EXECUTIVE SUMMARY

INTRODUCTION

Conflicting definitions of youth homelessness across federal agencies make it difficult to correctly identify the size of the youth population experiencing homelessness in Harris County and to determine their service needs. In the youth-inclusive Point-In-Time (PIT) count conducted by the Coalition for the Homelessness in 2014, 442 youth ages 18-24 were counted as being homeless using a strict definition of youth staying in shelters or on the streets. The Harris County Homeless Management Information System (HMIS), a computerized data collection system for homeless persons, reported about 2,186 youth ages 18-21 used homeless services in 2014. The Covenant House Texas, the largest Harris County emergency shelter servicing youth 18-21 years old, reported assisting over 3,574 youth in 2013. Additionally, the National Runaway Switchboard received 848 calls from the Houston/Harris County area in 2014. Data from Harris County schools identified 19,589 children of all ages who were in unstable housing in 2014, 3,522 of those in shelters, hotels or unsheltered.

The lack of certainty about the size, composition, service utilization and unmet needs of this population add challenges to policy advocacy efforts and program planning to address their needs. To address these gaps in data, this pilot study aimed to: (1) determine the number of youth ages 13-24 years old currently experiencing homelessness or housing instability in Houston/Harris county (2) examine factors that help with program planning in the community, including the composition of homeless youth (e.g., minors, sexual orientation, parenting status, race/ethnicity, immigration status), perceived causes of homelessness, service utilization, social supports, and prevalence of risk behaviors and (3) develop an innovative counting and survey methodology for assessing youth homelessness that could be used in other large, diverse urban centers across the nation.

METHODS

For 4 weeks in October 2014 to November 2014, 436 youth ages 13-24 in Harris County who were currently homeless or experiencing housing instability were surveyed for this study. Because the purpose of the study was to accurately count the homeless or unstably housed youth population in Houston/Harris County we utilized the following inclusive definitions of youth homelessness: 1) youth who live in emergency shelters, transitional housing, hotels/motels, cars, abandoned buildings or apartments, on the street, or in a space not designed for human habitation 2) youth who are unstably housed, staying temporarily with friends or acquaintances or doubled up or do not know where they will stay a month from now.

1 (personal communication, the Coalition for the Homeless, 2014).
2 (Covenant House website, 2015).
3 (personal communication, National Runaway Switchboard, 2015).
4 (personal communication, Jeanne Stamp, PEIMS data, 2015)
Youths who met eligibility criteria were surveyed using an audio assisted computer interview or a standardized paper version depending on the location and available materials. The survey contained approximately 100 items and was available in English and Spanish. Questions assessed current living situation, services utilized, mental health, substance use, and risky sexual behaviors. Participants were given a $10 gift card and encouraged to recruit up to three others who were in a similar situation for an extra $5 gift card for each referral who took the survey. Direct recruitment occurred in three different types of venues: transitional housing/shelters, drop-in centers or magnet events, and street outreach. Surveys were conducted by trained volunteers who were primarily University of Houston Graduate College of Social Work students and University of Texas Nursing School students, under the supervision of a team leader. These team leads included the two principal investigators, the project coordinator, three specially trained volunteers with experience in outreach to youth populations, and an outreach worker from the community. Data were collected on 97 occasions at 47 different locations, including 24 magnet events, 26 shelters/transitional housing, and 47 different outreach targets. Outreach was conducted through Covenant House, the Salvation Army, and the Houston Police Department Homeless Outreach Team.

Administrative data from the Homeless Management Information System for the 4-week count period were reviewed and assessed by location, and date to determine additional youth staying in shelters who had not been interviewed and should be included in the count.

**KEY FINDINGS**

**AIM 1: Size of homeless youth population.**
We directly counted and surveyed 420 eligible youth during the official count period.* Using data from HMIS, we identified an additional 212 youth staying in shelters that were likely not counted by us in person. Of those surveyed, 205 youth reported that they had spent the previous night in a shelter, 139 had slept on the streets or another place not meant for human habitation, and 76 had stayed with a friend, relative or acquaintance. The final count included 632 youth.

