

Every Youth Counts: 2016 Survey of the Springfield Area's High-Risk and Homeless Youth



Research conducted by the Center for Community Engagement at Missouri State University in collaboration with The Homeless Youth Subcommittee of the Ozarks Alliance to End Homelessness. Report written by Alicia Carter and Dr. Tim Knapp of the Sociology Program at Missouri State University.



Introduction and Survey Methodology

On a January night in 2015, nearly 128,000 children and youth were counted as homeless in U. S. Department of Housing and Urban Development (HUD) coordinated point-in-time counts across the United States.¹ Of the homeless youth population, 71% (91,000) were homeless with their family, and 29% (37,000) were unaccompanied homeless youth. While youth homeless numbers have declined nationally since their historic peak in 2012, homelessness among America's teens and young adults remains high. To better understand the problem of youth homelessness in Springfield, local agencies initiated a survey of high-risk and homeless youth in 2007. The current project, which is the fifth since 2007, was developed and completed by the Homeless Youth Subcommittee of the Ozarks Alliance to End Homelessness in conjunction with Missouri State University's Center for Civic Engagement.

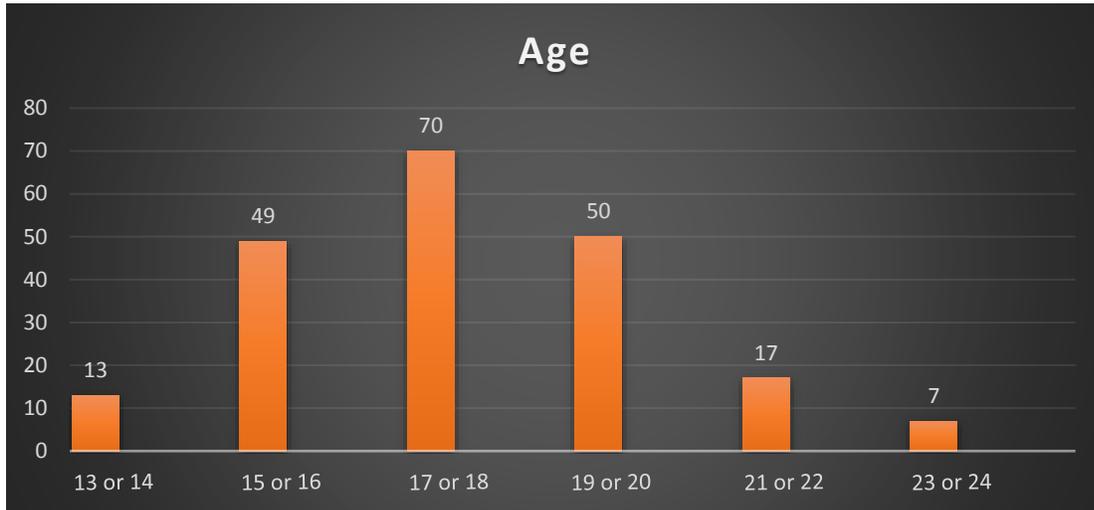
During May and June, 2016, questionnaires were given to youth at 12 not-for-profit and government agency sites in and around Springfield, Missouri. The organizations serve youth who are in need of assistance and, therefore, they may have experienced homelessness or may be at risk of becoming homeless. Two hundred thirteen young people completed and returned a self-administered, paper-and-pencil questionnaire. Completed surveys were turned over to the Sociology Program at Missouri State University, where answers were entered into a data set, statistical analyses were conducted, and the survey report was written. Not every respondent completed each of the questions on the form, and this is noted when applicable below. However, most surveys were complete. Cross-group differences reported here are statistically significant below the .10 level.

Local homeless and high-risk youth Two self-identification questions measured whether or not participants had experienced homelessness with their family and/or on their own. Of 207 people who answered at least one of the two questions, 102 (49%) had experienced homelessness at some time, and 105 (51%) were defined as high-risk youth who had not been homeless. Forty-three youth had been homeless earlier in their life with their family, and 26 were currently homeless with their family. Eight-one respondents had at some time been unaccompanied youth who were homeless on their own, and 43 were homeless on their own when surveyed. Thus, 69 young people (one-third of the sample) were currently homeless, and 33 others (16% of the sample) had been homeless but were not at the time of the survey. Twenty-two young people had experienced both forms of homelessness.

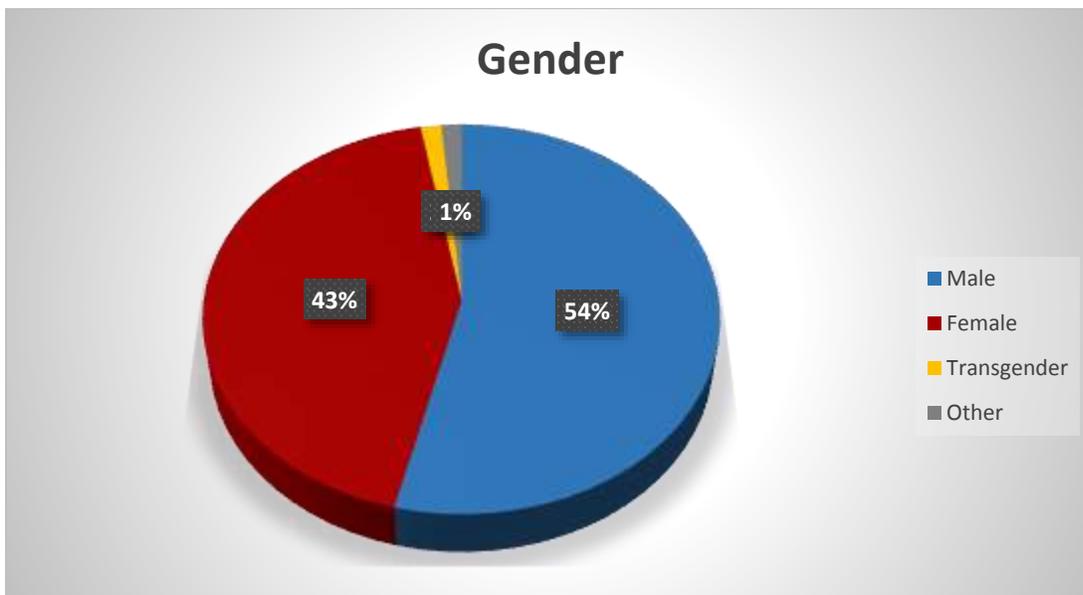
As is discussed below, difficult family backgrounds appear to be the primary factors that contribute to young people being homeless on their own in Springfield, while having a mental illness and developing an alcohol or drug problem likely are important secondary intervening factors. Local initiatives that focus on prevention, enhanced services for young people who are homeless now, and housing first programs for 18- to 24-year olds are needed to reduce the problem of youth homelessness in the Springfield area.

Demographics of the Sample

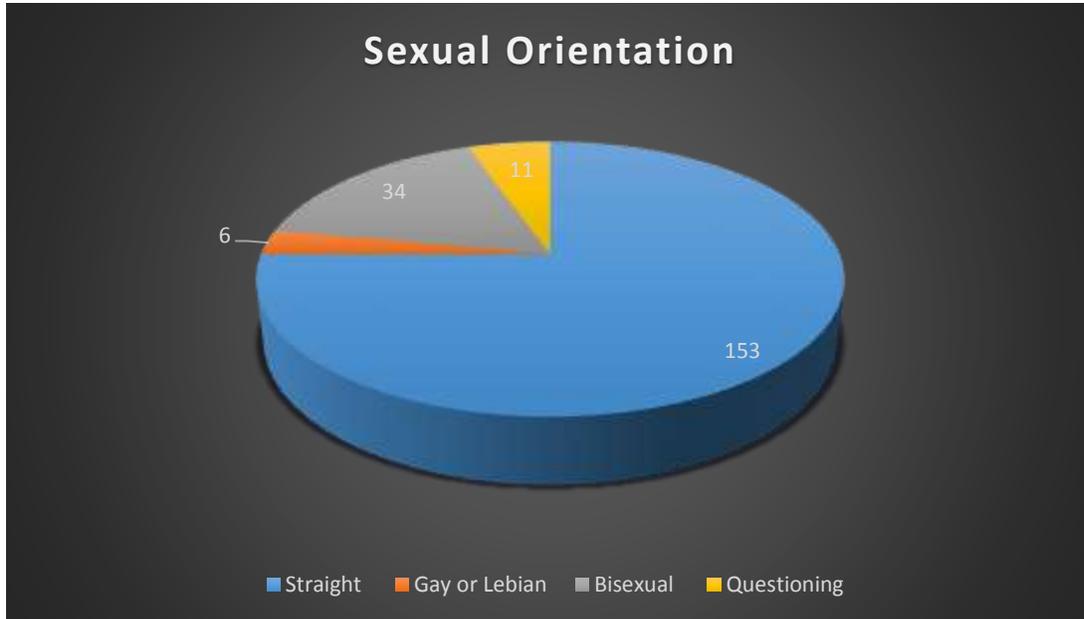
Age The sample age ranged from seven youth who were 13 years old to two persons who were 24 years old. Thirteen respondents, 6.3%, were 13 or 14 years of age. Forty-nine individuals, 23.8%, were 15 or 16 years of age. Seventy subjects, 34%, were 17 or 18 years of age. Fifty young people, 24.3%, were 19 or 20 years of age. Seventeen respondents, 8.3%, were 21 or 22 years of age. Seven individuals, 3.4%, were 23 or 24 years of age. The mean and median age of survey takers was 17 years old.



