THE NEW YORK CITY ASSOCIATION
OF HOMELESS AND STREET-INVOLVED YOUTH ORGANIZATIONS'

State of the City's Homeless Youth Report

2011

A Community-Written Document on Homeless, Runaway and Street-Involved Youth and How They are Impacted by Homelessness in New York City

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KIRSTEN E. GILLIBRAND
NEW YORK

UNITED STATES SENATOR

January 5, 2012

Dear Friends,

I am grateful for organizations like the Empire State Coalition that are dedicated to raising awareness of the serious problem of youth homelessness and for providing the supportive services to ensure that each youth has the right to be safe, healthy and prepared for the future.

I commend the Empire State Coalition who continually serves the needs of the most vulnerable in our society. Your efforts to ensure that the youth of New York has comfortable and secure housing improve not only the health and well-being of the community you serve, but the nation as a whole. It is my hope that your hard work and dedication will inspire others to take part in actions large and small, public and private, to better their communities.

I send my best wishes for much continued success.

Sincerely,

Kirsten E. Gillibrand

Kirsten E. Gillibrand
United States Senator

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I have been the chair of the Committee on Youth Services at the New York City Council for over ten years. In that time, no issue has resonated more strongly with me than that of the plight of Runaway and Homeless Youth (RHY). It is difficult to imagine being a 15 year old child, alone on the streets of New York City, with no place to sleep at night. It is painful to imagine any child couch surfing, curling up on a subway grating, or selling their body for a place to sleep at night. However, for approximately 3,800 children in our City such scenarios are not only imaginable, they are daily life.

At this point, I think we are all familiar with the data. We know that Runaway and Homeless Youth often come from families where they suffer physical, sexual, or emotional abuse. We know that many of these youth were thrown out of their homes for merely expressing their own identity. And we know that these children need a safe place to live and services to help them work through the trauma they have experienced.

I believe, as do my colleagues at the Council, that providing shelter beds and services for Runaway and Homeless Youth is a moral imperative. Therefore, over the last ten years, the Council has added millions in funding for these vital services. The Council has also partnered with the New York City Department of Youth and Community Development to ensure diversity in the types of shelter beds. Over the years, this work has only become more important as the State continues to cut funding for Runaway and Homeless Youth services as well as other valuable preventative programs.

There is still, however, more work to be done. I have heard RHY shelter operators testify to being forced to turn children away due to a shortage of beds. I know that youth who are 21 to 24 years of age and youth who have been sexually exploited, of any identity, do not have access to services to meet their unique needs.

I promise that I will continue to work towards the day when every child who needs a shelter bed or services has access to them. I would also like to reaffirm my commitment

to finding the defects in our foster care, criminal justice and family services system and shutting down the pipeline of kids to our streets.

In conclusion, I must again thank Jim Bolas and Margo Hirsch as well as everyone at the Empire State Coalition of Youth and Family Services and The NYC Association of Homeless and Street Involved Youth Organizations. It was your advocacy that brought the plight of Runaway and Homeless Youth to my attention and the attention of the City Council at large. It is your work that ensures that youth receive the services they deserve. Bless you all and thank you.

Sincerely,

LEWIS A. FIDLER
Councilman - 46th District

INTRODUCTION

New York City's youth in crisis population consists of homeless and runaway youth and youth involved in street culture and its informal economy. In 2002, the New York City Association of Homeless and Street-Involved Youth Organizations ("The Association") developed our *State of the City Report* as a strategic part of its agenda to provide information about homeless and street-involved youth, the services available to them and build an awareness of existing gaps in services. In addition to their monthly meetings, forums, public advocacy and organizing, the Association has become a practical think tank informed by clinical practice and motivated by resource coordination and management. The Association has developed this bi-annual report to highlight the state of clinical, social and population-specific issues affecting the homeless and street-involved youth living in New York City.

Because The Association maintains a consensus-based, non-hierarchal structure, members felt that it was important to share as much information with its participants as possible. After generating a core list of current topics of concern, Association members were sought to write a review of each new issue. Writers define the issue of concern, its current state, noting the current availability of services, explain gaps in those services and offered specific recommendations. Unfortunately, some of the issues documented in this report are repeated from previous reports, though the recommendations may have changed. Without change, this report will continue to grow as new issues add to unmet recommendations of previous issues.

The Association is a cooperative body of homeless youth service providers. This report is not a sounding board for the personal agenda of the topics' authors or their individual agency. Each chapter is created by an individual or is worked on collaboratively as a team and then independently reviewed by other members of The Association. This document is not an agency-specific resource guide, but rather a policy guide to offer insight to individual providers, public agencies, funders and lawmakers about the state of homeless youth living on the streets of New York City. In reading this document, you will notice that the estimates for total numbers of homeless youth may vary from chapter to chapter. The reality is that, until Empire State Coalition's *2007 Count of Homeless Youth in New York City,* there had never been a comprehensive annualized count of unaccompanied homeless youth in NYC. As a result, we have had to extrapolate data from national statistics and other various studies.

This first comprehensive survey of homeless youth in NYC, in collaboration with The Association and with funding from New York City Council, found that each night, while the rest of NYC slept, over 3,800 young people were homeless in New York City; 1,600 of those young people spent the night outside, in an abandoned building, at a transportation site or in a car, bus, train or some other vehicle; and 150 of our young people spent the night with a sex work client.

The Association and Empire State Coalition are continually seeking to remedy the issue of accurately counting the number of unaccompanied homeless youth in NYC. We hope,

however, that the interest in an exact number does not distract policy makers and funders from the fact that there are a great number of youth that we do know about who are underserved and deserve to be counted.

In 2009, The Association and The Empire State Coalition successfully addressed the identification needs of thousands of homeless and street-involved youth throughout New York State. In response to our advocacy for accessibility to identification for runaway, homeless and street-involved youth in New York State, the New York State Department of Motor Vehicles met with our coalition of providers to develop and implement the new MV-45B form with the coordination of certified runaway and homeless youth programs throughout New York. This directive has aided unaccompanied homeless youth throughout New York State to obtain a New York State non-driver photo identification.

These accomplishments came out of the policy discussions and concerns around the tables of The Association's monthly meetings. Currently, we are focusing our attentions on the issues of confidentiality and homeless youth and commercial sexual exploitation and sex and labor trafficking of youth. As you will see, all of the issues described in this document are vital priorities to ensuring that all homeless youth in NYC, and everywhere are safe, healthy and prepared.

This is an organic document and will continue to grow and develop as issues of concern arise. Funding and resources for homeless youth services, one of our city's most vulnerable communities, is regularly threatened. As advocates and service providers we are challenged with maintaining professional linkages and speaking with a unified voice. We hope that this report speaks coherently to you about just a core sampling of the issues young people and the professionals who serve them are faced with. This is a roadmap of just some of the challenges faced by homeless and runaway youth in New York City. We encourage you to join us as advocates and champions of the needs of homeless youth in New York City.

James Bolas, Editor
Director of Education
Empire State Coalition of Youth and Family Services

STATE OF THE CITY REPORT
AUTHORS AND AFFILIATIONS

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FOSTER CARE AND YOUTH HOMELESSNESS
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LEGAL ISSUES
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PERMANENT HOUSING
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TRANSITIONING OUT OF FOSTER CARE
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FAMILY WORK AND HOMELESS YOUTH
THERESA NOLAN, GREEN CHIMNEYS

COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN (CSEC)

Jessica is 18 and currently incarcerated at Rikers Island on eight prostitution charges. Jessica grew up in the child welfare system and first fell victim to a pimp at the age of 13. Due to Jessica's involvement in the commercial sex industry, Jessica's numerous arrests, and a lack of safe and stable housing, Jessica's daughter was removed from her care. Prior to her incarceration, Jessica was actively involved in support services at a youth drop-in center. She was unable to leave her pimp because of the constant abuse and manipulation, and because she feared going to a city shelter, where people wouldn't understand what she was going through. When she is released from jail next week, she will not only have a criminal record, but will again have nowhere safe or familiar to go and will likely return to her pimp.

