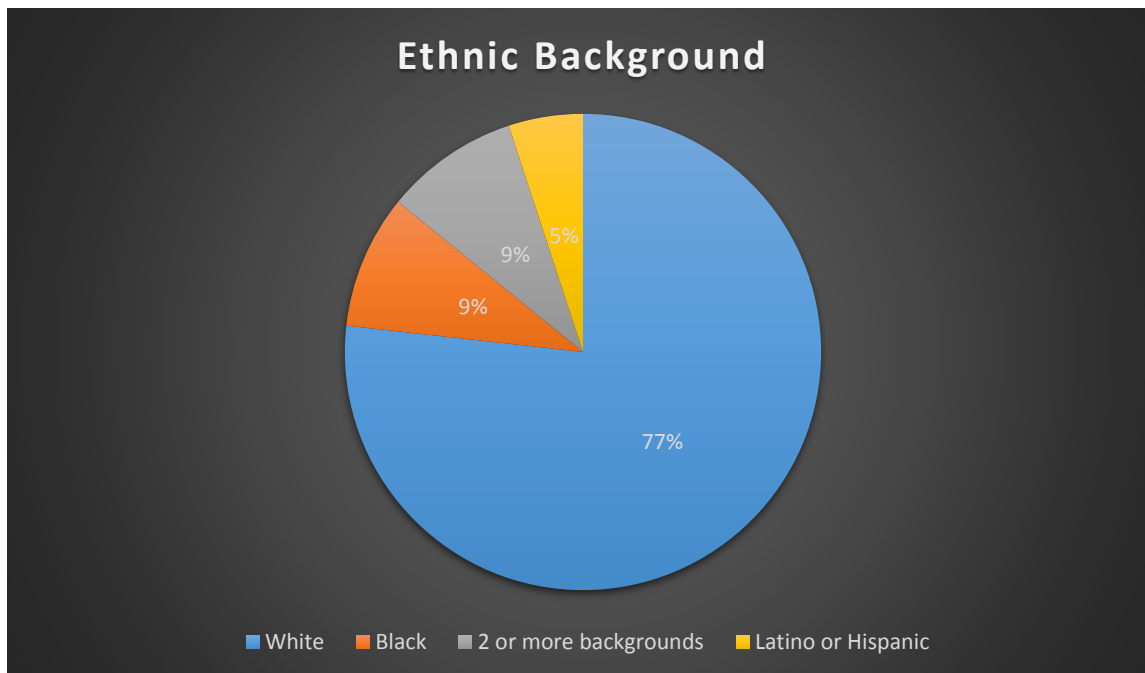
Sexual orientation Two hundred eighty-one youth were heterosexual, which is 76% of the 369 respondents who identified their sexual orientation. Sixteen people (4%) were gay or lesbian. Sixty-four individuals (17%) identified as bisexual. Four young people (1%) were questioning their sexual orientation, two people (0.5%) were asexual, and two others reported as pansexual.

Sexual Orientation

Category	Percentage
Heterosexual	76%
Gay or Lesbian	4%
Bisexual	17%
Questioning	1%
Pansexual	0.50%
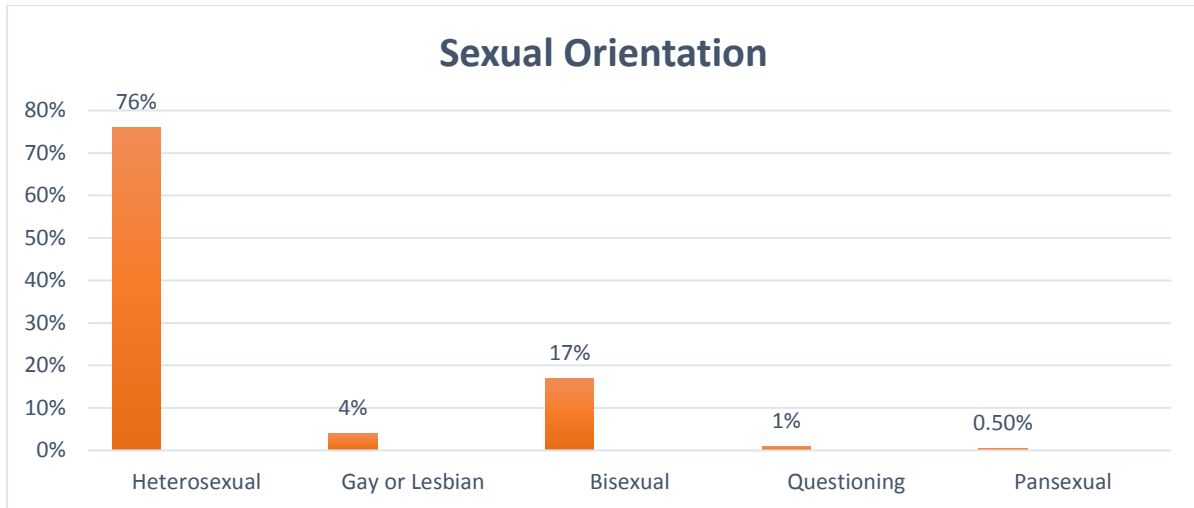
Education status Forty-five subjects (12% of the sample) were in middle school, and 159 youth (42%) were attending high school. Sixty-six respondents (17%) had graduated from high school, and 18 people (5%) had earned a GED. Forty young people (11%) had dropped out of school but were attending GED classes, while 37 participants (10%) had dropped out and were not attending GED classes. Five respondents (1%) had been expelled from school, and one of them was attending GED classes. Nine individuals (2%) had some college education or had graduated from college.