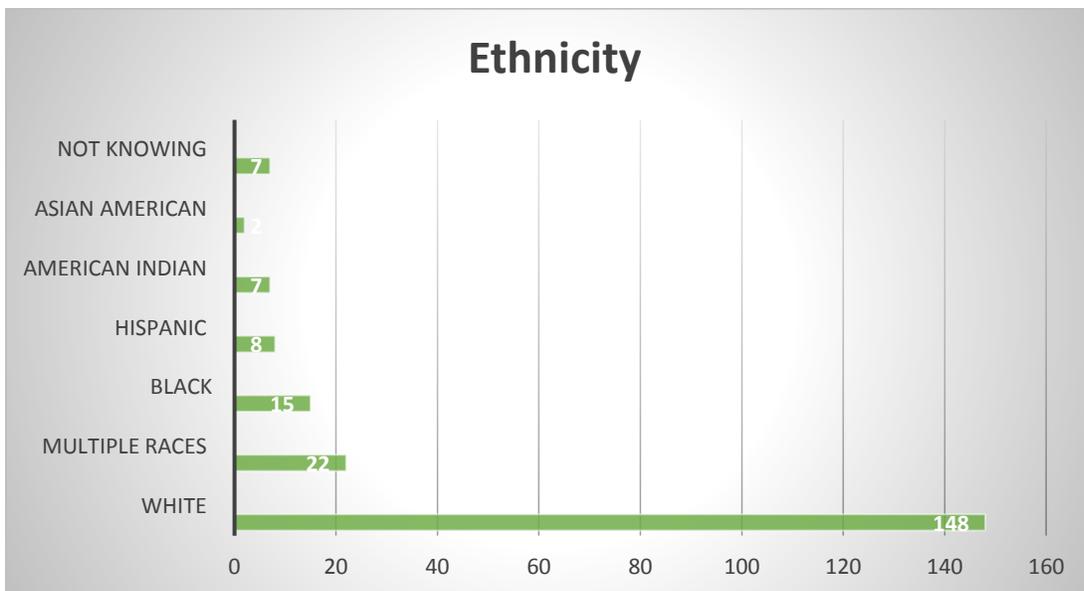
Gender Two hundred eleven people completed the question about their gender. One hundred thirteen people, 54%, were male and ninety-two, 43%, were female. Three respondents, 1.4%, identified as transgender, and three, 1.4%, identified as an "other" gender.



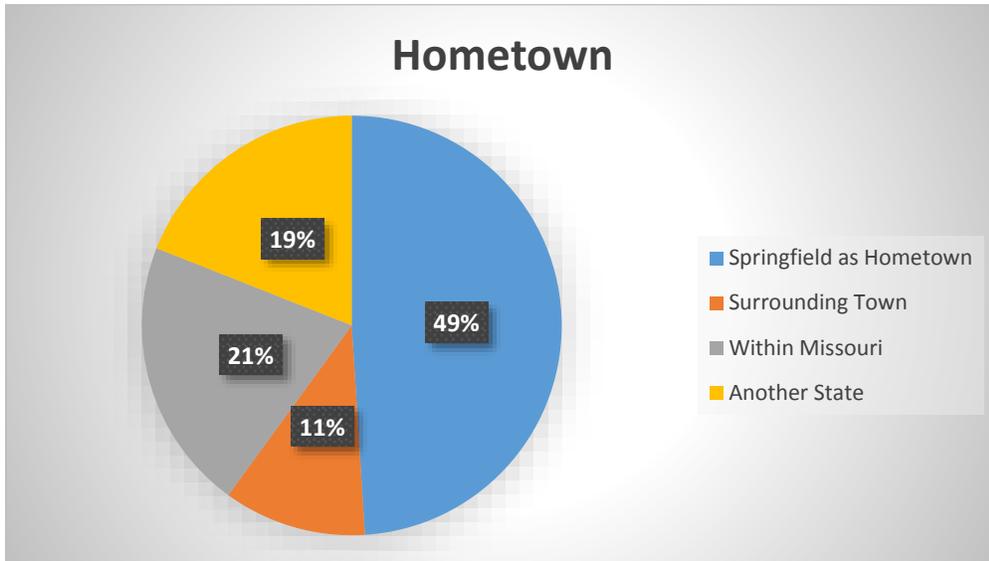
Sexual Orientation Two hundred four people completed the question about sexual orientation. One hundred fifty three respondents, 75%, identified as straight. Six individuals, 3%, identified as gay or lesbian. Thirty-four youth, 17%, identified as bisexual. Eleven people, 5%, were questioning their sexual orientation or responded as “other” sexual orientation.



Ethnicity Two hundred nine people completed the question about their ethnicity. One hundred forty eight, 71%, identified as White. Twenty-two youth, 11%, identified as multiple races. Fifteen people, 7%, identified as Black. Eight participants, 4%, identified as Hispanic. Seven people, 3%, identified as American Indian. Seven youth, 3%, identified as not knowing their ethnicity. Two individuals, 1%, identified as Asian American.

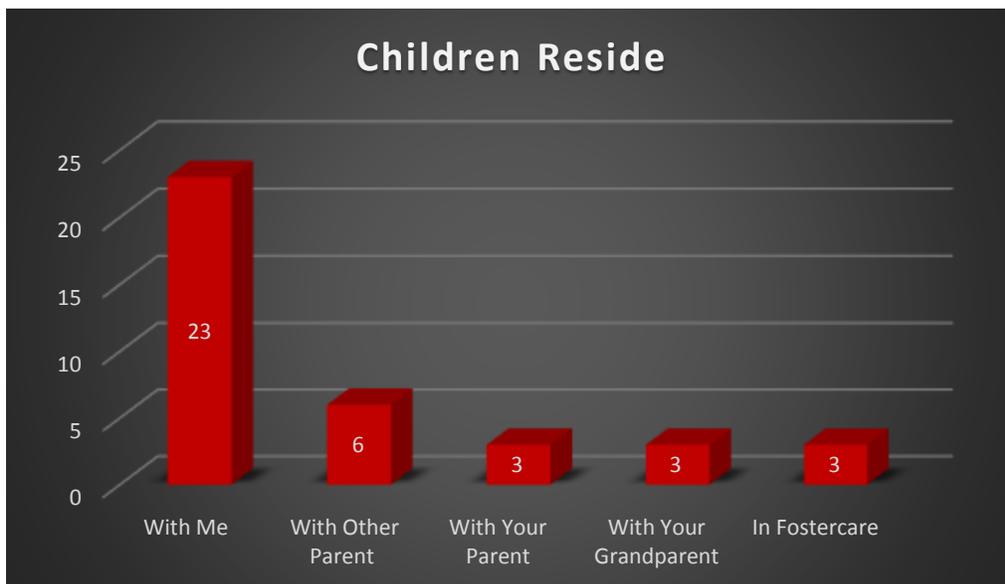


Home Town Forty-nine percent of the youth listed Springfield as their hometown. Eleven percent of individuals were from a local town near Springfield. Twenty-one percent of participants reported that their hometown was in Missouri, and 19% of young people’s home town was in another state.



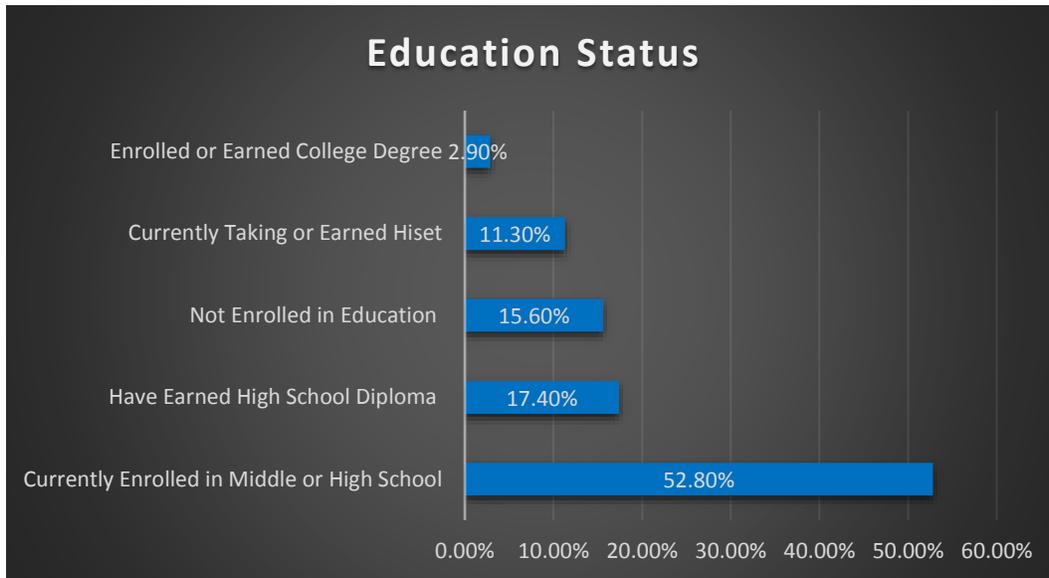
Pregnancy Two hundred ten people answered whether or not they or their significant other has ever been pregnant. One hundred sixty individuals (76%) said that neither they nor their significant other had been pregnant, 44 young people (21%) replied that they or their significant other had been pregnant, and six people (3%) said that maybe they or their significant other had been pregnant.

Children Thirty-eight individuals provided information on where their children reside. Twenty-three participants (61% of parents) said that their children lived with them. Six people (16%) said that their children lived with the other parent. Three (8%) responded that their children lived with their parents; and, three (8%) reported that their children lived with their grandparents. Three others (8%) said that their children were living in Foster Care.



Education and Work Status

Education Status One hundred twelve people (53%) responded that they were currently enrolled in middle or high school. Thirty-seven subjects (17%) reported that they had earned a high school diploma. Thirty-three people (16%) reported that they are currently not enrolled in any kind of education. Twenty-four individuals (11%) are currently taking HiSET or had earned HiSET. Six subjects (3%) reported that they were currently enrolled in college or had earned a college degree.