STATEMENT OF THE PROBLEM AND CURRENT STATE

The State of New York defines a sexually exploited child in the Safe Harbour for Exploited Children Act (Safe Harbor) as someone "under the age of 18 who may be subject to sexual exploitation because they have engaged or agreed or offered to engage in sexual conduct with another person in return for a fee, traded sex for food, clothing or a place to stay, stripped, been filmed or photographed performing or engaging in sexual acts or loitered for the purpose of engaging in a prostitution offense."[1] Sexually exploited children meet the federal Trafficking Victims Protection Act definition of victims of sex trafficking[2]; international law also recognizes sexually exploited children as victims.[3]

A 2007 report of the NYS Office of Children and Family Services (OCFS) estimated that 2,200 youth under 18 years old were identified by NYC law enforcement, child welfare, and service providers as commercially sexually exploited (CSE) children meeting CSE youth in New

[1] Education, Labor and Family Assistance Article VII/Language Bill (S6458 – C/A 9558-B), Part F.

[2] Gragg et al, New York Prevalence Study of Commercially Sexually Exploited Children, Final Report, April 18, 2007 http://www.ocfs.state.ny.us/main/reports/CSEC-2007.pdf. The TVPA defines sex trafficking as commercial sex acts induced by force, fraud, or coercion, or in which the person induced to perform a sex act is not yet 18 years of age. Therefore, minors who are involved in the commercial sex industry are automatically considered victims of sex trafficking.

[3] See the Federal Victims of Trafficking and Violence Protection Act of 2000 and the United Nations Optional Protocol on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography.

York City were predominately female (85%), with a large percentage (67%) identified as black/African American. The OCFS study is an indication of which youth are being screened for CSE in New York City. The high prevalence of cisgender girls (*a class of gender identities where there is a match between an individual's gender identity and the behavior or role considered appropriate for one's sex)* identified in this study can be attributed to multiple factors. First, CSE may disproportionally affect cisgender girls in New York. Studies have shown that cisgender girls face unique risks that make them vulnerable to delinquency and CSE, including early onset of puberty, sexual abuse, or maltreatment and depression and anxiety.[4] Another reason for this high prevalence of cisgender girls may be that the OCFS study gathered data from a variety of agencies, including youth-serving agencies with gender-specific programming for cisgender girls, and similar gender-specific programming is currently not available for CSE boys and transgender youth. As the OCFS study authors state, "it is important to reiterate that all estimates are based on *identified* cases… it is certain that all CSEC [Commercially Sexually Exploited Children] served by these agencies were not identified." Therefore, the OCFS findings may not fully represent the demographics of CSE youth in New York.

The majority of CSE youth have run away from their homes, been thrown out of their homes by their parents or guardians, or have run away from a foster care home, juvenile detention center, group home, or other type of institution.[5] Many have experienced kidnapping, torture, food and sleep deprivation, physical captivity, forced branding with a tattoo, and subjugation to the violence or murder of another victim. Targeted by adult exploiters, they come mostly from fractured families where substance abuse, incarceration, violence, or AIDS has left the young person bereft of at least one parent, if not both. As with many other youth living on the streets, CSE youth are subjected to hunger, malnutrition, poverty, STDs, and violence, and are vulnerable to substance abuse, mental illness, suicidal ideation, and criminal behavior. Over half had prior juvenile justice placement, and 75% had child welfare involvement and/or foster care placement.[6]

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[4] Girls' Delinquency (NCJ 228414) February 2010OJJDP In Focus, *Fact Sheet*, p 2.

[5] Estes, Richard & N.A. *The Commercial Sexual exploitation of Children in the US, Canada and Mexico.* University of Pennsylvania, 2001.

[6] Gragg et al, New York Prevalence Study of Commercially Sexually Exploited Children, Final Report, April 18, 2007 http://www.ocfs.state.ny.us/main/reports/CSEC-2007.pdf

Within these communities, LGBTIQQ (lesbian, gay, bisexual, transgender, intersex, queer and questioning) youth are also at particular risk for the dangers of street life. LGBTIQQ youth who experience family rejection are at higher risk for many health concerns like depression, substance abuse, suicidal ideation, and STD infection. Many have experienced severe trauma, multiple placement histories, behavior disorders, and dysfunctional coping skills, which also place them at an increased risk for commercial sexual exploitation. Transgender and gender non-conforming youth who are homeless may be forced to engage in the commercial sex industry to survive while living on the street.[7] Living on the street puts all youth at high risk of exploitation by adults.[8] Particularly for homeless transgender youth, engaging in the commercial sex industry may be their only option for income and may be the only way that they can access hormones or other forms of medical care.[9,10]

While youth are commercially sexually exploited throughout New York City, certain high-poverty, high-crime areas such as Hunts Point in the Bronx, Bedford-Stuyvesant in Brooklyn, Jackson Heights in Queens are centers of CSE. As SMART[11] data highlights, these neighborhoods are some of the highest in New York for poverty, crime, and lack of education, which results in a disproportionate amount of young people who are vulnerable to falling victim to the commercial sex industry.

Victims encounter social service agencies when they are homeless, pregnant; lacking basic identification; exhibiting severe Post Traumatic Stress Disorder symptoms; needing employment but having no job skills. With so many complex and pressing needs, CSE youth are

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[7] Berberet, *supra* note 20, at 374; *Hidden Injustice*, supra note 2, at 72-73; Rebecca Klein; *Group Work Practice with Transgendered Male to Female Sex Workers*,, in *Social Services With Transgendered Youth*, 95, 98 (Geral P. Mallon, ed, 1999).

[8] B.N. Cochran, et al. *Challenges Faced by Homeless Sexual Minorities: Comparison of Gay, Lesbian, Bisexual, and Transgender Homeless Adolescents with Their Heterosexual Counterparts*, 92 American Journal of Public Health 774, 774-75 (2002); Klein, supra note 26.

[9] Nicholas Ray, *Lesbian, Gay, Bisexual and Transgender Youth: An Epidemic of Homelessness* 1, 11-14 (National Gay and Lesbian Task Force Policy Institute and National Coalition for the Homeless 2006) available at www.TheTaskForce.org/Report_and _research/Homeless_Youth; Rob Woronoff et. al., *Out of the Margins: A Report on Regional Listening Forums Highlighting the Experiences of Lesbian, Gay, Bisexual, Transgender and Questioning Youth in Care* 34-35 (Child Welfare League of America 2006)

[10] GEMS is grateful to Green Chimneys for providing the information included in this paragraph.

[11] The SMART System is a Geographic Information System (GIS)-based issues management system, developed to support the early identification of emerging local issues and provide resources to assist decision makers with implementing both rapid response and long-term plans.

at risk of becoming reliant on social services to help meet their basic needs. CSE victims are also disproportionately impacted by judgment and social stigma due to their histories in the commercial sex industry and therefore require a safe, nonjudgmental space in which they have the opportunity to interact with other survivors and peers. To ensure that victims are equipped with the tools needed to become self-sufficient adults, direct service agencies must offer a spectrum of continuous and comprehensive services and provide long-term, consistent support throughout victims' transition and development.

EXISTING SERVICES

In New York City, there is limited programming specifically geared toward CSE youth. However, given how a majority of young people who experience this exploitation are also runaway or homeless youth, CSE youth are eligible for and actively engaging in runaway and homeless youth (RHY) programming and services, including housing (crisis and transitional), drop-in centers, street outreach, and mental health and medical services. These services are critical to addressing the needs of exploited and at-risk youth, but specialized services create a sense of security and empowerment in exploited youth that they may not feel in other settings.

Specialized programs are available for CSE youth in NYC, including short-term and crisis care; case management, including mental health assessments, counseling, and assistance with acquiring identification and benefits; crisis, transitional, and supportive housing; positive youth development programming, including recreational, educational, and therapeutic groups; and leadership and employment training. However, there continues to be a lack of services accessible to CSE young men and boys, transgender youth of all ages, and young women over the age of 18.