EDUCATION LEVEL

Category	Percentage
IN MIDDLE SCHOOL	12%
IN HIGH SCHOOL	42%
DROPPED OUT/EXPELLED	22%
HIGH SCHOOL GRAD OR GED	22%
SOME COLLEGE	2%

Hometown Of the 380 people who provided their home town, 194 youth (51% of participants) were from Springfield. 102 individuals (27% of the sample) were from another town in Missouri, and 84 young people (22% of respondents) listed their home town in another state.

Hometown

- Springfield - Other MO city - Other State -
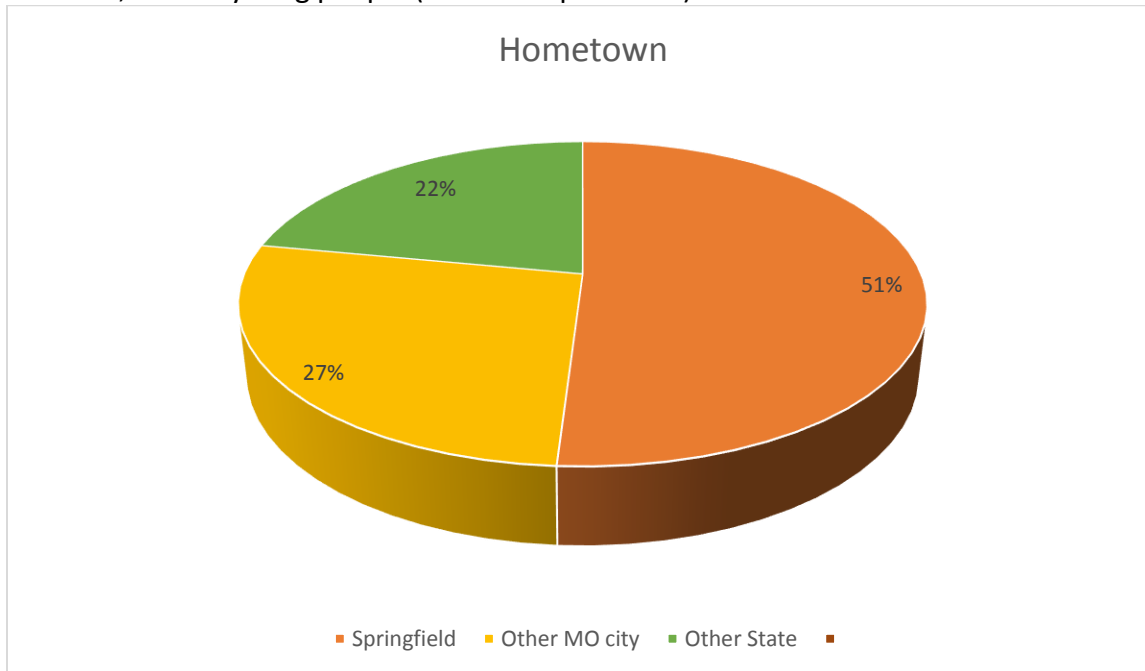
Ward of the state Of the 335 youth who provided information, 192 of them (57%) had not been a ward of the state in foster care, Division of Youth Services, Division of Family Services Children's Division, or juvenile justice. One hundred forty-three respondents (43%) had been wards of the state. One hundred four individuals (31% of those surveyed) still were under the care of a state agency or program.