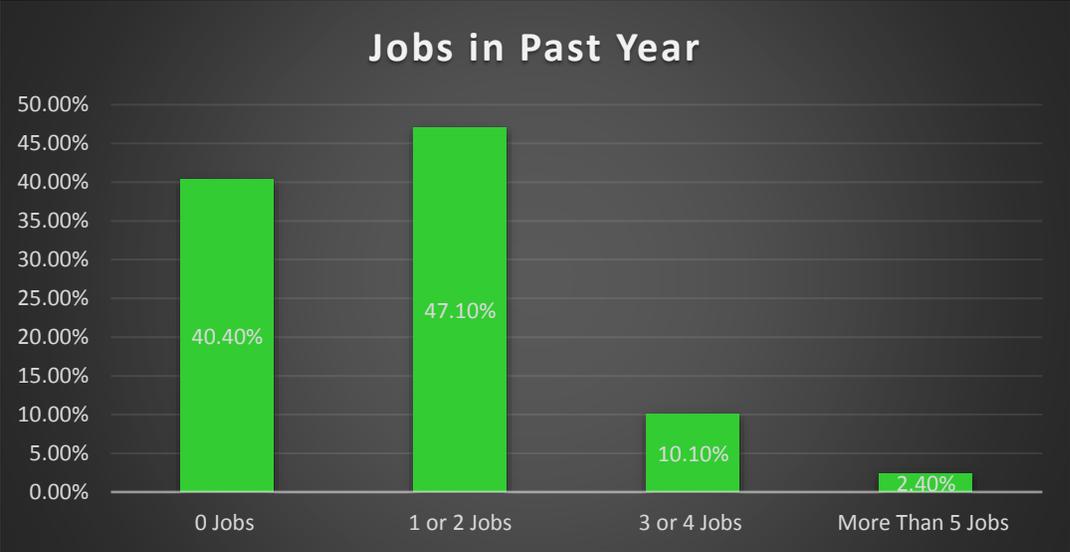


Jobs Two hundred six youth provided information about employment. One hundred forty-one (68%) replied that they had not participated in a jobs training program. Sixty-five people (32%) had participated in a jobs training program.

Two hundred eight youth provided information on how many jobs they have had in the past year. Eighty-four young people (40%) had no job in the past year. Ninety-eight individuals (47%) had worked at 1 or 2 jobs in the past year. Twenty-one youth (10%) had held 3 or 4 jobs in the past year. Five people (2%) had worked at 5 or more jobs in the past year.

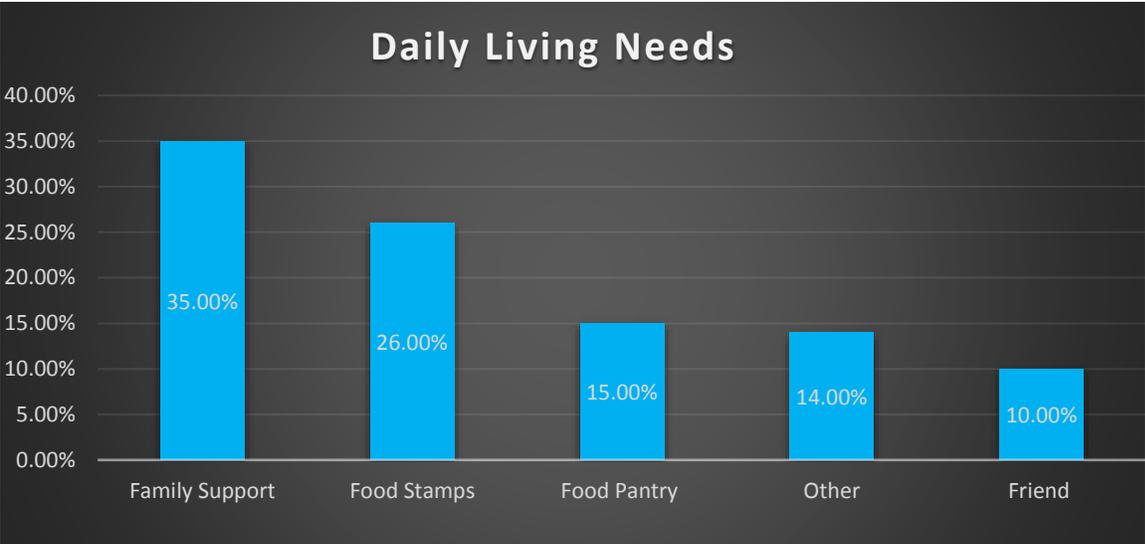
Sixty-two subjects reported that they have a current job. Twenty-two of those employed youth (39%) currently have full time employment. Thirty-three individuals (58%) currently have part-time employment. Two young people (3%) currently have a temporary job.

Full-time workers averaged 40 hours per week. Part-time and temporary workers averaged 28 hours per week. No data on earnings was collected.

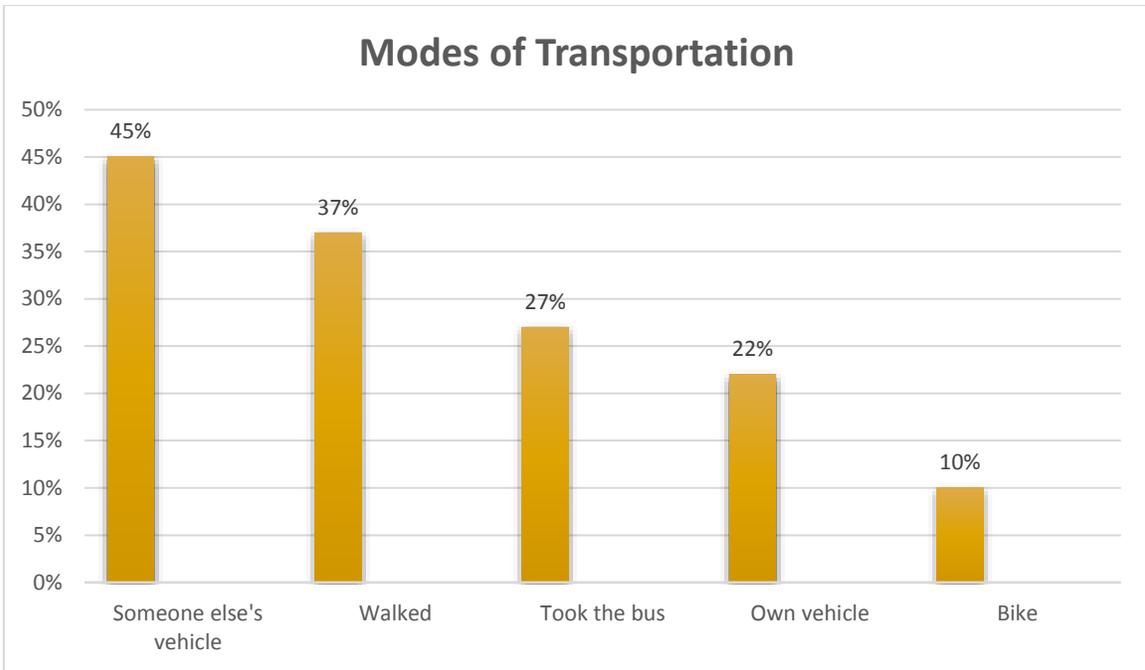


Meeting Daily Needs and Transportation Used

Daily living needs The five most commonly-used ways that young people meet their daily living needs were as follows. Thirty-five percent of high-risk and homeless youth rely on family support to meet their daily needs. Twenty-six percent use food stamps. Fifteen percent of individuals use a food pantry to meet daily needs. Fourteen percent of subjects used “other ways” that were not listed on the survey. And, 10% of young people get support from a friend to meet their daily needs.

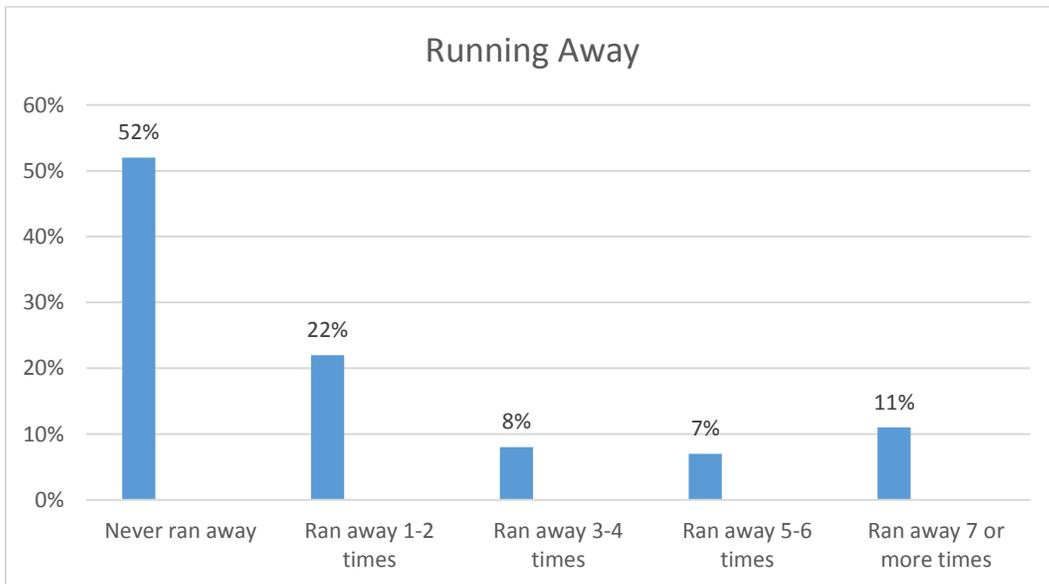


Transportation Participants were asked what kind of transportation they used. Forty-five percent of young people used someone else’s vehicle as transportation. Thirty-seven percent walked for transportation. Twenty-seven percent took the bus, 22% used their own vehicle for transportation, and 10% rode a bicycle.