As a result of Safe Harbour, judges, lawyers, and law enforcement officials are referring an increased number of youth to agencies that provide alternative-to-incarceration and family-court-advocacy programming for CSE youth. Agencies are aware that they are only serving a portion of the youth in need of comprehensive services. Youth are not turned away from programs, but the quality of services provided to youth may decrease as agencies become stretched for resources. In turn, CSE victims may be less likely to engage with services and

therefore may be left in a cycle of violence that can leave them vulnerable to exploitation, arrest, criminalization, and being mandated to services, which is not the most efficient or empowering way for youth to access resources.

CURRENT STRENGTHS

Through a federal contract from the Office of Juvenile Justice and Delinquency Prevention, a growing number of law enforcement officials and direct service staff have been trained on how to identify and refer CSE youth to services. The Office for Victims of Crime has also contracted trainings for social service providers on models of empowerment and service provision for CSE youth.

Other current strengths for CSE youth is the legislation that has passed in recent years. In 2008, the Safe Harbour for Exploited Children Act (Safe Harbour) was passed after vigorous advocacy work from CSE youth and CSE-youth-serving agencies. Safe Harbour has the following two objectives: to "remove minor victims of commercial sexual exploitation from the jurisdiction of the criminal justice and juvenile delinquency systems" and to "protect these children and provide them with specialized services, in recognition of their status as victims of crime and of the unique trauma that child victims of sex trafficking endure."[12]

In 2010 the Vacating Convictions Act was passed in NY, which allows CSE survivors to expunge prior arrests for prostitution (or other prostitution-related crimes) from their criminal records. Given the extent that CSE survivors are criminalized for forced commercial sex activities, Vacating Convictions provides a critical opportunity for a clean slate and a fresh start at life. Prior convictions for prostitution-related charges can prevent survivors from accessing immigration relief, public housing, student financial aid, certain jobs that require background checks, and even daycare for their children.

[12] Polaris Project. 2008. "New York Safe Harbor for Exploited Children Act – Summary." http://www.polarisproject.org/ .

GAPS IN SERVICE

While CSE youth have been increasingly identified and connected to services, a lack of trauma-informed mental health service provision and a lack of understanding of the specific needs of CSE youth have lead to re-traumatization and the stigmatization of CSE youth when they encounter service providers. In addition, lack of free mental health services, or services that accept Medicaid, further prevent CSE youth from accessing services.

Via court mandates, law enforcement is considered one gateway for cisgender girls and young women to access social services, but encounters with law enforcement can cause unnecessary traumatization and further criminalization. There is a need for widespread law enforcement training on the issue of CSE so police may better identify and serve this population and end harmful practices. There is also a need for specialized programming for CSE boys and transgender youth, who currently have no specialized programs available to them, though Safe Harbour aims to protect all youth from incarceration and detention.

There also needs to be a greater variety of services available to LGBTIQQ youth. Young lesbians, bisexual youth of all genders, gay youth, as well as transgender and gender-non-conforming young people may feel comfortable accessing inclusive services within agencies that serve a broader population or may feel safer within LGBTIQQ exclusive organizations; there also need to be culturally competent services available to them that recognize and affirm their identities.

ANTICIPATED BARRIERS:

As knowledge about the issue increases, the City of New York is at a crossroads on how to meet the specific needs of CSE youth: in accordance with Safe Harbour, many are working to connect minors involved with the commercial sex industry with the services they need to exit and develop the necessary skills to transition to safe and independent lifestyles. These same advocates are working to extend victimhood status to CSE youth who are 18 and over and have experienced the same exploitation in the commercial sex industry. Acting from this position

connects CSE youth with services and options and the ability to make genuine choices in their lives.

Ultimately, connecting CSE youth to services and educating the general public about the realities of the commercial sex industry is the only way to ensure that CSE youth are afforded the opportunities and the abilities to exit the commercial sex industry and develop to their full potential.

Furthermore, CSE is not only a law enforcement issue, it is a human rights and community issue. Connecting CSE youth to services and educating the public about CSE are only two components of ensuring CSE youth are afforded the opportunities to exit the commercial sex industry. The other necessity is increasing options for all young people—including educational opportunities, legal living-wage job opportunities, and affordable housing as well as reforming the child welfare system and social safety net to end the larger social factors that perpetuate CSE, including racism, classism, gender-based violence, and the criminalization of youth.

RECOMMENDATIONS

To achieve these larger goals, the following recommendations are put forth as concrete next steps for CSE youth of all genders:

1. Because a lack of appropriate housing options, coupled with a lack of formal education and concrete work skills, are some of the primary reasons youth remain in the commercial sex industry, we recommend that crisis housing, dedicated for CSE youth, be expanded in New York City.

2. To offset the stigma that many CSE youth encounter because of their involvement with the commercial sex industry and to increase referrals to specialized services for CSE youth, we recommend an increased number of trainings on CSE for mental health providers, RHY shelters, and other service providers in New York City.

3. We recommend greater and more widespread training to law enforcement officials on all CSE youth to end the traumatization and exploitation that has occurred at the hands of officials as well as proper referrals.

4. We recommend increased engagement with outreach for CSE youth in group homes, detention facilities, known trafficking locations, etc., to ensure that a greater number of victims are aware of the service that are available to them.

5. Finally, we recommend that given the implementation of the Safe Harbour Law, more agencies provide programming designed to meet the needs of CSE youth referred through the legal and judicial system as outlined in the law.

EMERGENCY HOUSING

Adrianne is a 19 year old heterosexual biological and identified female who has been staying with friends, on the streets and trains and hopping between youth crisis shelters since she was kicked out of her Aunt's house at the age of 17. Adrianne has stayed in all of the youth emergency shelters she is eligible for in New York City several times. She is currently sleeping on the floor at a friend's house while on the waiting list for a shelter bed. The place where Adrienne is currently staying is overcrowded with other youth who are awaiting shelter. The environment feels unsafe; there is often fighting, excessive substance use and most nights she is the only female staying with many males. Adrienne also feels that she must have sex with the person whose apartment she is staying in, or with his friends, to ensure that she keeps a roof over her head. Adrienne would like to go back to school and find a part-time job, but feels like both things are impossible while her housing is so unstable. She checks in with her case manager at an RHY (Runaway and Homeless Youth) drop-in center daily to inquire about available shelter beds, but due to long waiting lists and few beds she is encouraged to, "try again tomorrow."

STATEMENT OF THE PROBLEM AND ITS CURRENT STATE

This case example highlights the complexity of the challenges homeless youth experience with obtaining emergency housing in New York City. Adrienne has been trying to utilize the resources available to her in the city but is unable to attain stable housing for very long in the current system. There are several factors that contribute to this including:

1. Long waiting lists for emergency beds at NYC homeless youth shelters.
2. The available length of stay once a bed is obtained at a shelter.

Like Adrienne, young homeless people in New York City often face myriad difficulties including, but not limited to; un/underemployment, unmet mental health needs, educational or developmental disabilities, substance and alcohol use and abuse, involvement in exploitive and/or abusive relationships, lack of health care and few support systems. Many young homeless people move from shelter to shelter, as programs are able to provide young people

with a maximum 30-day stay due to regulatory requirements. A young person facing just a few of these problems is not often able to stabilize their situation during such a limited length of stay. Experts have identified that in most cases it takes 2 weeks for the young person to feel safe and secure and acclimated. During this time an assessment is made, but in most cases in NYC finding permanent housing or building readiness for transitional housing often takes a young person longer than 30 days. Once a homeless youth loses a bed at a shelter, or their stay is interrupted by having to be "re-intaked" due to regulations, they are back out on the streets, making it difficult to stabilize any gains they may have made during their stay (a job, for example) until they end up in yet another temporary emergency bed. This cycle is understandably frustrating to many young people, leading them to become re-traumatized and act out or lose motivation, this in turn compromises their stay at the shelter and access to other programs. After they have exhausted all the available NYC homeless youth shelters and program, like Adrienne, they have nowhere else to turn but to the city's adult shelters which have proven to be very unsafe for young people; or they devolve into a situation in which, like Adrianne, they are forced into trading sex for a place to stay.