Age of release and how released Of the 62 people who had been under state care and had been released, the modal age of leaving the care system was 18 years. Among those who had been released, 28% were reunited with their family, 21% were placed with a legal guardian, the same proportion were released in an "other" form, 20% were adopted, 8.0% aged out, and 3% were placed with a relative.

Pregnant Three hundred thirty-three respondents (90%) said that neither they nor their significant other was pregnant. Twenty people (5%) said that they or their significant other might be pregnant, and 18 (5%) individuals said that they or their significant other was pregnant.

Children Of the 368 youth who provided information, 315 participants (86%) had no children. Thirty-nine people (11%) had one child, 10 respondents (3%) had two children, and four individuals (1%) had three or more children.

II. WORK HISTORY

Job status Of the respondents who answered this question, 73% were not employed at the time of the survey. Twenty-nine people (8%) worked full time, and 72 (19%) worked part time.

Hourly pay Of the employed people who provided information about their current pay, 13 individuals (13% of them) earned less than the minimum wage of $7.25 per hour. Fourteen respondents (14% of workers) had wages between $7.25 and $7.49 per hour. Thirty-five people (34% of employed youth) earned between $7.50 and $7.99 per hour, and 40 working youth (39%) had an hourly wage of $8.00 or more.

Weekly hours of work Of the 99 respondents who were working and provided information, 20% of them worked one to 10 hours weekly, 22% were on the job 11 to 19 hours each week, 27% worked between 20 and 29 hours each week, 13% were at work 30 to 39 hours each week, and 17% of employed subjects worked 40 or more hours weekly.

Job history A total of 180 subjects (slightly less than half who provided information) had held at least one job in the past year. Among those who had worked for pay in the past 12 months, 148 people (82%) had held one or two jobs, 25 individuals (14%) had worked three or four jobs, and 7 respondents (4%) had held five or more jobs in the past year.

III. FAMILY TROUBLES AND RUNNING AWAY FROM HOME

Victim of or witness to repeated household traumas One hundred fifty-seven respondents (42%) had been the victim or witness to repeated traumatic events in a care-giving situation. Fifty-eight percent of youths had neither witnessed nor been the victim of repeated household traumatic events.

Parents' alcohol or drug abuse One hundred seventy-six respondents, 47%, reported that one or both of their parents had an alcohol or drug problem, while 53% of participants did not have a parent with an alcohol or drug problem.

Runaway The majority of youth (60%) had never run away from home; however, nearly four in ten had done so. Among the 150 youth who had run away from their home, 59% had run away once or twice, 16% had run away three or four times, and one quarter of them had run away five or more times.

IV. ALCOHOL/DRUG USE AND MENTAL ILLNESS

Youth alcohol or drug problem Over two-thirds of subjects, 67%, said that they themselves have never had a drug or alcohol problem. However, 125 young people (33% of the sample) reported that they have had or currently have an alcohol or drug problem.

Days use alcohol or drugs last week Three quarters of respondents had not used alcohol or drugs in the week preceding the survey. Among the 94 youths who had used alcohol or drugs in the past week, 49 people (13% of the entire sample) had done so once or twice, 20 individuals (5%) had used drugs or alcohol three to five times, and 25 people (7%) had used alcohol or drugs six or more times in the past week.

Mental illness The majority of subjects, 55%, had never been diagnosed with a mental illness. One hundred seventy respondents (45%) had been diagnosed with a mental illness.

Mental illness prescription drugs Similarly, 47% of individuals had been prescribed medication to treat mental illness, while 53% of respondents never had been given prescription drugs for a mental illness.

Ever receive counseling More than one-third of respondents, 35%, had never received counseling services. However, 248 youths (65%) had received counseling services.

Currently in need of counseling While a majority of the sample had received counseling services at some time, only 88 individuals (23% of the sample) felt that they currently need counseling.

Self-mutilation Ninety-three youths (25% of respondents) reported that they had self-mutilated, such as cutting or burning themselves, in the past three month. Three-quarters of subjects had not done so during the past three months.

Suicide ideation Seventy-one percent of participants had not thought of committing suicide in the past three months. However, 107 youths had experienced thoughts of suicide in the recent past. Among the entire sample, 15% of individuals had suicidal thoughts once or twice in the past three months, 4% had thought about ending their lives three or four times, 3% had considered suicide six to ten times, and 7% had thought about suicide eleven or more times.