Running Away and Ward of the State

Two questions addressed running away. One hundred five young people, 52% of those who provided information, had not run away from home, while 100 individuals, 48%, had. Among those who had run away, 47 youth had run away once or twice, 16 had run away three or four times, 15 had run away five or six times, and 22 had run away seven or more times. Whether or not youth had ever run away did not vary significantly across gender (52% of males had and 48% of females had), or sexual orientation. And, young people who had experienced homelessness with their family did not run away at higher rates than those who had never been homeless with their family.

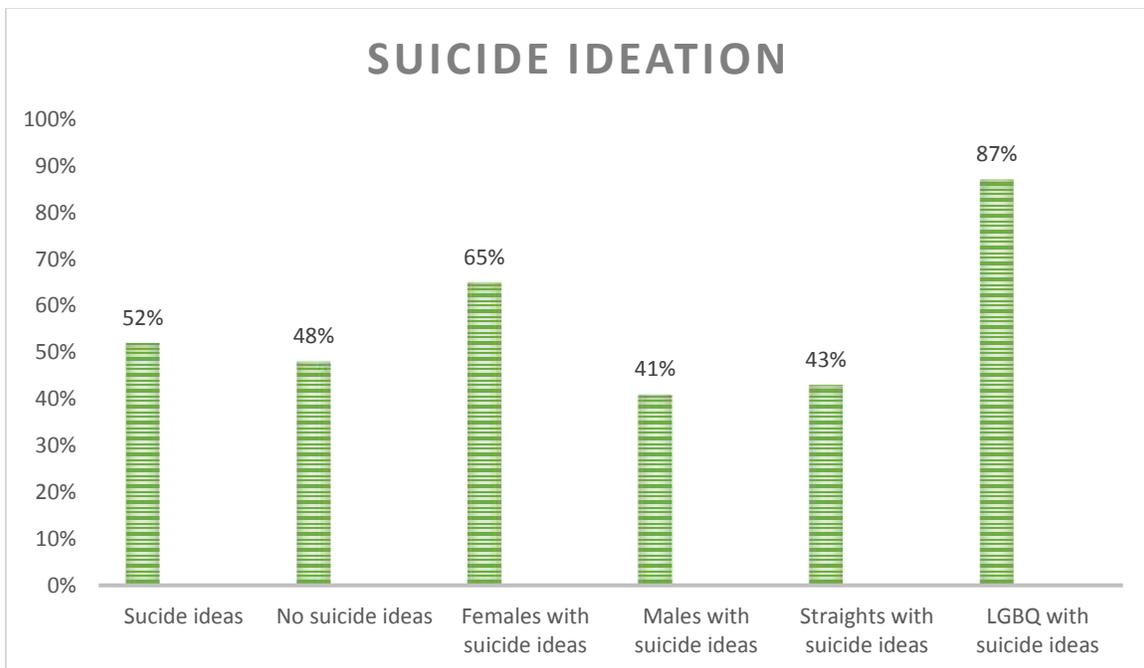


Subjects next were asked whether or not they had ever been in the state’s care (for example, being removed from their home and placed with another family member, foster family, group home, etc.). One hundred nineteen participants (59%) had never been under the state’s care, while 82 young people (41%) had been a ward of the state. The proportion of youth who had been a ward of the state did not vary by gender or sexual orientation. Individuals who had been homeless with their family had slightly higher rates of having been under state care than those who never had been homeless with their family (43% to 41%); however, the difference was not statistically significant.

The age of those who had been released from state care ranged from four to 21 years of age. The mean and median age at release from state care was 13 years old. Three-quarters of the youth who were released from state care had a place to go, while one quarter did not. Among those who had a place to go when released, 26% were placed in adoption, 22% were released to a legal guardian, and 22% were released to an “other” person. Smaller numbers of youth were released to their family (13%) and to a relative (6%).

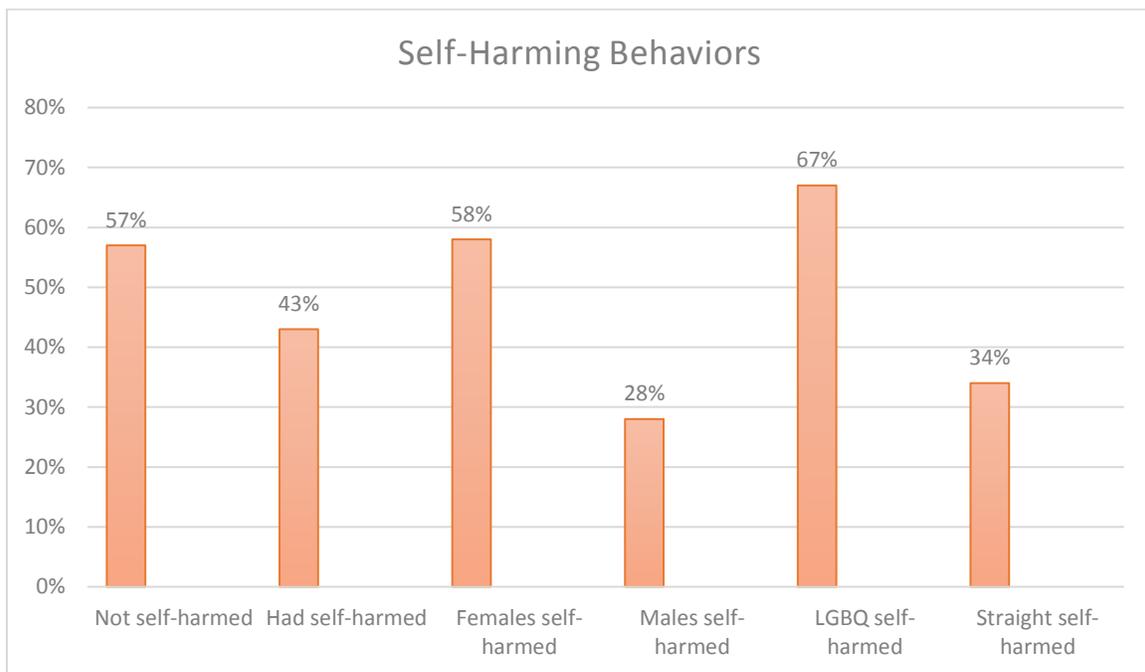
Suicide Ideation, Self-harm, and Emergency Room Visits

Ninety-five people (48%) who provided information said that they had never thought about taking their own life, while 105 individuals (52%) had considered suicide. Forty-two young people (21%) had thought about committing suicide one or two times. Thirty-two people (16%) had thought of taking their own life three or four times, and 31 young (15%) people had contemplated suicide five or more times. Suicide ideation varied by experiences of homelessness, gender, and sexual orientation. Sixty-nine percent of youth who had been homeless earlier in life with their family had considered taking their own life, compared with 47% of young people who had never been homeless with their family. Similarly, 65% of unaccompanied homeless youth had thought about suicide, compared with 44% of those who had never been homeless on their own. While 38% of males had thought of taking their own life, 83% of females had. The suicide ideation rate was twice as high for LGBQ youth as it was for straight individuals, 87% to 43%.



One hundred three young people (58% of those who responded) had gone to an Emergency Room in the past year. Thirty-nine youths had gone to the ER once, 23 had gone twice, 16 had visited the ER three times in the past year, and 25 young people had gone to the ER four or more times. ER visitation rates did not vary by experiences of homelessness or by sexual orientation. However, females were more likely than males to have gone to the ER in the past year, 68% to 51%.

The majority of youth that participated, 57%, had not self-harmed (for example cutting or burning themselves). However, 84 young people (43% of those who provided information) had engaged in self-harming behaviors. Self-harming rates varied by experiences of homelessness, gender, and sexual orientation. Sixty-four percent of youth who had experienced homelessness with their family had self-harmed, compared with 39% of those who were never homeless with their family. Over half, 51%, of young people who had been homeless on their own had self-harmed, compared with 37% of teens who had never been homeless by themselves. Females were much more likely to have self-harmed than males, 58% to 28%. And, LGBTQ youth were almost twice as likely as heterosexual teens to have harmed themselves, 67% to 34%.



Alcohol and Drug Use

One hundred sixty-two youth (79%) had not used drugs or alcohol in the past week, while 59 young people (21%) had. Recent drug and alcohol use rates did not differ between individuals who had experienced homelessness and those who had not, or between males and females. However, LGBTQ youths had a higher rate of recent alcohol or drug use than did straight individuals, 31% to 17%.

A strong majority of youth, 70%, had never thought or been told by someone that they have a drug or alcohol problem. However, 59 teens (30%) had thought or been told by someone that they have a drug

or alcohol problem. LGBQ youth had a higher rate of possible drug or alcohol problems than did straight youth, 39% to 25%. No other cross-group differences were significant.

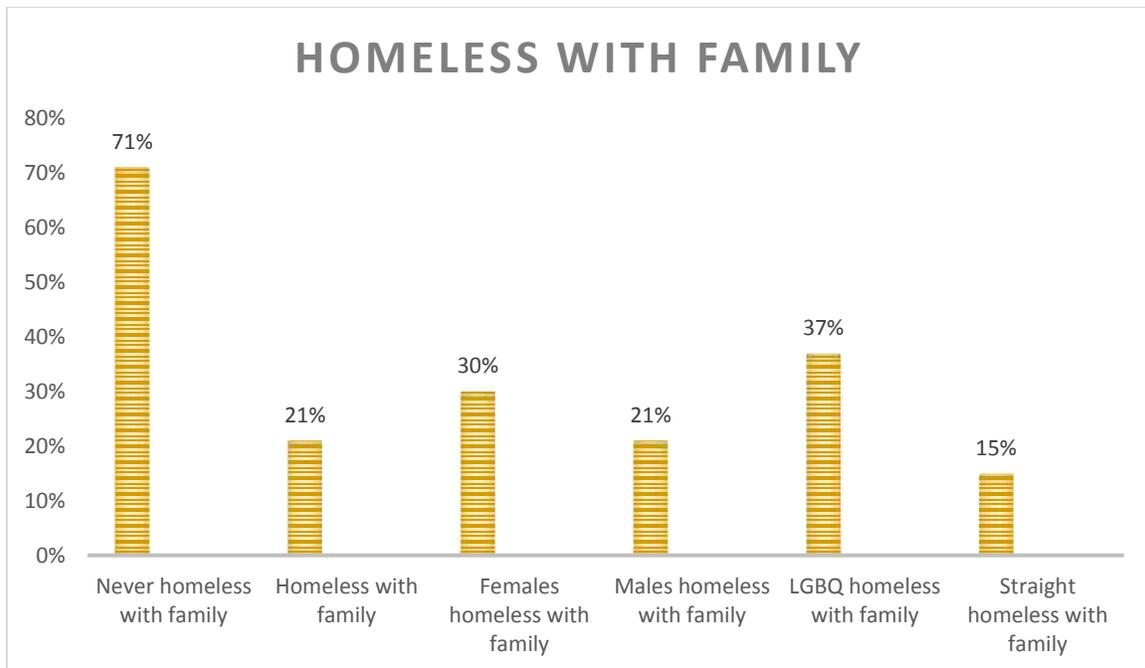
Forty-four individuals, 22% of those who provided information, had received services for a drug or alcohol problem. Treatment rates did not vary by experience of homelessness, gender, or sexual orientation.