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<tr>
<td>Total</td>
<td>417</td>
<td>139</td>
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*Numbers exclude 5 youth surveyed after the official count, 11 youth surveyed at Freedom Place, and 5 at Perry House who were in permanent supportive housing.

**AIM 2: Composition, Risk Factors, Service Needs: Results from the Survey**

**Demographics.** The mean age of the sample was 20.
The majority of those surveyed were ages 18-24 (n=380, 86%) with youth ages 13-17 comprising 13% of the sample (n=59). Across the entire sample, 54% reported their gender as male (n=235), 42% as female (n=186), and 4% as transgender or something else (n=18). For sexual orientation, 76% identified themselves as straight and 24% identified as LGBQ. For race, participants could select multiple racial groups. The majority of the sample identified as African American (60%, n=265), followed by White (16%, n=72), Hispanic (15%, n=64), Multiracial (12%, n=52), American Indian (3%, n=13), Asian (1%, n=5) and Hawaiian/Pacific Islander (1%, n=4). The majority of the sample reported they were born in the United States (93%, n=408). Those reporting they were born outside the US (n=26, n=6%) came from Mexico (4), Somalia (3), Honduras (2), El Salvador (1), Haiti (1), Dominican Republic (1), the Philippines (1), Puerto Rico (1) and the Bahamas (1). About 2/3 (63%) of the sample reported that their last permanent home was in the Houston Area (n=285). While participants reported coming from all over Houston, the largest numbers came from Southwest (20%, n=56), South (15%, n=43), Northwest (12%, n=34) and North (12%, n=33). For those who reported coming from outside Houston, many had come from other parts of Texas and some from New Orleans (n=10). A small number had served in the military (3%, n=13).

**Homeless Experience.** Approximately 2/3 (68%) reported that they had been homeless in the past prior to the current episode (n=298). When asked how they came to be where they are now (note: youth could endorse multiple reasons), 59% reported that they were kicked out of a family home, relative home, or foster home (n=257), 19% reported they ran away from a foster, family, or relatives home (n=85), 13% reported that they could not pay the rent (n=56), 12% reported they had no place to stay when they moved here (n=52), 12% reported aging out of foster care or juvenile justice (n=53), 11% reported fleeing domestic violence (n=47), 11% reported having nowhere to go when they left prison or jail (n=47), 6% reported that their family is homeless (n=28), and 5% reported having nowhere to go when they left a hospital (n=22). Another 13% endorsed “other” and filled in reasons such as house fires, death of parents, and gangbanging. Most youth reported histories of housing instability with 40% saying they had moved 6 or more times in the past 2 years, 30% reporting between 2-5 moves, and 28% reporting less than 2.

**Prior system involvement.** Many youth reported involvement with public systems in the past. Fifty one percent of the sample reported that they had been in a detention center or jail at some point in their life (n=223). Thirty one percent had been involved with juvenile probation (n=137) and 13% (n=58) reported aging out of the juvenile justice system. Forty one percent reported being in foster care at some point in their lives (n=180) and 22% (n=97) reported aging out of the foster care system.

**Educational/vocational experiences.** Of youth ages 18-24, 55% had completed high school (n=216) and 8% had received their GED (n=31). Seventeen percent reported attending some college (n=66) and 18% (n=68) were still in school. Ninety percent of those ages 13-17 were still in school (n=53). Twenty-seven percent of the overall sample reported that they had been involved in special education while in school (n=116). Less than a quarter of the sample was employed (22%) with only 24% of those ages 18-24 reporting that they are currently working.

**Service Needs.** Youth reported the services they had used in the past nearly half reported staying in emergency shelters (47%, n=206), 41% reported getting free lunch or dinner (n=187), 22% used transitional housing programs (n=96), 21% reported utilizing social programs (n=91), 19% went to drop-in centers (n=85), 19% received health care services (n=81), 18% had used job training programs or services (n=78), and 14% used educational programs (n=61). When asked what types of services would be most helpful right now two thirds selected housing (66%, n=290), 52% chose job training or job search services (n=226), 44% selected educational opportunities (n=192), and 33% endorsed health care or mental health services (n=145). Half reported there was a time where they thought about going to a shelter but did not go (50%, n=220). Top reasons included they thought they could make it on their own (48%), heard the shelter was dirty or bad (34%), did not know where to go (29%), did not like the way the shelter staff treated them (26%), did not want others to know they were homeless (26%), or
had no transportation. Thirty eight percent reported they had gone to a shelter and not stayed the night (n=150). Top reasons included that the shelter was full (55%), felt uncomfortable (29%), and were too old or too young (21%),