CURRENT SERVICES

One of the challenges for our city's young homeless is the different definitions at play in accessing NYC emergency housing services. The primary NYC contracting agency for programs providing shelter and services for the runaway and homeless youth (RHY) population is the Department of Youth and Community Development (DYCD). DYCD defines a youth as a person who is under 21 years old and allocates resources for RHY emergency shelters exclusively for that population. Some homeless youth programs in New York City will serve a young person until they are 24 or 25 years old, securing funding for the services for older youth from alternative funding sources such as HUD, HIV prevention/care or from the Department of Homeless Services. Once a program opts to use these alternative sources and serves a young adult population, they risk losing their state certification and therefore the legal protection and funding that certification brings.

The strict cut off age of 21 results in persons between the ages of 21 and 24 years old with drastically reduced resources available and once a person becomes 25 they are no longer

eligible for the sparse youth homeless services in New York City and must access the adult system which can become generally unsafe for youth and young adults.

There is no formal data identifying exactly how many homeless youth there are in NYC. In 2007, The Empire State coalition's Homeless Youth Survey found that on any given night in New York City, there are 3,800 homeless youth between the ages of 13-25. If we take into consideration the older homeless youth population, the youth that are marginally housed and/or not accessing care at RHY programming and are therefore difficult to count, and the fact that two years have passed since these numbers were generated, the 3,800 homeless youth count number has likely significantly increased in size.

Numbers from organizations like Coalition for the Homeless only specify the number of homeless single adults and families but do not count unaccompanied homeless youth over the age of 18. Based upon a previous study by the National Development and Research Institute, only about 40 percent of street youth in that study had ever been contacted by an outreach worker (usually once to four times a month). In that study of a sampling of the 900 individuals indicative of the homeless youth population, Empire State Coalition extrapolated that, the 13,000 youth contacted by three major homeless youth programs, represent a comparable 40 percent of the population of NYC street youth, thereby estimating there may be as many as 32,000 youth on the street in any given year. Most formal statistics that do include homeless youth numbers are compiled using the access numbers from RHY emergency shelters and drop-in crisis centers. In 2007, over 4,500 people under 21 years old accessed care in NYC at an emergency shelter or crisis center (New York Office of Children & Family Services). For the roughly 4,000 homeless youth in NYC on any given night, there were less than 300 crisis shelter beds available in 2007. That number has decreased as budgets have been cut by the state and programs have had to make hard choices to keep their residential programs operating with greatly reduced dollars.

Emergency Shelter Beds – NYC January 2012

As of the writing of this chapter in January of 2012, there are a total of 249 Emergency Shelter beds with stays of 30 days. Some of these beds are reserved specifically for LGBTQ or pregnant and parenting homeless youth. Each night, 90% of homeless youth in NYC can ***not*** *be accommodated with a safe and secure roof over their heads.*

GAPS IN SERVICE

The single greatest gap in New York City emergency shelter services is the lack of beds available for the homeless youth population. Irrespective of the fact that our city does not have a current, accurate count of how many homeless youth there are, we know that there are only a few hundred beds available for the thousands of homeless youth that are in our city. Waiting lists and "turn aways at crisis shelters are now a regular occurrence in our City.

Along with the sheer lack of beds available, there is also a gap in service regarding the length of stay a homeless youth has available once they are in an emergency bed. Thirty days, the average length of stay in an RHY emergency bed, is often not enough time for a homeless youth to become prepared to get into a transitional living program (TLP), such as find a job, apply for necessary resources like food stamps, public assistance, state identification, and secure longer term housing options such as TLPs or NY NY III (for youth with foster care, substance use or mental health histories) or NYC Housing Authority housing, all of which have limited availability comparable to Emergency Housing. Many homeless youth who are able to secure a bed often lose it before they have another secure option in place, thus creating a cycle of homeless youth moving between emergency shelters and the street and back into the shelter system again.

As we saw in the case example with Adrianne, in addition to being homeless, many runaway and homeless youth are battling serious substance use, mental health and medical issues (either as a result of their being homeless or as a cause of it) and though most RHY programs can support clients presenting mild cases, many RHY crisis programs are not equipped to handle the more advanced clinical challenges. There are homeless youth who have been banned from many programs because they are unable to manage their behavior, leaving them back out on the street again or cycling through the emergency rooms of city hospitals.

In New York City many programs serving homeless and street involved youth have realistically expanded the definition of youth homelessness to go beyond the age of 21 and serve youth up to the age of 24. There are a select few programs that are able to provide

housing for youth up to the age of 24. It is important to be able to provide crisis shelter for this population of homeless youth and help them before they would otherwise enter the adult shelter system.

Finally, there are serious gaps in communication between organizations serving homeless youth. While the creation of the NYC Association of Homeless and Street Involved Youth Organizations has helped bridge this gap in many ways, there are still agencies and organizations that refer homeless youth back and forth to one another when the referrals are inappropriate, or to programs with no availability.

RECOMMENDATIONS FOR EMERGENCY HOUSING SERVICES

1. Fund quantitative research to get an accurate count of the homeless youth in NYC;
2. Increase funding to RHY emergency shelters for more beds and longer stays;
3. Create and fund a stream of homeless youth housing that is longer than the emergency shelter 30 day limit and less restrictive than the current requirements for obtaining and maintaining residence in a transitional living program (TLP)(Bridge Programs);
4. Increase funding at RHY crisis shelters for program development designed to meet the needs of specialized populations such as those battling substance abuse, mental health issues, youth-trafficking and developmental delays;
5. Fund The NYC Association of Homeless and Street-Involved Youth Organization to coordinate the services and communication between agencies serving homeless and disenfranchised youth;
6. Expand the RHY definition of Runaway and Homeless Youth used by NYS Office of Children and Family Services and NYC Department of Youth and Community Development to include the 21-24 age group;

7. Coordinate funding sources to include emergency programs and emergency housing for the 21-24 year olds.

FOSTER CARE AND HOMELESS YOUTH

21 year-old Ty had been in foster care since she was 8 years old. Ty spent time in various foster homes, group homes, and RTCs (Residential Treatment Centers) until she was eventually transferred to a group home for young people aging out of the foster care system. By the time she was a teenager, Ty was full of anger and desperate to get out of the foster care system that she was in for the majority of her life. Although she admittedly was not fully prepared to live on her own, she signed herself out of the group home at age 18 because she felt she could no longer tolerate the rules and regulations of living there and she wanted a chance to "live on her own".

Initially, Ty thought she could live with her girlfriend, however when they broke up, Ty had nowhere else she could go. She spent some time sleeping in parks and the subway and she also spent some time in various youth shelters. Ty had difficulty staying in any one place for too long, partially because she continued having trouble tolerating the rules of the youth shelters and partially because she was so used to moving from place to place throughout her time in the foster care system. Eventually she ended up living with a man who was in a gang in exchange for sex and "protection". Although Ty had a place to stay, she felt trapped in her situation. She did not want to have sex with the man she was staying with, but she felt obligated to do so in order to stay out of the streets and the shelters.

STATEMENT OF THE PROBLEM

In New York City, youth homelessness and the foster care system are intimately linked. According to the Empire State Coalition's 2007 *Survey of Homeless Youth in New York City*, 30% of homeless youth in New York City were in foster care at some point in their lives[13]. The Center for an Urban Future reports that one in ten youth leaving foster care in New York City end up in a homeless shelter within one year of discharge and one in five young people leaving the foster care system end up in a homeless shelter within three years of discharge[14]. Of the youth who had been in foster care, some became homeless because they ran away from the

[13] The New York City 2007 Homeless Youth Survey (New York: Empire State Coalition, 2007).

[14] Fostering Careers (New York: Center for an Urban Future, 2011).

foster care system, and others were discharged or "aged out" (turned 18 or 21) with no place to call home. Failed adoptions or unstable discharge resources are also an issue, as young people are adopted or discharged out of the foster care system, but sometimes return to care or end up homeless when their adoptive parents/discharge resources find it difficult to manage their behaviors during their teenage years.