Homelessness

As was mentioned in the initial section, one-third of participants (69 young people) were currently homeless, and 16% (33 young people) had been homeless but were not at the time of the survey. Overall, 102 respondents had been or were homeless. Twenty-one had only been homeless with their family, 22 had been homeless both with their family and later on their own, and 59 subjects had only experienced homelessness by themselves. Fifty-one percent of those surveyed, 105 individuals, were high-risk youth who had never experienced any type of homelessness.

Forty-three youth had experienced homelessness in the past with their family, which was 21% of those who participated in the survey. Having experienced homelessness with family varied by gender and sexual orientation, but not by ethnic background. Thirty percent of females had been homeless with their family earlier in their lives, while 21% of males had been. The rate of having been homeless with their family was noticeably higher for LGBQ youth, 37%, than for straight individuals, 15%.

Among the youth who had been or currently were homeless with their family, 52% had spent time in a shelter with their family, 69% had couch surfed with their family, and 47% had spent the night with their family in a place not meant to be slept in, such as a shed, porch, park, car, tunnel, vacant building etc.

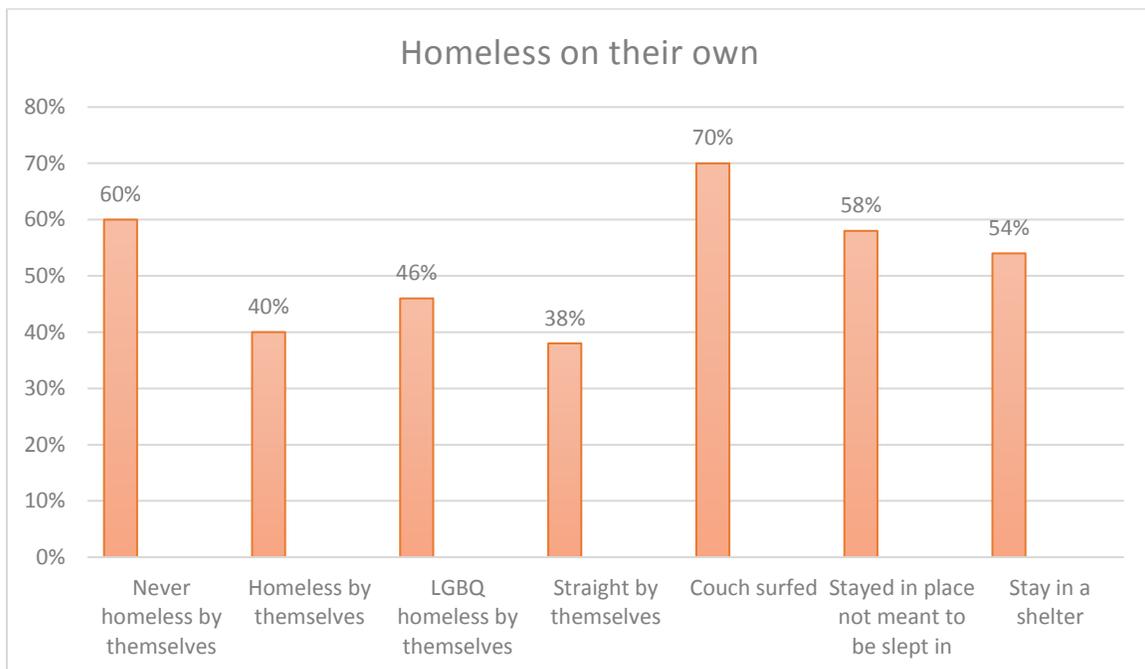


Eighty-one respondents had been homeless on their own without their family, which was 40% of sample members. A higher proportion of LGBQ youth had experienced homelessness by themselves compared

with straight youth, 46% to 38%. Proportions that had been homeless without their family did not vary by racial group and gender.

Among the young people who had experienced homelessness on their own without their family, 70% had couch surfed on their own, 58% had stayed in a place not meant to be slept in without their family, and 54% had stayed by themselves in a shelter.

Four individuals (5% of those who provided information) had first become homeless on their own before their twelfth birthday, 22% had first experienced homelessness on their own between 12 and 15 years of age. Fifty-eight percent had first become homeless on their own between ages 16 and 18, and 16% experienced homelessness without their family between 19 and 23 years of age. The mean and median ages when youth first became homeless on their own was 17 years old.

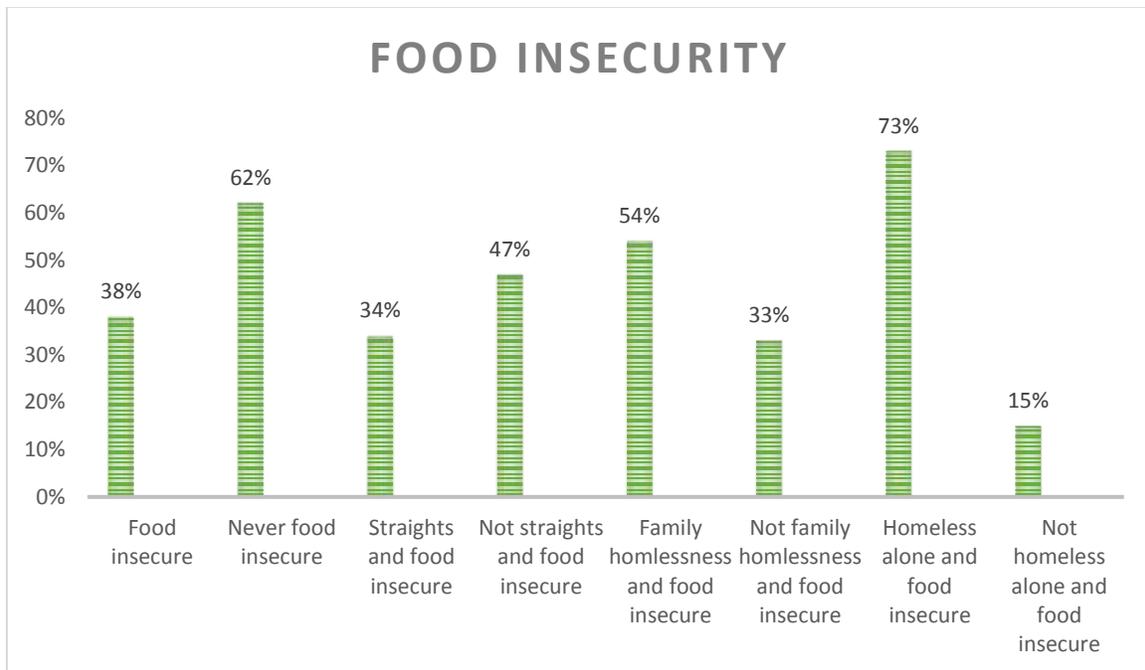


One other question asked respondents whether or not they had ever faced the immediate question “Where will I sleep tonight?” Over the entire sample, 64% had never wondered where they would sleep that night, and 36% had been faced with the question of what their shelter for the night would be. More LGBTQ youth had wondered where they would sleep that night than straight individuals, 47% compared with 31%. Not surprisingly, a strong majority of youth (72%) who had been homeless on their own had wondered where they would find shelter that night. Only 12% of those who had never been homeless without their family faced that dilemma.