V. HOMELESSNESS

One question measured whether subjects had ever faced uncertainty of shelter. Of 374 reporting youths, 162 individuals (43%) said that they had in the past wondered where they would sleep that night.

The amended McKinney-Vento Act defines homeless children as young people who lack a fixed, regular, and adequate nighttime residence. Some examples of children who fall under this definition are: young people who rotate housing (couch surf), those living in camp grounds, youth staying in emergency or transitional shelters, and children living in cars, parks, public spaces, or abandoned buildings. Five questions measured the various conditions of youth homelessness.

No safe place to stay Of the 359 individuals who provided information, 135 of them (38% of the reporting sample) had been without a safe place to stay.

<u>Stayed in shelter, with friends or family, or in a hotel/motel</u> Of 360 respondents who answered the question, 165 individuals (46% of the reporting sample) had stayed in a homeless shelter, lived with friends or another family member, or stayed in a hotel/motel.

<u>Slept in a place not meant to be slept in</u> Of 363 people who provided information, 146 of them (40% of the reporting sample) had slept in a place not meant to be slept in, such as a shed, park, porch, tunnel, or vacant building.

<u>Homeless with family</u> Of 373 youths who provided information, 105 youths (28%) had experienced homelessness with their family.

<u>Homeless without family</u> Of 375 subjects who answered the question, 143 of them (38%) had been homeless on their own without their family.

Combining answers to the five questions about homelessness revealed that of 351 people who provided information, 205 (58%) had experienced one or more forms of homelessness; 146 individuals (42%) had not experienced any type of homelessness.

Table 1: Measures of Youth Homelessness

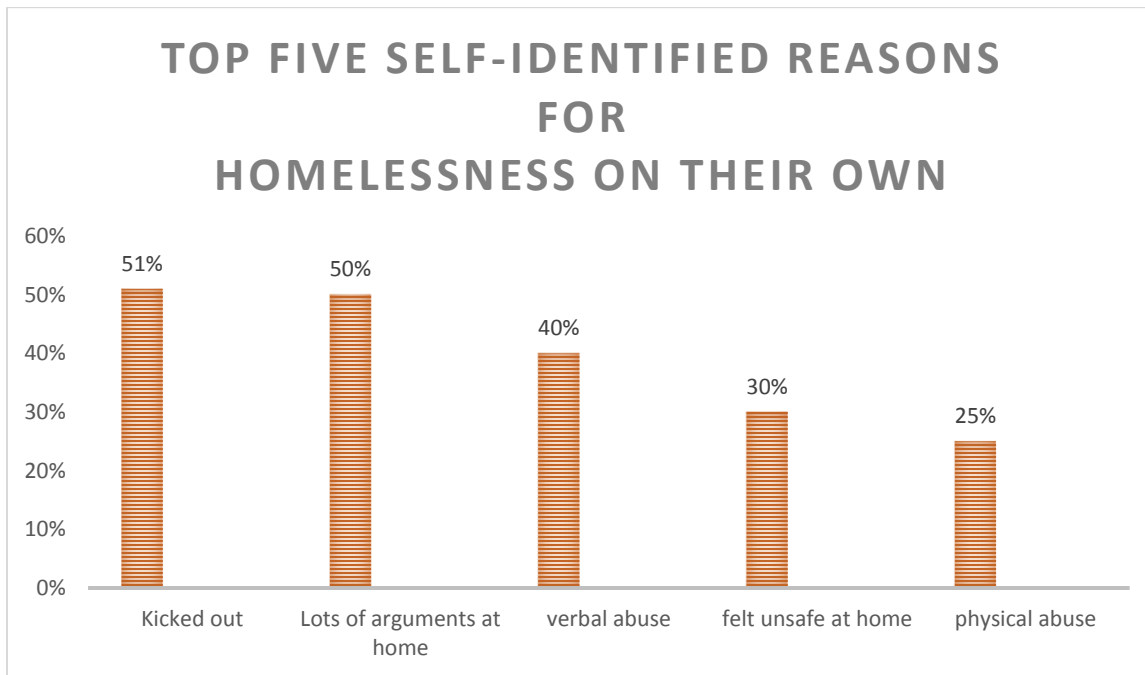|	
Had no safe place to sleep	38% (135)
Shelter, friends, hotel	46% (165)
Place not meant to be slept in	40% (146)
Homeless with family	28% (105)
Homeless without family	38% (143)
Homeless, any type	58% (205)

<u>Age when first homeless on their own</u> Of 143 people who had been homeless without their family, 12 individuals (8%) first experienced homelessness on their own before they turned 13 years old. Two dozen young people who had been homeless on their own (17%) first experienced it between ages 13 and 14 years old. Forty-two youths (29%) first were homeless without their family when they were either 15 or 16 years old, fifty people (35%) were first homeless on their own when they were 17 or 18 years old, and sixteen individuals (11%) experienced homelessness without their family for the first time when they were 19 years old or older. The mean and median age at which young people first experienced homelessness on their own was 16 years old.