In New York City, the scarcity of budgeted funds and resources for homeless people in general, and for young adults specifically, should make foster care a viable safety net for youth between 16 and 21, but that has not been the case. Unless they entered care before their 18th birthday, foster care services nationally are not available for young people over the age 18. Foster care services have contracted significantly in the past several years as young adults are moved around to different agencies and group homes as poorly performing facilities are closed, private agencies' contracts are canceled, and NYC Children's Services decreases residential beds while shifting its focus to family foster care. No one can argue that in most cases, a young person is best served by a safe, loving home but unfortunately there are many youth that would have difficulty in a private home setting and there are not enough appropriate, safe homes for all older adolescents in care.

Youth who enter foster care and youth who become homeless generally share similar life histories and risk factors for homelessness, including exposure to emotional, physical, or sexual abuse, family violence, mental illness, chemical dependency and other stressors arising from poverty.[15] [16] Unfortunately, the foster care system that was intended to provide a haven for these young people can be a system that in many ways replicates the conditions youth need to be spared. Youth often report that congregate care facilities (typically for 14-21 year olds) are rife with theft, drug use and abuse, and violence. Young adults who enter care have a very low rate of high school graduation, GED achievement, and employment as compared to their peers in New York City who are not in out-of-home care[17]. Adolescents in care are also often

[15] McManus, H. and Thompson, S. (2008). Trauma Among unaccompanied Homeless Youth: the Integration of Street Culture into a Model of Intervention. *Journal of Aggression, Maltreatment & Trauma 16* (1). 92-109.

[16] Webb, N.B. (2006). *Working with Traumatized Youth in Child Welfare*. New York: Guilford Press

[17] Kids Are Waiting: Fix Foster Care Now and Jim Casey Youth Opportunities Initiative, *Time for Reform: Aging Out and On Their Own* (St. Louis: Jim Casey Youth Opportunities Initiative, 2007).

developmentally behind their peers due to trauma and experiencing a lack of stable home. This increases their likelihood of not being able to prepare for independence by 21.

CURRENT SERVICES

The increased focus on family foster care for children and youth in care can be seen as a positive trend. The most recent Request for Proposals (RFP) by the NYC Administration for Children's Services (ACS) highlighted the emphasis on family foster care and reduction of residential care. Many older LGBTQ youth in care have had difficulty finding welcoming foster homes in the past. The RFP addressed the importance of every contract agency having an LGBTQ Point Person and increasing recruiting for LGBTQ-affirming foster homes, although this will not ensure that every family foster care home will be LGBTQ affirming. Additionally, older youth in care typically have multiple concerns that add to the difficulty in finding a family foster home placement. Intensive mental health issues, substance abuse, acting out behavior, and truancy are a few of the typical issues that complicate home-finding. However, ACS increased the Therapeutic Foster Boarding Home program in the hopes of better addressing these multiple concerns. The NYC Administration for Children's Services' efforts in addressing adolescent needs are called Preparing Youth for Adulthood (PYA) and include emphases on permanent connections (whether family member or other adult), life skills development, and financial skills. Increased services and sensitivity to the needs of LGBTQ youth should also improve conditions over time making them more appealing to young adults. ACS has also required agencies to implement the Family Team Conferencing (FTC) model which brings all the "players" in a case together to make decisions regarding goals, placement, and discharge. Many agencies have reported that FTC's have helped them manage difficult cases better and involve family members that were previously resistant, however attorneys who represent youth in care state that more work needs to be done to notify the young peoples' legal representatives of these FTCs so the young people can have adequate representation on their behalf.

The NY/NY III housing program has also been established to address the housing needs of young people aging out of the foster care system and is currently in the midst of a roll-out plan to increase supportive housing for this population. Specialized supportive housing programs exist in order to provide subsidized housing with support services for young people

aging out of foster care, however housing is limited and there are often long waitlists and complicated bureaucracy to navigate before young people can be placed into supportive housing. In addition, housing units for youth aging out of care with children are extremely scarce. Youth in foster care also receive a priority status when they apply for NYCHA public housing. However, their application must be approved by NYCHA prior to their discharge from foster care in order to maintain the priority. Often, NYCHA's strict restrictions on criminal history of applicants and family members can inhibit the ability of a youth in foster care to obtain public housing. In addition, a NYCHA application cannot be submitted for a youth who is AWOL from his or her foster care placement. Even if a youth is approved for NYCHA public housing, he or she must still deal with the income verification process as well as extremely long wait lists.

Also, in 2010 New York State passed legislation allowing youth who are under the age of 21 who have been "final discharged" from foster care to re-enter the foster care system. The Administration for Children's Services or the attorney for the youth may petition the Family Court to return the youth to foster care if: there is no reasonable alternative to foster care; the youth agrees to engage in an educational or vocational program, and it is in the youth's best interest. While this new regulation should help reduce the rate of homelessness for youth aging out of foster care, there is still more work to be done to educate foster care and homeless youth service providers about the implications of this new regulation.

While ACS is not legally obligated to accept youth who are over 18, they are obligated to care for youth who are already in the system by the time they are 18 until they are 21, if the young person desires to continue in care. ACS has strongly encouraged providers to not automatically give teenagers a goal of Another Planned Permanent Living Arrangement with a Significant Connection to an Adult (APPLA, aka "independent living") but rather work to place them in family settings. If a family setting is not desired by a young adult, there is an emphasis on "discharge resource" so a young person does not feel alone after aging out of care. The hope is that ties to a family will provide a safety net for young people and will prevent some homelessness that results when youth are discharged without having been prepared to live independently. Although there have been more efforts in recruiting and retaining foster boarding homes willing to take in and care for teenagers, significant challenges remain. There is still a major shortage of foster homes willing to care for older youth and young people with behavioral and emotional issues. While it is a positive step to connect young people to a significant adult,

the "discharge resource" is not always equipped or prepared to care for the young person long-term.

Ideally, foster care could provide some respite for street-homeless youth and offer vital services to youth who are currently only marginally housed by providing reliable shelter, social interaction, medical care and educational assistance. Unfortunately, it is a system that often resists providing housing and assistance to the few homeless, runaway and street-involved youth who are willing to enter or return to care. This resistance seems to be partially due to insufficient funds to serve the large number of children who already require services and also partially due to an institutional culture that resists serving youth who require extensive services. While foster care provides a viable alternative to street homelessness until youth are 21, if they consent to stay, many young people are resistant to seeking assistance from ACS. Part of the explanation is that ACS residential settings are often extremely restrictive and punitive and especially frustrating for youth who are accustomed to living without the structure of school, work or family rules. Also, in terms of normal adolescent development, many youth in care are attempting to explore their individuality and challenge norms and rules, just when they are expected to conform to a new residential setting or a new family. In addition, many youth who are placed in foster care prior to their 18th birthdays have been in the system for so long that they are desperate for some semblance of independence. Thus they would rather take their chances on the street than have to deal with the frustrations of what they view as an unfairly restrictive foster care placement.

In the past, young people were frequently discharged to homelessness, to shelters or to relatives willing to sign papers but unprepared to provide a permanent home for a young person exiting foster care. Currently, ACS policy forbids agencies from discharging a young person without a stable housing option and forbids discharge to the public shelter system. Realistically, many teenagers are still discharged to the care of someone who is unprepared to care for an older teenager or to a family member with whom they do not have a stable relationship. The system lacks aftercare specialists who can begin a relationship with older teens in care and continue a relationship with them after they leave. There is also a complete lack of emergency housing for former foster care youth to access during the difficult first two years out of foster care, and generally only enough beds for less than 10% of the homeless youth in New York City.

There is also little evidence regarding long term follow up on stability of youth discharged to independent living. Young people often age out of the foster care system without sufficient independent living skills including educational services, vocational training, budgeting, housekeeping and accessing entitlements such as housing and medical benefits[18]. Young people need some type of income to obtain subsidized housing either through Public Assistance, SSI, or employment. Many youth are discharged from care without some type of income, thus preventing them from getting housing. They are also sometimes discharged from care without being given their personal identification or having active health insurance, even though it is ACS' policy that all youth should have these in place prior to discharge. This can create further issues when they are trying to access services post-discharge. Foster care workers report that it can be very challenging to get young people to follow through with the steps they need to complete their housing applications. Many report that young people experience extreme fear and anxiety prior to aging out that make it difficult for them to follow through on tasks. In order for a young person to successfully transition out of foster care, they need a lot of continued support from all aspects of their life, which many of them don't get. As has been said many times before, reducing the number of cases held by caseworkers could improve services to each client and hopefully prevent young people from "going AWOL" to unsafe situations, however caseworkers are often required to spend much of their time complying with ACS' bureaucracy and have limited time to spend directly assisting their clients.