Food Insecurity, and Dangers for homeless Youth

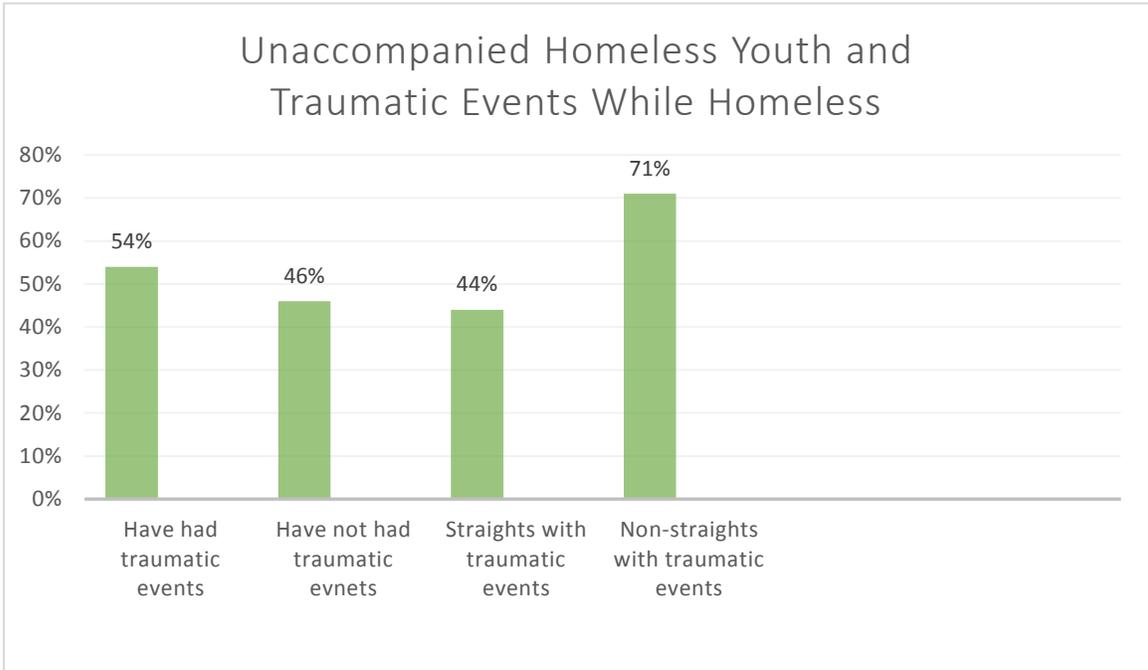
Seventy-six young survey takers (38% of respondents) said that they had wondered where they would get food today, while 126 individuals (62% of the sample) had not experienced food insecurity. The rate of food insecurity did not vary by gender or racial group; however, it did by sexual orientation and by experience of homelessness. Thirty-four percent of straight youth had wondered where they will get food today, while 47% of LGBTQ individuals had been food insecure. One-third of individuals who had

never been homeless with their family had been food insecure, compared with 54% of youth who had experienced homelessness with their family. The biggest difference in rates of food insecurity was between those who had been homeless on their own, 73%, and youth who had not been homeless by themselves, 15%. Thus, food insecurity often occurs along with homelessness.



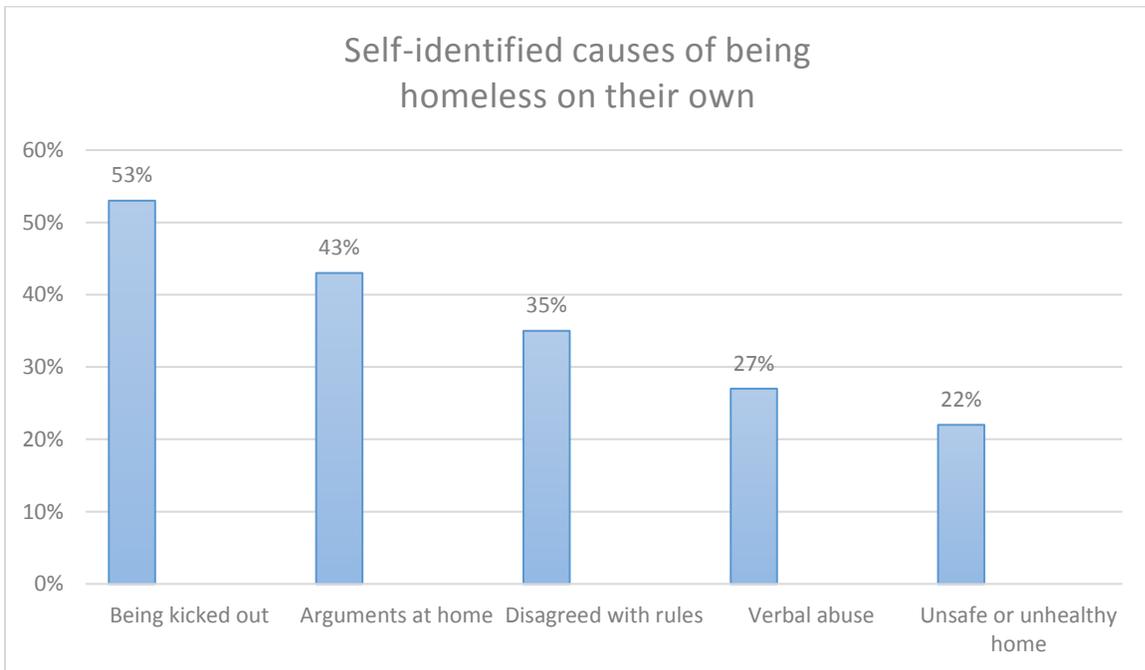
Two questions asked individuals about possible dangers faced by homeless youth. One was a question about experiencing harm while homeless, and the other was an opinion question of whether or not there are local people who endanger homeless youth. Among those who had been or were homeless on their own, 54% had witnessed or experienced repeated traumatic events themselves while homeless. This was especially true for LGBQ homeless youth. Seventy-one percent of LGBQ individuals had witnessed or experienced repeated traumatic events while homeless, compared with 44% of straight homeless youth. Rates of experiencing traumas while homeless did not vary by racial group or between males and females.

A second question asked respondents to agree or disagree with the statement “Springfield has adults who endanger or harm homeless youth.” Forty-six percent of those who had been or currently were homeless on their own agreed or strongly agreed that there are people in Springfield who endanger homeless youth. Twenty-seven percent neither agreed nor disagree that there are local adults who endanger homeless youth, and 27% disagreed or strongly disagreed with that statement. While 44% of straight homeless youth felt that there are local people who endanger or harm homeless youth, 54% of LGBQ homeless youth feel that way. Opinions did not vary across racial groups or by gender.



Factors that contribute to youth becoming homeless on their own

The questionnaire provides two ways to examine factors that contribute to youth becoming homeless. The first approach allows youth who were homeless without their family to self-report one or more of 14 factors that caused them to become homeless on their own (see item 24.f on the questionnaire in Appendix A). The top five self-reported causes of being homeless without their family were: being kicked out (53%); having arguments at home (43%); disagreeing with rules (35%); verbal abuse (27%); and, their home was unsafe or unhealthy (22%).



A second approach examines background factors that are statistically associated with whether or not respondents have ever been homeless on their own. We separate these background factors into two categories: 1) difficult early life family experiences that establish the social environmental context that may contribute to increased risk of becoming homeless as a teen or young adult; and, 2) mental and behavioral factors that may result from difficult early life events and that then become intermediate contributors to becoming homeless on their own. We consider the difficult early family experiences as primary factors that may increase the likelihood of young people becoming homeless on their own, and we view the mental and behavioral factors as secondary, intermediate contributors to youth homelessness.

Primary family background factors associated with youth homelessness Three difficult early family experiences had statistically significant associations with high rates of young people having been homeless on their own. Forty-four percent of respondents who had at least one parent with a drug or alcohol problem had been homeless on their own, compared with 36% of those who did not have a parent with a drug or alcohol problem (see Table 1). Over half, 53% of individuals in the survey, who had been the victim of or witness to repeated traumatic events had been homeless on their own, compared with 25% of youth who had not experienced repeated household traumas. And, 54% of young people, who previously had been homeless with their family also had been homeless on their own, compared with 37% of those who had never experienced homelessness with their family. Those who had both been homeless with their family and been the victim of or witness to repeated traumatic events were two and one-half times more likely to become homeless on their own than were individuals who had neither of those difficult early life experiences, 54% to 20%.

Table 1: Primary contributors to youth homelessness

<u>Family background factor</u>	<u>Response</u>	<u>Percent homeless on their own</u>	<u>Increased rate of homelessness</u>
Parent with alcohol or drug problem	No	36%	8 % points higher rate
	Yes	44%	
Witness or victim of repeated traumas	No	25%	28 % points higher rate
	Yes	53%	
Homeless with their family	No	37%	17 % points higher rate
	Yes	54%	
Homeless with family and had repeated traumas	No	20%	34 % points higher rate
	Yes	54%	

Secondary mental and behavioral factors associated with youth homelessness Two other factors are associated with high rates of youth having been homeless on their own. Forty-four percent of respondents who had been diagnosed with a mental illness have been homeless on their own, compared with 28% of youth who had never developed a mental illness. Over half, 54%, of youth who either had thought that they had a drug or alcohol problem or been told by someone that they have a substance abuse problem had experienced homelessness on their own, compared with 32% of participants who never had thought that they have a drug or alcohol problem. Unlike the previous two surveys, having run away from home was not significantly associated with increased rates of being homeless without family in the 2016 sample.

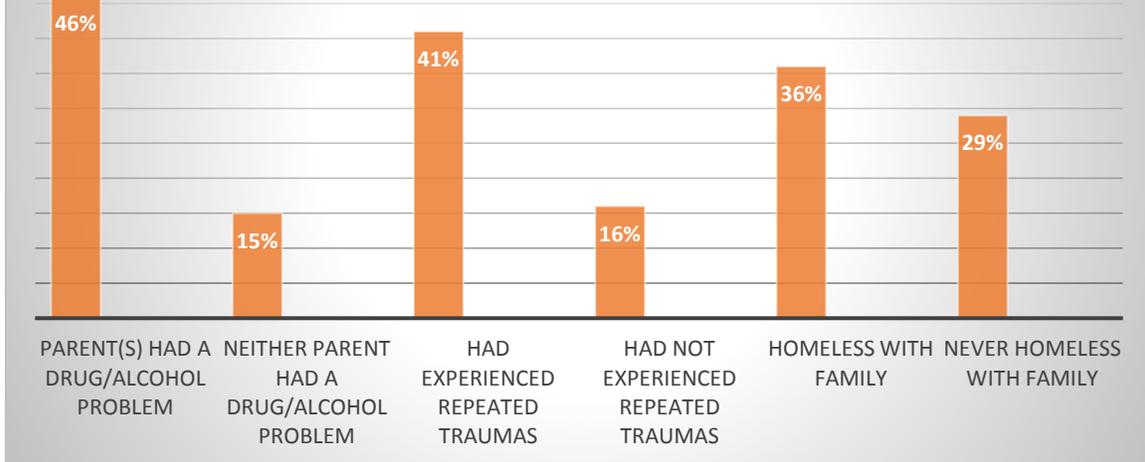
Cross-sectional “snapshot” surveys are not designed to identify historical causal processes as well as experiments and longitudinal studies can do. However, sometimes cross-sectional data logically imply causal processes that occur over time. In these circumstances, approximate conclusions can be put forth. We argue that it is logical to assume that in most (but not all) cases, the negative family experiences mentioned above occurred prior to young people having a mental illness or developing a drug or alcohol problem. 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 drug/alcohol problems are important secondary, intermediate 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 homeless youth resort to alcohol and drug use as a coping mechanism. The direction of the causal arrow cannot be determined definitively with cross-sectional data. However, some empirical evidence is consistent with our historical causation argument that difficult family experiences contributed to some youth having a mental illness and/or developing a drug or alcohol problem, which in turn increased the likelihood that young people become homeless on their own.