A separate question asked youth about hunger. One hundred sixty-two young people (43% of the sample) said that they had wondered where they would get food today. Fifty-seven percent had not experienced hunger.

VI. SELF-REPORTED REASONS FOR BEING HOMELESS

Respondents were asked about 13 factors that could have caused them to become homeless on their own. Among the 143 individuals who had been homeless without their family, three factors were most often identified by youths as having contributed to their experiencing homelessness on their own. Fifty-one percent said that they had been kicked out of their home, half reported that there had been lots of arguments at home, and 40% reported that they left because of verbal abuse. Other notable reasons for youths being homeless on their own included feeling unsafe at home (30%) and physical abuse (25%).

TOP FIVE SELF-IDENTIFIED REASONS FOR HOMELESSNESS ON THEIR OWN

Reason	Percent
Kicked out	51%
Lots of arguments at home	50%
verbal abuse	40%
felt unsafe at home	30%
physical abuse	25%

VII. SERVICES FOR HOMELESS YOUTH IN SPRINGFIELD

Need for more short term shelter Of 330 youths who provided information, 64% of them agreed or strongly agreed that Springfield needs more short term shelter for youth (see Table 2). 15% of respondents disagreed or strongly disagreed. 21% of respondents neither agreed nor disagreed.

Need for more transitional shelter Of 328 respondents who answered the question, 69% agreed or strongly agreed that Springfield needs more long term transitional housing for youth. 11% of people disagreed or strongly disagreed.

Need more housing for pregnant or parenting teens Of 328 individuals who gave their opinion, 72% felt that Springfield needs a transitional living program for pregnant or parenting teens. 10% of respondents disagreed or strongly disagreed.

Need for a "one stop shop" Of 330 youth who provided information, 72% agreed or strongly agreed that Springfield needs a "one stop shop" where youth can get the services that they need in one place. 11% of young people disagreed or strongly disagreed.

Access to mental health services Of 325 responding subjects, 59% felt that they could get mental health services or counseling in Springfield if they needed it. 17% of individuals disagreed or strongly disagreed.

Access to alcohol/drug counseling Of 327 people who answered the question, 61% felt that they could get alcohol or drug abuse counseling in Springfield if they needed it. 18% disagreed or strongly disagreed.

Table 2: Youths' views of local services

Need more short term shelter	64%
Need more transitional housing	69%
Need housing for pregnant/parenting teens	71%
Need a "one stop shop"	72%

VIII. DANGERS OF BEING A HOMELESS YOUTH

Of 327 respondents who provided information, 169 young people (42%) agreed or strongly agreed that there are adults in Springfield who endanger or harm homeless youth. Of the same number of subjects providing information, 86 youths, (26%) reported that they had been hurt while they were homeless in Springfield. Rates of being victimized while homeless did not differ based on respondents' gender, racial group, or sexual orientation.

IX. SUBGROUPS AND RATES OF HOMELESSNESS ON THEIR OWN

There was no statistically significant difference in the rates of being homeless without family by gender. Rates of homelessness also did not vary across racial groups. Homelessness on their own did vary based on respondents' sexual orientation. While 37% of heterosexual/straight youths had been homeless without their family, 55% of lesbian, gay, bisexual, and questioning respondents had been homeless.

X. PRIMARY FACTORS ASSOCIATED YOUTH HOMELESSNESS ON THEIR OWN

Three family background variables had statistically significant associations with high rates of young people having been homeless on their own. 48% of respondents who had at least one parent with a drug or alcohol problem had been homeless on their own, compared with 31% of those who did not have a parent with a drug or alcohol problem (see Table 3).

Half of individuals in the survey who had been the victim of or witness to repeated traumatic events in a caregiving situation had been homeless on their own, compared with 30% of youth who had not experienced repeated household traumas.

64% of young people who previously had been homeless with their family had also been homeless on their own, compared with 28% of those who had never experienced homelessness with their family.