RECOMMENDATIONS FOR FOSTER CARE AND HOMELESS YOUTH

1. Increase the number of NY/NY III supportive housing units for all youth aging out of the foster care system and specifically for youth aging out of care that have children;

2. Ensure all foster care and homeless youth service providers are trained on the new regulations that allow former youth in care to re-enter foster care if they are under 21 and lack appropriate housing;

[18] Melinda Atkinson (2008). Aging Out of Foster Care: Towards a Universal Safety Net for Former Foster Care Youth. *Harvard Civil Rights-Civil Liberties Law Review 43*(1), 183-212.

3. Ensure that foster care agencies complete housing applications at least one year prior to a youth aging out of care. Ensure that all youth have some type of active income, personal identification, and active health insurance before they are discharged from care;

4. Increase the number of ACS facilities specifically designed for youth between 16 and 21, such as Supervised Independent Living Programs (SILPs), small group homes and residences for pregnant/parenting youth that focus on preparing youth to live on their own;

5. Within two years of discharge, reserve emergency and transitional beds for foster care youth whose housing resources have failed. These beds should not be funded through Runaway and Homeless Youth (RHY) dollars, as the federal and state funded shelter and transitional beds are already taxed by actively street-involved youth;

6. Develop funding and policy guidelines for Aftercare Specialists to provide resources to youth for a minimum of two years after they leave foster care;

7. Continue to expand and improve comprehensive independent living training and support;

8. Improve policies governing dress codes, gender expression, body modification and other forms of non-gang related self-expression for young adults in order to minimize youth leaving (or “AWOLs”) from care for non-safety related stressors;

9. Provide competitive wages, more comprehensive training, and reduced caseloads for staff working with adolescents in foster care;

HIV PREVENTION AND TREATMENT FOR HOMELESS YOUTH

"Lonnie" tested HIV+ in 2003, at age 17, at a NYC health department STD clinic while being treated for gonorrhea. After several missed appointments due to his fear of confronting his illness, he found his way to and adolescent health program in Brooklyn. "Lonnie" identifies as gay but struggles with this identity stating, "AIDS is God's punishment for gay people". LG's family rejected him upon learning of his HIV status and he was kicked out at age 18. LG became homeless and has had to struggle to find stable housing while managing his illness. He has remained in care at the adolescent health program and has worked persistently to stay on HIV medication despite side effects, the pills' constant reminder that he is infected and his unstable living situation. "Lonnie" connected easily with the medical program's psychologist, engaging in regular psychotherapy sessions, which are scheduled during his medical care visits. He also became a core member of the medical program's HIV+ support group. In a recent client satisfaction survey, "Lonnie" shared, "If it weren't for the staff there, I wouldn't be alive today."

STATEMENT OF THE PROBLEM

Homeless youth are among the populations of young people at highest risk for contracting HIV in the United States (Eddin JP, et al., 2011*, Tucker JS, et al., 2011, Kipke, et al., 1995).* Unstable housing has been shown to be a barrier to retention in HIV care for younger women *(*Eastwood, E.A., *Birnbaum, J.M.,* 2007); while life chaos and untreated mental health issues are important barriers to health care engagement among HIV+ youth (Wong, 2007). *Basic* needs such as food, shelter, and healthcare are generally not met, and it is estimated that less than 10% of youth have the social, psychological, and economic resources to live independently (Pennbridge et.al, 1990). When basic needs are not met, it becomes more difficult for youth to maintain safer sexual and drug-using behaviors that would prevent HIV infection. Lonnie's story exemplifies how a young homeless person's struggle for survival can contribute to a higher risk of acquiring HIV and AIDS.

The factors that place youth at risk for being homeless and also at risk for HIV are complex, and can sometimes be traced to their early family backgrounds. Youth become homeless in response to long-standing family instability, parental mental health and substance

use problems, and typically, serious abuse and neglect (Farrow, et al., 1992). Family problems such as physical and sexual abuse, parental substance abuse and irreconcilable differences between parent and child are often cited as the impetus for running away. Neglect and abuse have been documented at higher levels and are most often cited by homeless youth as reasons for leaving their families and living on the street.

Many are thrown out of their homes because of their sexual orientations, or because they are transgender (Kruks, 1991). Over time this family instability forces youth to reach out to find a different support structure. Educational or career-oriented goals may be replaced by more immediate needs such as finding something to eat or someplace to sleep.

Other possible contributors to HIV risk behaviors among homeless youth are the social or sexual networks in which they live. Networks are comprised of individuals that homeless youth spend time with or engage in sexual activity, and can have both protective and negative influences on the young person's risk behavior. It is well documented that homeless youth typically engage in drug use behaviors, such as intravenous drug use, that place them at greater risk for contracting HIV and other infectious diseases such as the Hepatitis C virus. If the young person's social network norms are consistent with drug and substance use and partaking in these behaviors is valued, then the young person will be provided more opportunities to adopt these behaviors and even model the behavior to others (Tyler, 2008). Research also suggests that social networks, such as those developed within transitional living programs or drop-in centers, may serve as protective factors to youth by not only discouraging high risk behaviors, such as illicit drug use or engaging in the "street economy", but encouraging harm reduction behaviors while engaging in these activities.

Structural or systemic factors, such as law enforcement and health policy, may also contribute to behaviors that increase the risk for HIV acquisition among homeless youth. Homeless youth who must financially support themselves typically perceive no alternative but to turn to the "street economy" for survival. Some may shoplift and sell drugs which can contribute to their own substance use problems or engage in "survival sex;" that is, they exchange sex for money, drugs or a place to stay. Research suggests that enforcement-based policies and practices which result in the criminalization of street youth activity may be a contributing factor in HIV risk among the population (Marshall, et al., 2009). The criminalization and incarceration of homeless youth may increase HIV risk by driving drug use or sex work underground where HIV

prevention programming may not have an impact. Additionally, these policies may create networks that place youth at greater risk by destroying sexual networks that have worked as protective factors. Legal reform and structural interventions that limit enforcement-based policies and increase youth-friendly, harm reduction policies and practices may be effective at decreasing HIV risk behaviors among homeless youth populations.

High risk sexual and drug use behaviors combined with the instability of homelessness and systemic factors that don't support homelessness increase vulnerabilities to poor health outcomes, including HIV, other STI's and mental health problems.

CURRENT STATE OF THE ISSUE

It is estimated that 10-30 percent of homeless youth in New York City are HIV-infected (Allen, et al., 1994; Clatts, et al., 1998; Pfeifer & Oliver, 1997). Data from homeless youth in other cities and of rates of sexually transmitted diseases in New York City indicate that the prevalence may be even higher, particularly for older youth and those who have been homeless longer (Ennett, et. al, 1999). Within the homeless population, sexual minority males (i.e., those who identify as gay or bisexual) experience the greatest vulnerability to acquiring HIV with infection rates increasing as the population ages.

The Centers for Disease Control and Prevention, in an effort to use proven public health approaches to more effectively combat HIV transmission, recommends that voluntary HIV testing be part of regular medical care in an effort to more effectively combat HIV infection. This includes community health clinics, STD clinics, public health clinics, and correctional health facilities. They also recommend that consent be included in general medical consent forms rather than as a separate document and that pre and post-test counseling be removed in medical settings. Current NY State HIV counseling and testing law requires a separate written-informed consent as well as pre and post-test counseling and HIV information be provided to any individual requesting an HIV test. Following recommendations from the CDC, state legislators have introduced bills over the past several years that would allow consent for HIV testing be included in general consent for medical care. Several of the bills also eliminated the requirement for pre and post-test counseling in medical facilities and that HIV testing be an "opt-

out" rather than an "opt-in" procedure once consent is provided at initial medical visit. The routinization of HIV testing efforts has increased testing services into runaway and homeless youth populations and providers have reported an increase in HIV infections among homeless youth being tested. However, homeless youth advocates believe that the removal of separate informed consent and pre and post-test counseling would have detrimental effects on the population.