Emotional and Behavioral Health. Nearly half of youth met criteria for serious mental distress based on a report of current symptoms (n=198). Youth reported extensive histories of mental health diagnoses: 42% had been diagnosed with ADHD (n=186), 48% with bipolar disorder (n=209), 48% with depression (n=212), 23% with PTSD (n=99), 16% with schizophrenia or a psychotic disorder (n=71) and 16% with conduct or oppositional defiant disorder (n=70). More than one in five reported attempting suicide in the past (23%, n=100). Substance use was common: 56% reported smoking cigarettes and 63% reported using alcohol (n=275). The most commonly used drugs (ever used) were marijuana (62%), synthetic marijuana (i.e. Kush) (33%), cocaine (21%), opiates such as Vicodin/Xanax (20%), and promethazine/cough syrup (15%).

Mental Health Services. One third of youth had received outpatient treatment or counseling for mental health problems in the past (37%, n=163) and 46% had taken prescription medications for mental health (n=194). Thirty nine percent reported unmet need for mental health treatment (n=162), identifying reasons including cost (35%), did not know where to go (28%), concerned about being committed to inpatient or given medication (23%), thought they could handle the problem without treatment (31%) and did not think treatment would help (26%).

Sexual Health. Seventy five percent of youth reported they have had sexual intercourse (n=329). Of those, 68% reported having more than four sexual partners (n=221). Almost one quarter (23%, n=84) reported trading sex in exchange for a place to stay or for other needs. Eleven youth reported being HIV positive, 12% had tested positive for Chlamydia, and 7% had tested positive for gonorrhea. Fifty four percent reported they used a condom the last time that had sex (n=172), while another 13% used an alternative form of birth control (n=42).

Violence and Victimization. Participants reported having sexual intercourse against their will (23%, n=102). One third reported being physically hurt by someone they were dating (36%, n=159). Two thirds reported they had been in a physical fight in the past year (66%, n=282).

Subpopulations

Pregnant/Parenting. Nearly a quarter (24%) of respondents reported they are parents (n=103) and 6% reported being currently pregnant or having gotten someone pregnant (n=28; 15 female, 13 male). Most parents reported they have one child (57%, n=59), 19% (n=20) reported 2, and 21% reported that had 3 or more (n=22). Of those, a little less than half (41%) stated that the child(ren) currently live with them (n=43; 38 female, 5 male). For youth whose children were with them, 30 had spent the prior night in a shelter, 9 reported staying on the street, and 4 stayed with a friend, relative or acquaintance. This group was more likely to say that they had thought about going to a shelter and decided not to go (61%) and less likely to say that they had gone to a shelter and not stayed the night. Fewer of these youth reported encountering shelters that were full but a small group reported not staying at a shelter because they could not stay with their children (n=6).

LGBTQ Population. One quarter of the sample identified as LGBTQ (25%, n=102). Seven percent identified as lesbian or gay, 11% as bisexual, and 5% as questioning or something else. Five youth identified as transgender men, 4 as transgender women, 1 as intersex, and 8 as something else. Youth who identified as LGBTQ had higher rates of engaging in survival sex (41%), using kush (41%) and other drugs (38%) compared to other youth in the study. Nearly two thirds met the threshold for current mental distress on the Kessler 6 scale in the survey (64%). Reported reasons for becoming homeless were not significantly different in this group compared to the rest of the sample. Rates of shelter, unsheltered, and unstably housed were also similar to the overall population.