Two of the three family background variables are associated with mental illness. Youth who were the victim of or witness to repeated traumatic events had a significantly higher rate of having been diagnosed with a mental illness (68% to 37%) compared with those who did not experience repeated traumas at home. Sixty percent of subjects who had been homeless with their family had a mental illness, compared with 52% of youth who had not experienced homelessness with their family.

All three of the family background factors were associated with youth having thought or been told by someone that they have a drug or alcohol problem. Respondents who had at least one parent with an alcohol or drug problem were three times more likely to develop such a problem themselves than were individuals who did not have a parent with an alcohol or drug problem, 46% to 15%. While 41% of respondents who had been the victim of or witness to repeated traumatic events had developed a possible drug or alcohol problem, only 16% of those who had not experienced repeated traumas had a substance abuse problem. Young people who had been homeless with their family were more likely to develop a drug or alcohol problem than youth who never had been homeless with their family, 36% to 29%.

Family background factors and youth developing a substance abuse problem



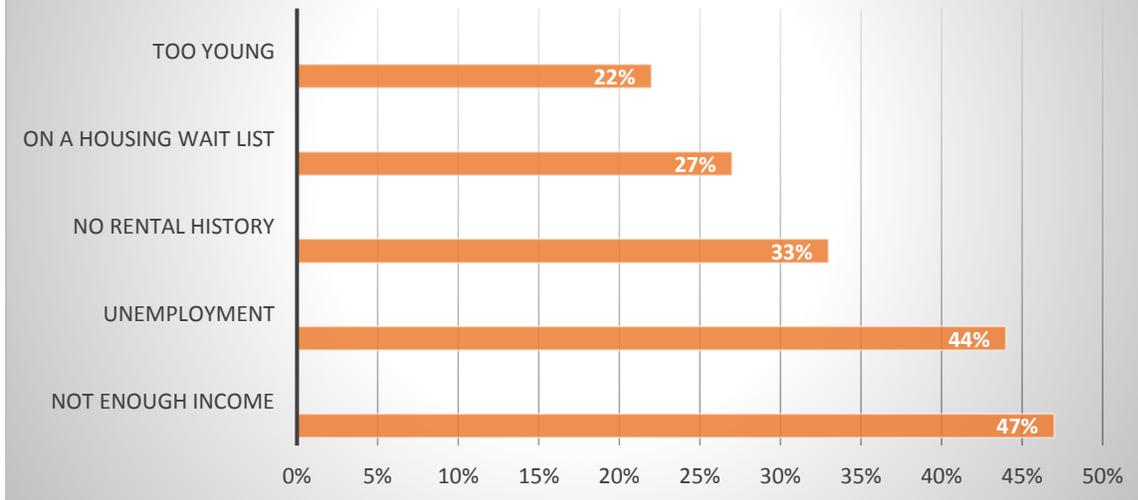
The analysis and discussion above suggests that for many (but not all) youth in our sample, difficult early life family experiences significantly increased the likelihood that they have been homeless on their own. Difficult family lives were associated with high rates of mental illness and substance abuse, which in turn also contributed to young people having been homeless without their family.

Barriers to stable housing, services needed, and service utilization

Respondents were asked to self-identify barriers to stable housing, provide their opinion on what types of services should be offered in Springfield to support high-risk and homeless youth, describe which services they currently are using, and list services that they do not know how to access.

Barriers Among the 81 youth who had been homeless on their own, 47% of them said that not having enough income is a barrier to permanent housing, and 44% responded that unemployment is a barrier to permanent housing. Thus, income and employment problems were the two biggest obstacles that homeless youth need to overcome to obtain stable housing. One-third of homeless youth mentioned that not having a rental history is a barrier to permanent housing. Twenty-seven percent reported that they were on a waiting list to obtain stable or permanent housing, and 22% of subjects reported that their age is a barrier to permanent housing. The second cluster of barriers pertains to an insufficient stock of affordable rental units for teens and young adults, and to the need to loosen rental eligibility requirements for homeless youth.

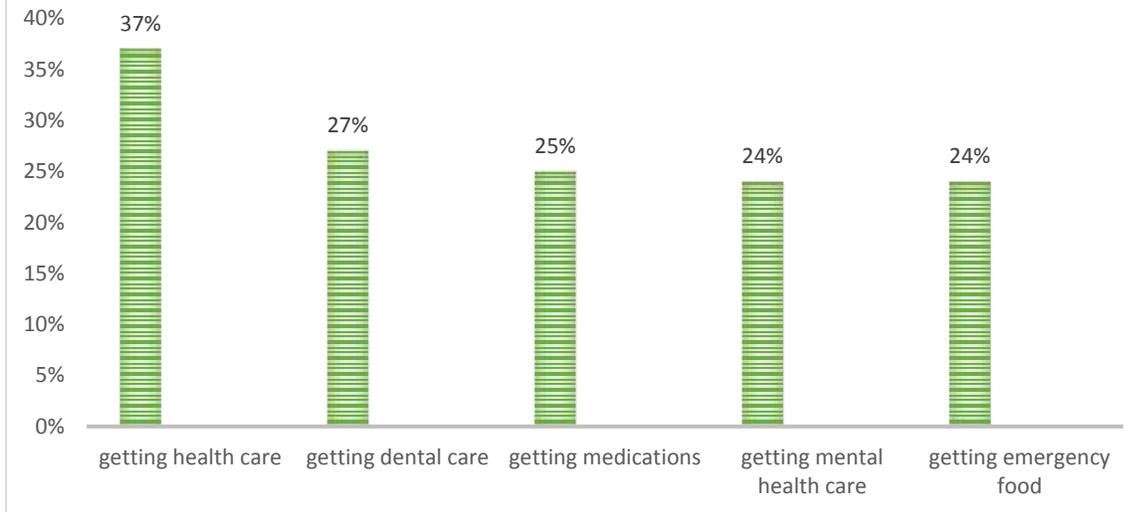
Barriers to homeless youth obtaining stable housing



Services that homeless youth say are needed Subjects were asked what services are needed in the community to help homeless youth. Sixty-five percent agree or strongly agree that there needs to be more short term shelters for youth. Seventy-six percent felt that there needs to be more transitional housing for youth. Seventy-five percent of subjects agree or strongly agree that there needs to be more transitional living programs for pregnant or parenting teens. And, seventy-five percent of the youth believe that there needs to be a “one stop shop” where youth can get needed services in one place.

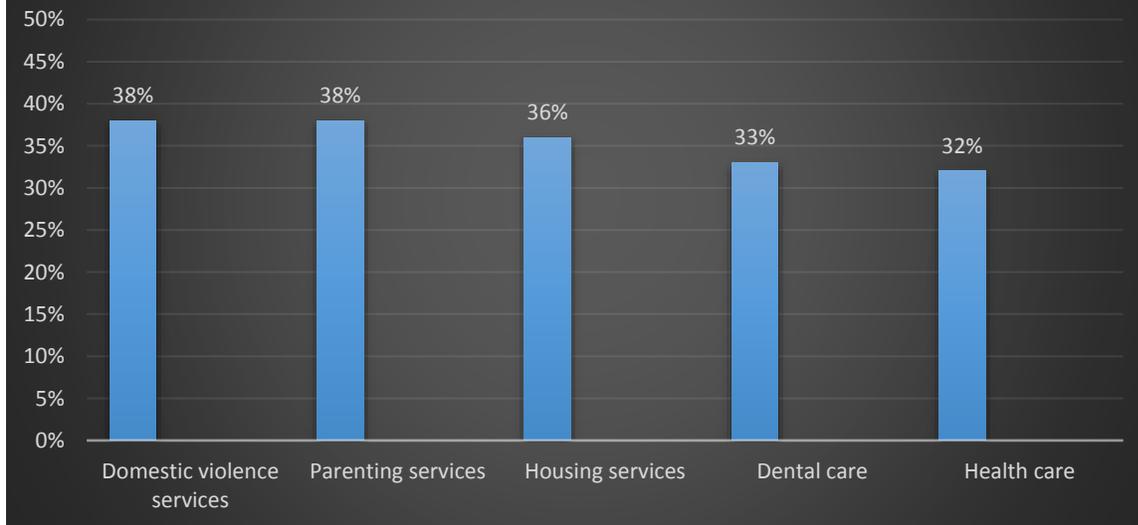
Services currently used by homeless youth Five services were most commonly being used by youth who have been homeless on their own. Thirty-seven percent of homeless youth were getting health care, 27% were getting dental care, one quarter were receiving medications, 24% were receiving mental health care, and 24% were getting emergency food.

SERVICES HOMELESS YOUTH CURRENTLY ARE GETTING



Services that homeless youth do not know how to get Thirty-eight percent of unaccompanied homeless youth said that they do not know how to get domestic violence services and parenting services. Thirty-six percent do not know how to access housing services, one-third do not know how to get dental care, and 32% do not know how to get health care.