While homeless youth who are HIV-negative require on-going HIV prevention efforts, HIV/AIDS might not be the most salient issue for them. Engaging homeless youth into medical care, including HIV testing, is an important prevention measure. Service providers try to build relationships with youth and connect them with services before recommending HIV-testing. While HIV testing is an essential component of the public health plan to address HIV, testing youth who are in crisis or acutely unstable may have negative clinical and public health consequences; therefore, homeless youth must first be assisted to reduce risk behavior and increase stability prior to testing. Prior to administering an HIV test, service providers need to prepare them for the potential consequences of either a positive, negative, or inconclusive result. A separate written informed consent and pre and post-test counseling procedures are crucial when working with homeless youth populations because of the already unstable environment in which they live.

Homeless youth who contract HIV experience significant barriers to treatment benefits. They require consistent medical care including case management, secondary prevention, and mental health care. However, youth with unstable living situations may prioritize their needs differently than youth who have stable housing. Adhering to complex medical regimens and attending regular medical appointments become secondary to finding a place to sleep at night.

Anti-retroviral therapy (ARV) can be complex. A typical routine consists of two to three doses a day of multiple medications. Some must be taken with food and others without; some need to be kept refrigerated and others do not. Side effects can be debilitating, particularly when the medications are first introduced. A youth without a stable place to live will experience significant barriers to adherence; for example, no place where he or she can store medications, take them in privacy (in case confidentiality is an issue), no means of preparing the appropriate complimentary foods, and no comfortable place to lie low when side effects are serious.

CURRENT SERVICES

Service providers in New York City are engaged in a multifaceted effort to prevent the transmission of HIV and ameliorate its consequences. Multiple strategies are used for HIV prevention efforts since youth are less likely to utilize conventional medical services. Several New York City providers have incorporated HIV prevention programming into the services offered at emergency shelter programs that are available to homeless youth (though it should be noted that the 3,800 youth who are disenfranchised each night far exceeds the 300 estimated emergency beds available to homeless youth). Many runaway and homeless youth programs are engaged in linking runaway and homeless youth to care with established medical programs to address their HIV needs. At a major medical center in Brooklyn (as well as other major adolescent health centers throughout NYC) has formed partnerships with homeless youth agencies for the purpose of linking youth into HIV care, mental health services, STD screening, transgender treatment, etc. This allows staff at the agencies to form relationships with the medical provider to form a stable bridge to care. Those programs offering HIV support and prevention services include one-on-one counseling, group level interventions, rapid HIV testing and counseling, and condom availability programs. Prevention efforts at sites are commonly implemented by the youth workers and, when available, a health educator.

Mobile vans serving as traveling clinics bring state-of-the-art services directly to homeless youth. Coupled with the mobile vans, agencies employ outreach workers, both adult/professional and peers, to meet homeless youth on the street and address risk reduction with them. Outreach workers provide information, support, condoms and referrals, ideally bringing the homeless youth back to the host agency for more comprehensive services. Most importantly, the outreach workers know where and how to contact this hidden population. Research has shown that outreach efforts successfully bring homeless youth to treatment (Anderson, et al., 1996; Huba, & Melchior, 1998; Johnson, et al., 2001; Wright-DeAgueero, Gorsky, & Seeman, 1996). In addition, preparation for HIV counseling and testing is conducted in community-based organizations. Since research has shows that a negative HIV test result does not automatically translate into reduced risk behavior, newly-tested HIV-negative youth are linked to prevention services.

SERVICE GAPS

The greatest barrier that service providers face in combating the HIV epidemic in the homeless population is a lack of available and age-appropriate temporary and permanent housing. As noted above, homelessness creates marked vulnerability to HIV-infection, through the stress of the street environment, malnutrition, and sex and drug risk behavior. It also complicates prevention, testing and treatment efforts. There is a common misconception among homeless youth serving programs that testing an adolescent who is homeless will result in them changing their behavior. Unfortunately, this misconception is exacerbated by HIV testing requirements of public funding streams that contribute to the programmatic support of homeless youth programs.

ANTICIPATED BARRIERS

- Lack of emergency shelter beds and transitional living spaces available to homeless and runaway youth.
- HIV prevention efforts focus only on behavior rather than multiple factors and root causes of HIV risk behavior.
- Fidelity to HIV prevention interventions versus adaptation to meet the needs of runaway and homeless youth.
- Public funding for support services that remains predominantly focused on HIV case finding.

RECOMMENDATIONS FOR HIV PREVENTION AND TREATMENT

1. Increase number of emergency shelter bed, as well as transitional living and independent living arrangements;
2. Implement HIV prevention interventions that support youth development and capacity building. These interventions should include components that frame the

presenting problem, provide HIV/AIDS information, build coping skills with the population, provide social support, and address environmental barriers;

3. Legislation that incorporates HIV Counseling and Testing as part of routine medical care without removing written informed consent and pre and post-test counseling;

4. Address the issues that put youth at risk for becoming homeless including family violence, substance use, mental health, and employment.

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IMMIGRANT YOUTH

Angela is 18 years old. She was born in Honduras but was brought to the United States, by her mother, when she was 3 years old. Six months ago Angela was thrown out of her home when she told her mother she was a lesbian. Despite the challenges that Angela faced, she completed high school and received her Regents diploma from a New York high school. She only discovered, when she went to apply for a job, that she did not have proper documentation; she does not have legal permanent resident status in the U.S. She has been "couch surfing" between friends, and at times sleeping in the stairwell of the apartment building where one friend lives. She can not legally work and she is not eligible for government benefits. Without a way to support herself, Angela sees no future for herself. She feels hopeless and depressed.

STATEMENT OF THE PROBLEM

Youth, like Angela, who are immigrants and who are homeless, face extraordinary challenges in obtaining the services and long-term stable housing that they need to survive. Youth who are undocumented cannot work legally and are ineligible for most forms of government assistance; even those young people who are legal permanent residents, often are ineligible for the benefits that could provide for their basic needs.

CURRENT STATE

According to the 2010 U.S. Census Bureau, 36% of New York City residents are immigrants. In New York State, 37% of the youth population are of immigrant origin, and nationwide, 47% of the immigrant youth population appears to be unauthorized/undocumented.[19] In New York, the number of unauthorized immigrants, in 2010, was estimated to be 625,000. Consequently, it is likely that there are thousands of

[19] Batalova, Jeanne and Michael Fix (2011). "Up for Grabs: The Gains and Prospects of First- and Second-Generation Young Adults" p. 16, 19.

unauthorized immigrant youth living in New York. Further, "unauthorized youth are the most likely to be low income," [20] and often live in abject poverty (note that slightly higher rates of poverty exist among young adults who have been legal permanent residents for less than 5 years (27%) and for young adults who are refugees (24%)).[21]

These numbers suggest that many of the young immigrants living in New York City face poverty, homelessness, and the challenges in accessing services and permanent housing that come with being a young, homeless immigrant. Many of these young people were brought to the United States as young children, by a parent, relative or other adult. Often they are unaware of their immigration status until they begin to look for work or try to go to college. It is the only home they have known. They cannot return to countries where they have no familiarity with the language, customs or culture. Further, without legal status, these young people cannot have equal access to post-secondary education because they cannot apply for financial aid; they cannot work legally, making avenues to immigration all the more necessary for these youth. Unfortunately, most are either unfamiliar with our legal system and how to petition to remain here legally, or they encounter long wait-lists to access needed legal services.

Obtaining Legal Immigration Status

Currently, in the United States it is extremely difficult to obtain legal immigration status. Young people in foster care, those with parents or spouses who are U.S. citizens or permanent residents, trafficking victims, and asylees, may be eligible to apply for green cards, but most others have no means by which they can become legal residents or citizens.