Youth that Aged Out of Foster Care. Forty one percent reported being in foster care at some point in their lives (n=180) and 54% of them (n=97) reported aging out of the system. Those who aged out were more likely to report they have Medicaid, public assistance and to have used educational services than other youth.
They were also more likely to have a history of a behavioral disorder diagnoses and to have received mental health services but did not have higher rates of current mental health distress or unmet mental health need. There were no difference in substance use or sexual risk behaviors in foster youth compared to other youth. When asked where they went when they aged out of foster care, 27% reported going to a relative, family or foster home, 10% went to the home of a friend or boyfriend/girlfriend, 4% went to a shelter, 4% to transitional living or my own place, and 4% went to the streets.

**Minors (13-17).** A total of 58 minors were surveyed, 39 shelters, 3 on the street, and 16 at magnet events including Houston re:Visions (n=6) and the Galena Park and Aldine Libraries (7). Sheltered unaccompanied minors were interviewed at Kinder (n=18) and Freedom Place (n=9). Accompanied minors in shelters were surveyed at Bridge Over Troubled Water (n=6), and Houston Area Women’s Shelter (n=4). For those who reported being in unstable housing situations, 5 stayed with a relative or family, 7 stayed with a friend or acquaintance and 1 stayed at the home of a girlfriend. When reporting how they first come to living where they are now 15 reported to have been kicked out of family home, 3 were kicked out of a foster home, 7 were kicked out of a relatives home, 14 ran away from a family, foster, or relatives home, 2 aged out of the juvenile justice system, 5 could not pay rent, 6 were fleeing domestic violence, and 5 reported their family is homeless.

**AIM 3: Survey Methodology**

We utilized 4 main strategies for locating youth: street outreach, magnet events, shelters/transitional housing, and respondent driven sampling. We surveyed 99 through outreach, 147 at magnet events, 42 in transitional housing and 151 in shelters referred. We also posted fliers with the study phone number and we connected with 2 young people this way that were surveyed through outreach.

**Street Outreach.** The map above displays all the areas covered on outreach. Outreach primarily identified youth at known hotspots rather than identifying youth through street canvassing. Most of the youth identified on outreach were located near downtown and Montrose. Outreach was primarily led by Covenant House with support from social work students. The HPD Homeless Outreach Team also took nursing students out on outreach several times. These teams had some success in finding youth early in the morning that had spent the night on the streets.

**Magnet events.** We collected data at several types of magnet events – those specifically designated for the homeless such as meals, drop in centers and street church (n=118), events for a broad population of youth where we identified some youth in unstable housing situations (n=15), and magnet events such as libraries and a church that we set up ourselves (n=14). Fifty percent of youth identified at magnet events had stayed on the streets the prior night, 16% at a shelter, and 34% with a friend, acquaintance or relative.

**Shelters/Transitional Housing.** We went to 12 different shelters and transitional housing programs. While we went to two Star of Hope locations, we surveyed only 10 people there compared to the 161 that were listed in the HMIS system. The largest number of youths were surveyed at the Covenant House (n=70), followed by Kinder (n=19) and Freedom Place (n=11).

**Respondent Driven Sampling**. We distributed coupons to all youth who said they knew 3 or more youth like themselves that took the survey at magnet events or the streets during the first week of the study. We then continued for a total of three weeks at areas outside of Montrose. Approximately 100 coupons were
Sixty percent of youth indicated that they knew 3 or more people that were in situations similar theirs (n=243). Nine young people presented with an RDS recruitment coupon – 2 at Grace Place, 5 on street outreach in Montrose area and 2 at Harbor Lights shelter. Those that referred them did not collect the $5 referral gift card unless they were physically present with the person they referred. None of these young people went on to recruit other youth.

Expanded inclusion criteria. For our study, we used a somewhat expanded inclusion criteria beyond that used in the Point in Time count. We examined subgroup differences between youth who spent the previous night on the streets (n=141), those who spent it at a shelter (n=222) and those who stayed with friends or relatives (n=77) to identify how these youth differed. Youth in shelters were more likely to be female and to have a job. Those staying with friends were more likely to be Hispanic and to be in school. Youth on the streets were more likely to smoke cigarettes and to say they had come to be homeless after being released from prison. The three groups did not differ in their levels of current mental health distress, past trauma, or risk behaviors such as substance use or survival sex.