When the family background factors were placed in a binary regression model, having experienced homelessness with their family raised the probability that respondents had been homeless on their own the most, followed by youth having experienced repeated traumatic events at home. Those two factors in combination had an even stronger impact on rates of homelessness among youth in the survey. 24% of participants who had neither been homeless with their family nor experienced repeated traumas in a caregiving situation had been homeless on their own, while 73% of youths who had both experienced homelessness with their family and been a victim of or witness to repeated traumas at home had been homeless on their own.

Table 3: Primary contributors to youth homelessness

Family background factor	Response	Percent homeless on their own	Increased rate of homelessness
Parent with alcohol or drug problem	No	31%	17 % points
	Yes	48%	higher rate
Witness or victim of repeated traumas	No	30%	20 % points
	Yes	50%	higher rate
Homeless with their family	No	28%	36 % points
	Yes	64%	higher rate
Homeless with family and had repeated traumas	No	24%	49 % points
	Yes	73%	higher rate

**All cross group differences in homelessness rates were statistically significant at or below the .05 level

XI. SECONDARY FACTORS ASSOCIATED YOUTH HOMELESSNESS ON THEIR OWN

Two other factors are associated with high rates of having been homeless on their own. 45% of respondents who had been diagnosed with a mental illness have been homeless on their own,

compared with 33% of youth who had never developed a mental illness. Over half, 55%, of youth who had run away from home one or more times had experienced homelessness on their own, compared with 27% of participants who never had run away from home.

Cross-sectional "snapshot" surveys are not designed to identify historical causal processes as well as experiments and longitudinal studies can do. However, sometimes cross-sectional data logically imply causal processes that occur over time. In these circumstances, approximate conclusions can be put forth. It is logical to assume that in most (but not all) cases, the negative family experiences mentioned above occurred prior to young people developing a mental illness and/or running away from home. Thus, our tentative conclusion is that the family background variables are primary factors contributing to youth being homeless on their own, while mental illness and running away are important secondary factors.

Of course, in some cases the experience of being homeless on their own leads young people to develop significant anxiety and depression, and some individuals who run away from home and become homeless do not experience difficult family circumstances. The direction of the causal arrow cannot be determined definitively with cross-sectional data. However, some empirical evidence is consistent with our historical causation conclusion that difficult family experiences contributed to some youth developing a mental illness and/or running away from home, which in turn increased the likelihood that young people become homeless on their own.

All family background variables are associated with mental illness. While 37% of youth who did not have at least one parent with an alcohol or drug problem had been diagnosed with a mental illness, 54% of respondents who did have one or both parents with an addiction had a mental illness. Youth who were the victim of or witness to repeated traumas in a caregiving setting had twice as high a rate of having been diagnosed with a mental illness (64% to 32%) compared with those who did not experiences repeated traumas at home. 56% of subjects who had been homeless with their family had a mental illness, compared with 41% of youth who had not experienced homelessness with their family. One-third of youth who had neither been homeless with their family nor the victim/witness of repeated traumatic events had been diagnosed with a mental illness; however, 80% of respondents who had both been homeless with their family and experienced repeated traumas at home had been homeless on their own.

Two of the family background factors were associated with having run away from home at least once. 54% of youth who had at least one parent with an alcohol or drug problem had run away, while 28% of those who did not have a parent with an alcohol or drug problem had run away from home. 56% of respondents who had been the victim of or witness to repeated traumatic events in a caregiving situation had run away from home, compared with 29% of those who had not experienced repeated traumas at home. Having been homeless with their family did not have a statistically significant association with having run away at least once.

The analysis and discussion above suggests that for many (but not all) youth in our sample, difficult early life family experiences significantly increased the likelihood that they have been homeless on their own. Difficult family lives were associated with high rates of mental illness

and with having run away from home, which in turn also contributed to having been homeless without their family.

XII POLICIES AND PROGRAMS TO REDUCE YOUTH HOMELESSNESS

The United States Department of Housing and Urban Development (2014, p. 1) estimated that on one night in late January, 2013, there were over 138,000 homeless children in America. Over one-third of those children, nearly 47,000 individuals, were unaccompanied homeless youth. The National Alliance to End Homelessness (2012, p. 1) estimates that "during a year approximately 550,000 unaccompanied, single youth and young adults up to age 24 experience a homeless episode of longer than one week." Using a broad definition of homelessness and combining data from public schools across the nation with 2013 Census population estimates, The National Center on Family Homelessness (2014, p. 6) concludes that over 2.4 million children experienced homelessness in 2013. These reports suggest that youth homelessness is a significant national issue. And, youth homelessness is a particularly stubborn problem in Missouri, as the state ranks 41st in the percentage of children who are homeless (Community Partnership of the Ozarks, 2014, p. 9).

