



Interagency Council On Homelessness

*Presentation of the Youth
Sub-Committee*

February 19, 2013



What's Working:

- Good programs and models exist here in DC; particularly for more independent/self sufficient youth
- Increases in beds for young families has made a huge difference
- Short-term/emergency housing that provides space for effective family reunification work has been a strong prevention strategy
- On-site GED and work readiness programming is effective
- Focusing on education outcomes with TLP has shown significant progress
- Bringing services/supports to youth is a promising strategy
- Youth providers are collaborating effectively and consistently to maximize resources and service provision



Yet the Need Remains Acute:

- **Estimates suggest between 1,600¹ and 3,990² unaccompanied youth experience a period of homelessness each year**
 - Between October 1, 2011 and November 1, 2012, **TCP reported serving 1,197** homeless youth under the age of 24.
 - **700** unaccompanied youth
 - **497** youth heads of household (with **656** dependent children).
 - As of February 2013, **DCPS reported 2,453 students (5% of DCPS enrollment)** had identified themselves as homeless; OSSE reported 902 homeless students in Charters.
 - **Over 200 youth are on active waitlists**, and an additional **80 youth were turned away** from emergency shelters in the last month.



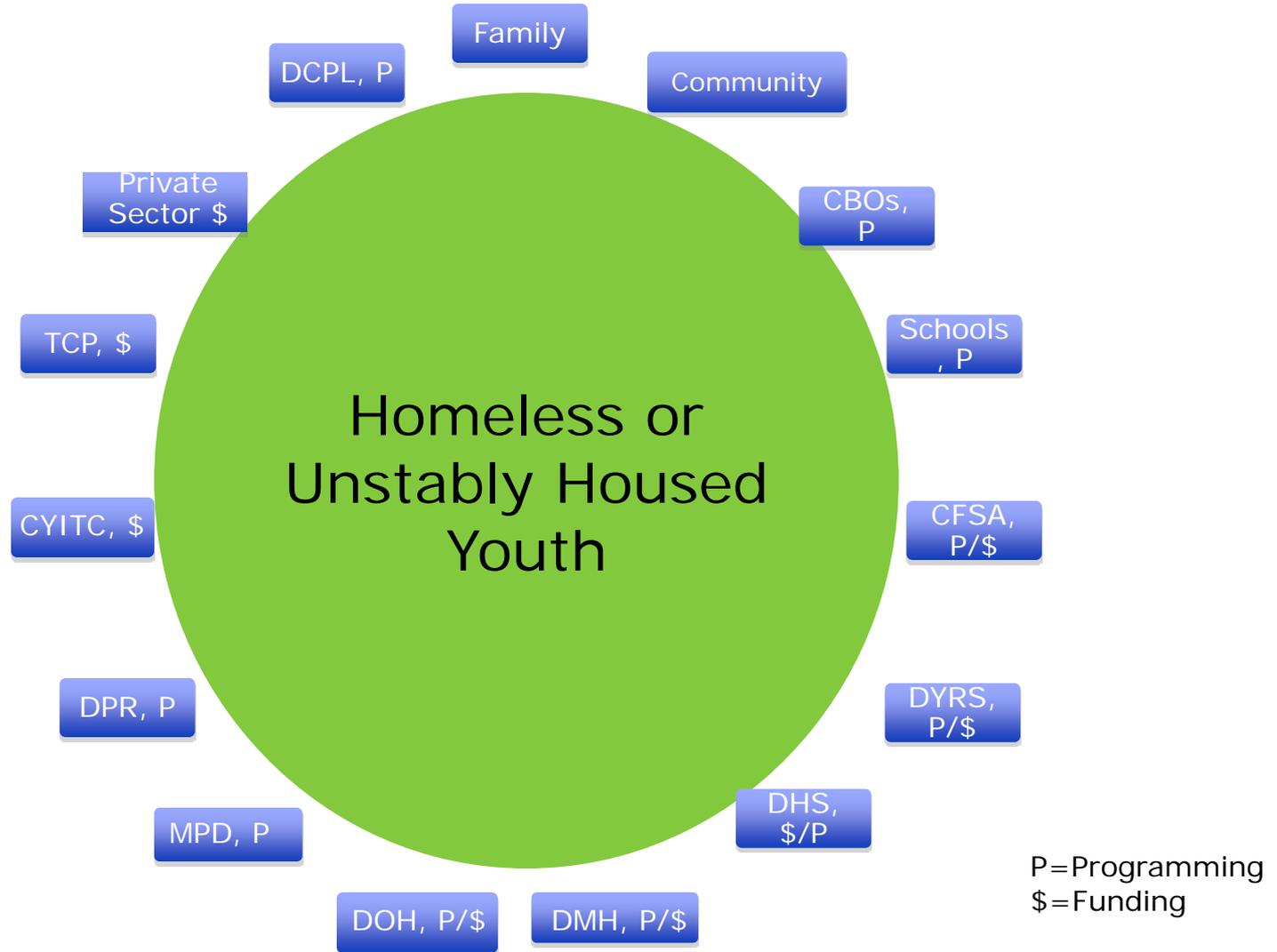
Yet the Need Remains Acute:

We know that Homeless Youth are:

- **Overly represented in the drop out and disconnected youth population**
 - Are twice as likely to drop out ⁶
 - Estimates suggest that 73% of homeless youth (aged 16-24) are disconnected (not in school; not employed)³
 - 81% Are unemployed, 18.9% are severely under-employed⁷
- **Have higher levels of truancy, family conflict and system involvement**
 - Overwhelming majority cite abuse, neglect or chronic family conflict as a primary reason behind their homelessness⁵
 - Homeless youth are twice as likely to repeat a grade, experience truancy ⁶
 - A significant number have a history of System Involvement⁴
- **Are not performing at grade equivalency**
 - Many, if not most, are not functioning at grade equivalency: At one family provider, 85% of the youth heads of household tested at an elementary school level for literacy (based on CASAS assessment)



Current System: Stakeholders:





Current System: Capacity:

Provider name	Emergency beds	Transitional Families	Transitional individuals	Supportive	Population specifics
Provider A	44				includes beds for children
Provider A		20			singles or young families
Provider A				27	Long term disability
Provider B			8		LGBTQ ages 18 - 24
Provider C	5				ages 11-17 males and females
Provider C		23			ages 18 - 24
Provider C			16		up to age 21
Provider D	4				ages 13-21 youth and families
Provider D		7			ages 18-24
Provider D			12		ages 16-24
Provider D			7		ages 18 - 24 male and female
Provider E		60			ages 18-24

Totals	53	110	43	27
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Funding Breakdown	Local: 6%; Other: 94%	Local: 83.5%; Other: 16.5%	Local: 44%; Other: 56%	Local: 67%; Other: 33%
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Combined Totals All Beds*				233
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At 6%, the District funds only 3 of the emergency beds

*Please note: this info does not reflect family providers working with young heads of household