Use of volunteers & students. The data collection was assisted by the work of 74 volunteers who were primarily nursing and social work students. Nursing students (n=10) participated as part of a course for credit and had designated times where they participated in data collection each week of the count, conducting the majority of the surveys at shelters. Social work students (n=60) participated as volunteers but could receive extra credit in their research class for participating. These students conducted data collection at magnet events and assisted with outreach as well as taking the lead on library magnet events. A core group of committed lead interviewers supervised data collection including the 2 lead investigators, the project coordinator, 2 social work students with specific expertise with the population, and a public health student with expertise with the LGBTQ population.

Use of youth advisors. We sought feedback and advice from youth with experiences of homelessness as we planned the survey. Youth from Covenant House accompanied the teams on outreach whenever possible. We experienced some challenges in scheduling with youth because if they were achieving success they were generally busy with work and school commitments and were not available to assist as much as they had originally anticipated.

Use of social media. We posted Facebook messages at the start of the study but were unable to follow-up as much as we had hoped when the primary duties of coordinating the count intensified. We had planned to have young people assist with media messaging and this appears to still be a promising strategy that was not fully explored in our study.

Partnerships with community agencies. As initially designed, the study proposed to have community agencies set up to do data collection themselves. The time needed to train staff to administer the survey was prohibitive for many and we had only one agency that took a computer and administered the survey on an ongoing basis. They did 3 surveys over the data collection period and it appeared that incorporating the survey into the regular routine of the agency was challenging since only specifically trained individuals could administer it. We also planned to have multiple outreach teams staffed with community outreach workers who do this work on an ongoing basis. We discovered that there were not as many agencies doing this type of outreach as had been originally estimated. In addition, their flexibility to incorporate the youth count into their regular outreach was limited. We experienced tremendous support from many agencies, with formal letters of support from 18 partners and assistance from multiple others. This support translated into success in our data collection when paired with a specifically designated Youth Count 2.0! member who could focus on the surveying process while the agencies assisted in identifying individuals who would be eligible.

DISCUSSION
How representative is this count?

- Good coverage of sheltered youth, street youth
- Underestimates unstably housed groups such as those identified by schools
- No one took the survey in Spanish, likely there is an undocumented population that we did not find
Description of Houston’s homeless population in comparison with other homeless populations

- Higher percentage African American compared to national study across nine cities (60% vs. 41%). This is similar to the composition of the adult homeless population in Houston.
- Rates of foster care involvement are in line with prior studies reporting 30-50% of homeless youth have been in foster care.
- LBGQTQ is within range of 20-40% reported across the country.
- Rates of mental health, substance use, and victimization are similar to those in other cities
- Use of kush, cough syrup – emerging substance use trends, may be regional

Methodological issues:

- Expanded Definition of Homelessness – those in unstable housing were generally similar in risk factors, similarity seems to support potentially expanding the definition to include these youth
- Inclusion of Schools – We tried several strategies to attract youth identified in schools to be surveyed outside schools, on the whole these were not successful. To count youth identified by schools, need to identify them at school and talk with them there if possible
- Respondent Driven Sampling – procedures were too complicated, incentive too small, explore different ways to provide immediate incentives
- Personnel – students were most helpful when more committed i.e. taking for course credit instead of a one time shift for extra credit. A somewhat smaller team of more committed workers would have been ideal.
- We had some success in having people that focused on the LGBTQ subpopulation, recommend this as a strategy for multiple populations in future counts

RECOMMENDATIONS

For Future Counts:

- Pair longer in depth youth count with current PIT efforts, bi-annually(?)
- Better utilize social media – potentially incorporate into the RDS strategy
- Continue to encourage youth involvement in planning and data collection
- Count and if possible survey in the schools

For services:

- Drop in centers – not widely utilized in Houston, literature suggests these can be an avenue for reaching youth who do not access other types of services
- LGBTQ youth are at elevated risk, target risk reduction efforts specifically to this group
- Expanded youth specific services – particularly beyond the 18-21 group
- Schools identify many homeless youth, ideal site for targeting early intervention efforts
- Juvenile justice appears to be a population that would benefit from strategies to support stable housing as they transition out of these services