Researchers and policy advocates suggest two levels of strategies to reduce youth homelessness: primary prevention approaches, and secondary prevention programs.

Primary prevention strategies are steps taken to: (a) reduce the impacts of family homelessness on children; and, (b) to limit the negative effects that disruptive family conditions and household traumas have on high-risk youth.

(a) Reducing the impacts of family homelessness While the overall size of the homeless population has declined for the past three years nationally, there has been an increase in the proportion of homeless individuals that live in families (United States Department of Housing and Urban Development, 2014). General programs to prevent families from becoming homeless will have a beneficial spill-over effect of preventing children from experiencing homelessness with their family. Two such efforts are particularly important in Southwest Missouri: Expanding the stock of affordable housing and increasing the number of jobs that pay a living wage.

Within the next two to three years, 88 new permanent low-cost housing units will be available locally through several agencies; however, "even with these additions, our local permanent housing supply fails to keep up with rising demand" (Community Partnership of the Ozarks, 2014, p. 8). Greater funding and support for the development of more low-cost housing units (new construction or remodeling of existing housing) is needed in Springfield.

In March, 2015, the Department of Housing and Urban Development designated Springfield as a city in "severe fiscal distress" (Springfield News-Leader, 2015, p. 1A). One criteria for HUD's designation is that the Springfield metro area has a per capita income more than 25 percent

below the national average. While local unemployment rates are comparatively low, underemployment in low-wage jobs remains a significant problem for individuals and families in the area. Economic development efforts to increase wage levels would help many lower-middle class and working-class families afford housing.

Other programs are designed to limit the time that families with children experience homelessness. In the past decade, many states and localities have implemented rapid re-housing or housing first programs to reduce the number of chronically homeless adults. For example, Utah reports over a 70% decline in chronically homeless individuals in the past eight years (NationSwell 2014).

Some Springfield agencies already utilize vulnerability assessments to identify which chronically homeless individuals should be given priority for rapid rehousing. This also is possible to do when prioritizing services to homeless families. For example, the Service Prioritization Decision Assistance Tool (SPDAT) for Families (2013) includes components for the number of children and prior experiences of family homelessness. Families with children and especially those that already have been homeless could be given priority positions in rapid rehousing queues.

Additionally, the swift provision of services to children who temporarily experience homelessness with their family is vital. As the National Center on Family Homelessness (2014, p. 7) argues, "Children are resilient and can recover from homelessness, but time is precious in their young lives. Services for children must be provided as soon as families enter emergency shelter so that weeks and months critical to their development are not lost forever."

The number one factor associated with teens in our sample having been homeless on their own was experiencing homelessness earlier in their lives with their family. Policies to reduce the number of homeless families, programs to limit the duration of homeless for families, and services to reduce the negative impact of homelessness on children are needed to counter that factor.

(b) Responding to disruptive family conditions and traumas in the household

Improving family dynamics is one priority because stable, positive relations with family members greatly reduce the risk of homelessness among teens (Administration for Children and Families 2012). Communities can use federal funding provided by the Promoting Safe and Stable Families program from the Department of Health and Human Services Children's Bureau, state monies, and grants from foundations to provide family preservation services and to operate programs that support families at risk or in crisis. Programs that prevent family breakdown include community-, school-, and faith-based programs that promote family cohesion.

Two family-based approaches to preventing juvenile delinquency might serve as models for family preservation strategies to reduce teen homelessness. Multi-Systemic Therapy (MST) consists of home-based programs that focus on improving young people's family environment

and reducing future anti-social behaviors (United States Department of Health and Human Services 2007:34). Schools or social service agencies alert MST staff that a young person is at risk. During a home visit, MST personnel first evaluate the strengths and weaknesses of both parents and the young person. MST staff members then provide them with activities to improve parenting and coping skills as well as with information about how to access a range of community resources and services in the future. MST programs have been evaluated and found to effectively improve family dynamics and thereby reduce future behavioral problems. They also have been shown to be less costly than providing services for youths who become juvenile delinquents.

A second approach, Functional Family Therapy (FFT), combines programs held at schools and in homes to help students and family members work through conflicts. Once an assessment of the problem is made, FFT staff members then implement a three-stage process. First, they engage all family members, gain their trust, and attempt to motivate them by emphasizing the possibility of positive changes. Next, short- and long-term behavioral goals are established for each family member, and parenting, coping, and conflict management skills are taught. The final phase focuses on the application of newly acquired skills and the preservation of positive changes. Evaluation studies have shown that FFT programs reduce occurrences of juvenile delinquency in a cost-effective manner.