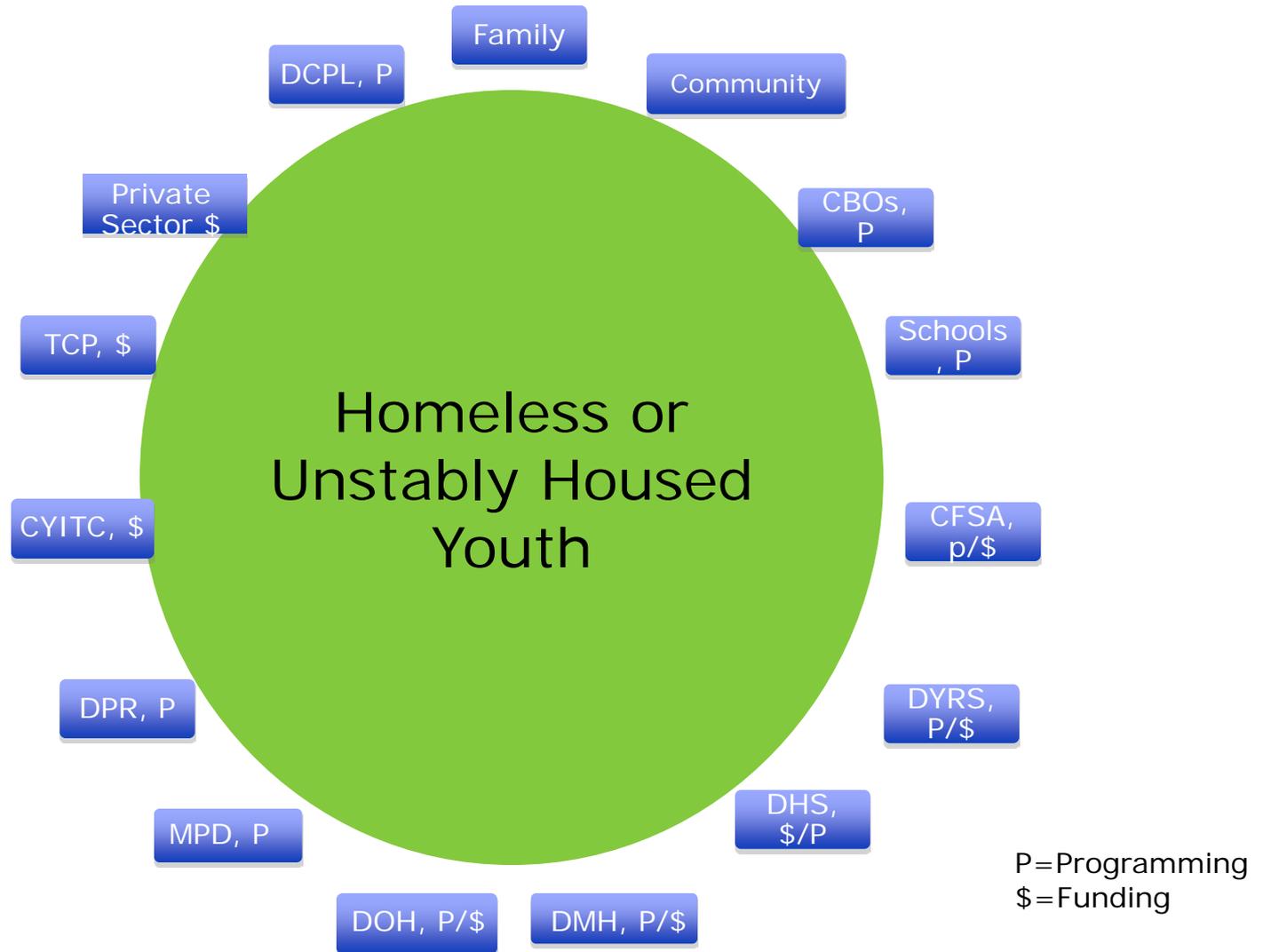


Committee Recommendations:

- Developing effective prevention and intervention strategies requires a coordinating structure or process inclusive of all systems and stakeholders.
- Creating a youth friendly referral and intake process will improve service utilization
- Stable and strategic capacity investments at every level: prevention through the continuum of care



Coordination and Collaboration:





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Coordinated Intake and Referral:

Rationale:

- Streamlines youth access to services (housing and other)
- Allows for triaging of youth based on need and appropriateness of available placements
- Future capacity development and funding decisions will be informed by data allowing for targeted future planning

Models:

- Web-based
- Mobile
- Bricks and Mortar



Current Capacity Pressures and Future Continuum Development:

With waitlist and turn away rates averaging nearly 300 youth a month; the need for expanded capacity across the continuum is clear.

Immediate Need:

- Increased Capacity for Emergency Beds (must be split between 12-17 and 18-24 year olds)
- Increased Capacity for Transitional Living (targeted to the 18-24 year olds)

Future Capacity Development:

- Should be based in data/demand
- Should account for dynamic needs of population (diverse array of program options)



Citations and Additional References:

1. .DCAYA. From the Streets to Stability (2011)
 2. Kipke MD, O'Connor S, Palmer R, MacKenzie RG. Street youth in Los Angeles: Profile of a group at high risk for human immunodeficiency virus infection. Archives of Pediatrics & Adolescent Medicine. 1995;149:513–519
 3. .DCAYA. From the Streets to Stability (2011)
Sanna J. Thompson, Kimberly Bender, Liliane Windsor, Mary S. Cook & Travonne Williams (2010): Homeless Youth: Characteristics, Contributing Factors, and Service Options, Journal of Human Behavior in the Social Environment, 20:2, 193-217.
 - 4.DCAYA. From the Streets to Stability (2011).
 5. Ibid
 6. National Center on Family Homelessness (2009). Op. cit.
Sanna J. Thompson, Kimberly Bender, Liliane Windsor, Mary S. Cook & Travonne Williams (2010): Homeless Youth: Characteristics, Contributing Factors, and Service Options, Journal of Human Behavior in the Social Environment, 20:2, 193-217.
 7. DCAYA. From the Streets to Stability (2011)
- OTHER:
- Melissa Dunn and Jeff Krehely, Center for American Progress, Supporting Gay and Transgender Youth Most in Need, (March, 2012).
- National Center on Family Homelessness. (2009). America's youngest outcasts: State report card on child homelessness. Available at: www.homelesschildrenamerica.org/pdf/rc_full_report.pdf.
- Department of Education (2004). FY 2003 Guidance for the education for homeless children and youth program. Retrieved from: <http://www2.ed.gov/programs/homeless/index.html>.