Services that homeless youth do not know how to get



Policies and Programs to Reduce Youth Homelessness

As was mentioned earlier, HUD's point-in-time count showed that on one night in late January, 2015, there were over 128,000 homeless children in America. About 30% of those children, 37,000 individuals, were unaccompanied homeless youth. The National Network for Youth² estimates that 1.3 to 1.7 million youth experience at least one night of homelessness a year. The National Alliance to End Homelessness³ 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." 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 homeless⁴. 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: (a) to reduce the level and 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 level and impacts of family homelessness Although the overall size of the nation's homeless population has declined for the past four years, there has been an increase in the proportion of homeless individuals that live in families⁵. 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: 1) expanding the stock of affordable housing to reduce family homelessness, and 2) increasing the number of jobs that pay a living wage in the Springfield area.

In July, 2016, The Ozarks Alliance to End Homelessness developed a strategic plan that emphasizes housing first and rapid rehousing programs along with a variety of support services to make family homelessness rare, brief, and non-reoccurring within five years. The OAEH is working with local non-profit agencies, private developers, and local renters to build more low-cost housing units, purchase and rehabilitate existing housing, and expand the availability of low-cost apartments in the private housing market. With adequate funding and support, these initiatives should allow housing first programs to reduce the rate of family homeless in Springfield and thereby lessen one of the factors most strongly associated with youth becoming homeless on their own as teens and young adults.

Additionally, the swift provision of services to children who temporarily experience homelessness with their family is vital. As the National Center on Family Homelessness⁶ 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." In addition to getting homeless families quickly into shelter, services to reduce the negative impact of homelessness on children are needed.

In March, 2015, the Department of Housing and Urban Development designated Springfield as a city in "severe fiscal distress."⁷ 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 more lower-middle class and working-class families afford housing.

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

Improving family dynamics is a priority, because stable, positive relations with family members greatly reduce the risk of homelessness among teens⁸. In November, 2016, The Kitchen Inc. will apply for a multi-year HUD demonstration grant. In the fall of 2016, Springfield Public Schools hired a full-time homeless student liaison officer, and she is assisting The Kitchen Inc. with preparation of the demonstration grant proposal. Although no specific new programs have been identified for the grant proposal, one possible demonstration program could be a school-based program that works with high-risk youth and that promotes positive family interactions, family cohesion, and non-violent conflict resolution.

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 homelessness as they move into adulthood. As the National Coalition for the Homeless⁹ 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, rapid rehousing and long-term housing for homeless youth. Seventy-six percent of survey respondents feel that Springfield needs more long term transitional housing for youth, and 75% think that there is a need for transitional housing programs for pregnant or parenting teens. Expanding housing first and rapid rehousing programs for 18- to 24-year olds needs to be a priority in the coming years.

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. Although it is not possible to measure the precise cost of youth homelessness to communities, the cost likely is very high. As the United States Interagency Council on Homelessness¹⁰ 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 facility¹¹. 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 savings¹². And, 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 do¹³.

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.

Notes

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Appendix A: 2106 Homeless Youth Subcommittee Housing and Services Survey

Location: _____ County: _____ Date: _____

This survey should be filled out anonymously by individuals between ages 13 and 24. Your individual answers will be confidential and will help develop services for youth in need. This will not affect any services you receive or your future access to services. Thanks for your time.

1. What are your initials (first, middle, last)? _____
2. What is your birthday? _____ How old are you?

3. What is your hometown (city/state)? _____
4. How do you identify yourself?
____ American Indian/Alaskan Native ____ Asian/Asian American ____ Black/African
American ____ Hawaiian/Pacific Islander ____ Hispanic or Latino ____ White/Caucasian
____ Multiple Races ____ Don't Know/Refuse
5. What is your gender? ____ Male ____ Female ____ Transgender ____ Other (please
specify): _____
6. Which of the following best describes your sexual orientation? ____ Straight/Heterosexual
____ Gay/Lesbian
____ Bisexual ____ Questioning ____ Other (please specify):

7. Have you or your significant other ever been pregnant? (Include current pregnancy if applicable)
____ No ____ Yes ____ Maybe
8. How many children do you have? ____ 0 ____ 1 ____ 2 ____ 3 or more
9. If you have children, where do they live? (Mark all that apply) ____ With me ____ Other parent
____ Your Parents ____ Your Grandparents ____ Foster Care ____ Friends
____ Other (please specify): _____
10. Which of the following describe your educational status? (Mark all that apply)
____ Currently enrolled in middle or high school ____ Currently taking HiSET Classes
____ Earned high school diploma ____ Earned HiSET ____ Currently enrolled in college
____ Earned a college degree ____ Not enrolled in education
11. Have you ever participated in a job training program? ____ No ____ Yes
12. How many jobs have you had in the past year? ____ 0 ____ 1-2 ____ 3-4 ____ 5 or more
13. Do you currently have a job? ____ No ____ Yes
If yes: ____ Part-time ____ Average Hrs./week ____ Full-time ____ Average Hrs./week
____ Temp/Day Labor ____ Average Hrs./week

14. If you are not currently employed, how are you meeting your daily living needs? (Mark all that apply)

Food pantry Food stamps TANF WIC SSI Dealing
drugs

Pan handling Steal food/other items Survival sex Friend support
 Family support

Other: _____

15. What kind of transportation do you use? (Mark all that apply)

My own vehicle Someone else's vehicle Bus Bicycle Walking

Other (please specify) _____

16. Have you ever run away from home? No Yes

If yes, how many times? 0 1-2 3-4 5-6 7 or more

17. Have you ever been in the state's care? (For example, being removed/taken out of your home and placed into the care of another family member, foster family, group home, etc.)

No, I have never been a ward of the state Yes, I have been a ward of the state

If yes:

a. What age were you released from care? _____

b. Did you have a place to go? No Yes

c. How were you released from care? Adoption Aged Out Family
reunification

Legal Guardian Relative Placement Other

d. I am still in care

18. Have either of your parents or primary care givers ever had a drug or alcohol problem? No

Yes

19. Have you used drugs or alcohol in the last week? No Yes

20. Have you ever thought about committing suicide; and if yes, how many times?

0 1-2 3-4 6-10 11 or more

21. How many visits have you made to the ER in the past year? _____

22. Please answer the following questions as they apply to you:

**For this survey, "Homeless" means staying in temporary housing, like staying place to place with a friend/adult, in a shelter, in a hotel/ motel, sleeping in a place not meant to be slept in (shed, porch, park, car, tunnel, vacant building, etc.), or not having a fixed, adequate night time residence.*

Have you ever:	No	Yes	Don't Know/ Refuse
Thought you had, or has anyone ever told you that you have a drug or alcohol problem?			
Received services for a drug or alcohol problem?			
Received counseling services?			
Been diagnosed with a mental illness? (<i>Depression, Anxiety, Bipolar, PTSD, Schizophrenia, ADHD, etc.</i>)			
Been prescribed medication to treat mental illness? (<i>Depression, Anxiety, Bipolar, PTSD, Schizophrenia, ADHD, etc.</i>)			
Self-harmed? (<i>i.e. cutting, burning yourself, etc.</i>)			
Witnessed or experienced repeated traumatic events? (<i>Physical, Sexual, or Emotional Abuse, or other Violent Acts</i>)			
Witnessed or experienced repeated traumatic events <i>while *homeless?</i>			
Wondered, "Where will I sleep tonight?"			
Wondered, "Where will I get food today?"			

23. Have you ever been **homeless with your family?* ___No ___Yes

*If yes, please answer the following questions about being *homeless with your family.*

- Are you homeless right now? ___No ___Yes
- Have you stayed in a shelter, temporary shelter, hotel/motel etc.? ___No ___Yes
- Have you couch surfed or lived with friends or another family? ___No ___Yes
- Have you had to sleep in a place not meant to be slept in (*shed, porch, park, car, tunnel, vacant building, etc.*)? ___No ___Yes

24. Have you ever been **homeless without your family?* ___No ___Yes

*If yes, please answer the following questions about being *homeless on your own.*

- At what age did you first become **homeless on your own* _____?
- Are you homeless right now? ___No ___Yes
- Have you stayed in a shelter, temporary shelter, hotel/motel etc.? ___No ___Yes
- Have you couch surfed or lived with friends or another family? ___No ___Yes
- Have you had to sleep in a place not meant to be slept in (*shed, porch, park, car, tunnel, vacant building, etc.*)? ___No ___Yes

f. **What caused you to become *homeless on your own? (Mark all that apply)** Kicked Out
 Disagreed with Rules Physical Abuse Sexual Abuse Verbal Abuse
 My Home was Unsafe/Unhealthy Arguments at Home Family couldn't support me
 Discharged into *homelessness Sexual Orientation Gender Identity
 Parent/Primary Care Giver's Alcohol/Drug Abuse My Alcohol/Drug Abuse
 Other (please specify): _____

g. **What barriers prevent you from obtaining stable or permanent housing while *homeless on your own? (Mark all that apply)**
 On waitlist for housing Unemployment Not enough income
 Denied services to support/obtain housing Can't find apartment
 Can't find roommate Previous eviction No rental history Lack of legal ID
 Age barrier Criminal record Immigration status Drug/Alcohol use
 Mental Health Sexual, Physical, Emotional Abuse Don't like rules of housing programs
 My choice Other:

25. Please rate your agreement with the following statements.

My community:	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Needs more short term shelters for youth.					
Needs more long term transitional housing for youth.					
Needs more transitional living programs for pregnant or parenting teens.					
Needs a "one stop shop" where youth can get needed services in one place. (shelter resources, job training, GED, counseling, food, mentoring)					
Has adults who endanger or harm *homeless youth.					

26. Please mark the boxes below about how you get services.

	I do not know how to get	I do know how to get	I am getting right now
Health Care			
Medications I need			
Dental Care			
Mental Health/Counseling Services			
Alcohol/Drug Rehab Counseling			
Emergency Shelter			
Emergency Food			
Housing Services			
Education Services			
Employment Services			
Parenting Services			
Domestic Violence Services			

Please return this survey to the person who gave it to you.