Being the victim of or witness to repeated household traumas and having one or both parents with an addiction raised the odds that young people in our sample had been homeless without their family. And, being kicked out, having lots of arguments, feeling unsafe, and verbal and physical abuse at home were the top five reasons that participants gave for being homeless on their own. Thus, family breakdown was a key factor contributing to youth homelessness. Springfield should develop and support a mix of school- and community-based family support and intervention programs, which should contribute to a drop in teen homelessness.

Youth Services of Tulsa, Oklahoma, is one Midwest agency that provides a range of family intervention services to youth ages 12 to 17 years (Family intervention, 2012). Some of YST's family counseling work is conducted by Master's level student interns from local universities. This university-community agency partnership might serve as a model for family intervention programs in Springfield.

Secondary prevention strategies are programs to meet the needs of unaccompanied youth who experience homelessness so that they become housing self-sufficient and do not develop a pattern of persistent homeless as they move into adulthood. As the National Coalition for the Homeless (2010, p. 2) noted, "Homeless youth benefit from programs that meet immediate needs first and then help them address other aspects of their lives. Programs that minimize institutional demands and offer a range of services have had success." The Rare Breed and other local agencies do provide a broad range of services. However, one type of service is very limited locally; namely, shelter and rapid rehousing for homeless youth. Sixty-four percent of

survey respondents feel that more short term shelter for youth is needed, 69 percent agree that Springfield needs more long term transitional housing for youth, and 72 percent think that there is a need for a transitional housing program for pregnant or parenting teens.

The first step toward offering shelter and rapid housing to homeless youth over age 17 is being facilitated locally by use of a needs- and risk-assessment instrument. Youth ages 18 and older who cannot safely be reunited with their family and who do not have serious mental health or addiction problems could be fast tracked into shelter and transitional housing programs. They then could be provided with individual case management and supportive services, such as financial management, life skills, education, and social network building to help them become sustainably housed adults. Of course, more shelter beds and housing units for older teens and young adults need to be developed.

Staff at Lighthouse Youth Services of Cincinnati, Ohio, conduct intake assessments. LYS offers a shelter, and the goal is to mover shelter residents into housing within 30 days. Each housed youth meets regularly with a case manager and receives after care services for up to 90 days. LYS shelter and housing first programs for homeless youth may provide insights that can be used to develop and expand such services in Springfield, where at present the need for shelter and rapid rehousing units for homeless youth far exceeds capacity.

XIII Summary

Youth homelessness remains a significant problem nationally and in Springfield. The costs of homelessness are high both for individual youths themselves and for communities. While it is not possible to measure the precise cost to communities of youth homelessness, that cost likely is very high. As the United States Interagency Council on Homelessness (2015, p. 1) noted, "more needs to be known about the costs associated with youth homelessness but we know that high rates of medical and behavioral health care and incarceration are costly. These costs compound over a lifetime as today's homeless youth become tomorrow's homeless adults."

Cost-benefit analyses have been conducted on only a few homeless youth programs; however, those programs do appear to be cost effective. For example, Cincinnati's Lighthouse Youth Services housing programs cost about $85 per day, compared with $216 per day to house a youth in a juvenile justice facility (Root Causes, 2012, p. 5). A study conducted by Portland State University researchers of Oregon programs for runaway and homeless youth estimated that every $1 that the state spends on services for those youths provides over $4 in savings (Cahn, Jamieson, Schweitzer, and Slevin, 2009). And, Thompson (2010) noted that programs to prevent long-term youth homelessness in northwest Minnesota cost taxpayers less than high jobless and incarceration rates, frequent emergency room visits, and increased use of mental health and social services do.

More outcome assessment studies need to be conducted to identify best practices, and more cost-benefit analyses of teen homelessness prevention programs need to be completed. Nonetheless, a convincing argument is emerging that providing adequate funding for programs

to prevent youth homelessness is a good social investment that saves communities money now and in the future.

It is a substantial challenge to secure adequate and stable funding for primary and secondary prevention programs in a time of tight city budgets, declining federal and state resources, and strained balance sheets for non-profit organizations. What is clear from a growing body of research is that the present and future costs of doing too little are higher than the costs of providing adequate, stable funding for youth homeless prevention programs today.

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