The primary means by which undocumented people gain legal status is through sponsorship by a family member, either a parent or spouse. Particularly for LGBTQQ young people, who are disproportionately homeless (see this report's chapter on *Lesbian, Gay & Bisexual Youth* and the chapter on *Transgender Youth*), rejection by their families may complicate their ability to access those benefits if a parent refuses to sponsor them. Moreover, even though lesbian and gay youth are now able to marry in New York State (and a handful of

[20] Ibid, p.25
[21] Ibid, p. 26

other states), their spouse cannot sponsor them for federal immigration benefits due to the Defense of Marriage Act. While many LGBTQQ youth would face persecution in their country of origin, most have been here more than a year, which is the period within which asylum applications must generally be filed. Further, they may find it difficult to apply for asylum because they are not familiar with the conditions in their country (a key element of proof needed for asylum). Even if these hurdles are overcome, many teenagers do not have the financial or other resources necessary for filing.

Barriers to Stability

Young people who are undocumented cannot work legally and are ineligible for most forms of government assistance. Most have no way to change their immigration status, no matter how much they may wish to become legal residents or U.S. Citizens. Even young people who are legal permanent residents of the United States often find themselves ineligible for benefits they desperately need to survive.

In 1996, Congress passed legislation that severely limited immigrants' eligibility for important federal benefits programs like Medicaid, Food Stamps, and Temporary Assistance to Needy Families. Immigrants remain eligible for some New York State benefits programs, but most young people who are completely without legal documentation will not qualify for any government benefits other than emergency Medicaid.

Immigrants are not allowed to work in the United States unless they have immigration status authorizing them to do so from the U.S. Citizenship and Immigration Service (USCIS) Young people who work without authorization are vulnerable to exploitation and abuse by unscrupulous employers. Many must endure unsafe working conditions, extremely long workdays, and are paid less than minimum wage. Often undocumented workers are afraid to complain about hazardous and exploitative situations because they are afraid of being reported to the immigration authorities and deported.

The Inability to access government benefits or safe, legal work leaves many immigrant homeless youth without any means to support themselves or transition to permanent housing.

Targeted by the Police

Homeless youth, especially youth of color and transgender young people, are often ticketed or arrested for minor "quality of life" offenses that are the direct result of being poor and without a home. In New York City, it is a "quality of life" offense to fall asleep on a train or park bench. Falling asleep on a train late at night when there are no beds available at the city's youth shelter can lead to a criminal summons or arrest. Many homeless youth have been ticketed and even arrested for jumping the train turnstiles in order to get to a shelter or youth program. These tickets and arrests can have devastating immigration consequences. For immigrant youth without legal status, a criminal record could mean being barred from obtaining legal immigration status. For immigrant youth who are permanent residents, their status could be in jeopardy, depending on their criminal record.

EXISTING RESOURCES AND GAPS IN SERVICES

Shelter and Housing

Immigrant youth can access emergency housing through runaway and homeless youth shelters and those shelters run by the Department of Homeless Services, which do not turn young people away based on their immigration status. Similarly, food pantries, soup kitchens and other sources of emergency food typically serve both legal and undocumented immigrants.

Immigrant youth who need longer-term housing or a permanent home have few resources. Longer-term transitional living programs for homeless youth often require residents to work or otherwise obtain a source of income that will enable them to live independently after leaving the program. Since undocumented youth cannot work legally or obtain public benefits, they have no such source of income. Consequently, access to these programs is essentially impossible. Similarly, many immigrant young people cannot obtain permanent housing because they do not qualify for the government housing subsidies that make housing in New York City affordable. Rent subsidy programs and public housing are closed even to some legal immigrants.

Medical Services

There are very limited medical and mental health resources available for immigrant youth who do not have legal status. In New York, undocumented immigrant youth are ineligible for Medicaid and Family Health Plus. They are, however, eligible for prenatal care, assistance with HIV-related drugs and emergency medical care. Additionally, a number of youth programs offer diagnostic and short-term mental health counseling services for their clients. However, there are very limited services for youth who need longer-term counseling and on-going psychiatric care to monitor the administration and adequacy of medication. For undocumented immigrant youth, the ability to access these longer-term services is made even more difficult due to their lack of any government or private insurance coverage.

Legal Services

There are also limited resources for immigrant youth who need legal help applying to change their immigration status. Some non-profit legal organizations will assist and advise immigrants on the legal remedies that are available to them, but there are often long waiting lists. Unfortunately, many homeless immigrant youth, despite having lived in the United States since infancy, have no legal remedy and are ineligible to change their status even with a lawyers' help.

Education

Children, no matter what their immigration status, are entitled to a free, public school education. Unfortunately that right does not extend to post secondary or vocational education. An undocumented youth's prospects for higher education are further limited because they are ineligible for subsidized student loans and many scholarships.

RECOMMENDATIONS FOR SERVICES FOR IMMIGRANT YOUTH

1. Create a pathway to legalization through passage of the DREAM ACT so undocumented youth can obtain legal immigration status in the U.S., (the country they know as their home);

2. Pass the New York DREAM ACT to provide real post-secondary education opportunities for youth who are undocumented;

3. Increase access to government benefits for immigrant youth who currently do not qualify for assistance;

4. Provide Transitional Living Programs and other longer-term housing options that are sensitive to the needs of immigrant youth who need help transitioning to permanent housing and have barriers to work and education;

5. Make subsidized permanent housing programs accessible to immigrant youth, including those who are undocumented.

LABOR TRAFFICKING

Megan was born in a small village in Fujon Province, China to parents who were distraught that their new baby was a girl. She was 13 when her alcoholic and abusive father lost his job, and her grandmother made arrangements to have her smuggled into the US by snakehead traffickers. It was during her journey across borders and countries, where Megan was frequently kept in locked rooms with scarcely anything to eat, that she first learned of the large debt she was expected to work off upon her arrival in the US. She asked to go home on several occasions, but was told it was impossible. Megan was also told that if she ever tried to escape the snakeheads or evade payments upon her arrival in the US, she would be beaten to death. In the US she lived with a distant aunt and was put to work in the family restaurant-where she worked every day after school until 10:00 PM and full days on weekends. She never received any money for her work and believed it was going to her grandmother to pay off the smugglers. At 14, Megan was told that she could no longer attend school because she needed to work full time to pay off her debt.

Megan is now 19 and away from her aunt, but the debt is a cloud that continues to hang over her head. She used "job agencies" in NYC's Chinatown to find placements in restaurants and works roughly seventy hours a week. She sends most of her earnings back to her grandmother who claims to still be paying off the debt. Though Megan has no idea of the exact amount she owes, she believes she will be paying off the debt for the foreseeable future, thereby making it difficult to meet her own needs of food and shelter.

STATEMENT OF THE PROBLEM

The federal Trafficking Victims Protection Act (TVPA) defines labor trafficking as, "the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery." Note that while crossing borders is often an element of human trafficking, no movement is necessary and it is possible for young people born and raised in NYC to be trafficked for labor purposes in the very neighborhoods they grew

up in. The law applies equally to young people of any gender or age and does not distinguish whether a young person is a United States citizen (U.S.C.), Lawful Permanent Resident (L.P.R.) or undocumented immigrant. Human trafficking is a gross violation of human rights. Trafficked persons are often forced, through sexual, physical and/or psychological violence, to perform work for someone's else's benefit with little or no control over their earnings. Of the estimated 700,000 to 2 million people trafficked globally each year, thousands are trafficked to or within the United States. New York City has been identified as a hub for human trafficking. The city is a logical place for trafficking to occur because of its large population of immigrants, its close proximity to major international ports, and its concentration of many formal and informal industries where severe labor rights violations can go undetected.

Homeless and street involved youth come from a variety of backgrounds and circumstances, but they all have one thing in common; a want for money and services to provide for their most basic needs including food, clothing and shelter. Without a family or adult support to fall back on, homeless young people dream of employment that will provide them with the means necessary to meet these pressing needs. But with gaps in their education and work history, their employment choices, especially in this painful economy, are slim. It is this sad reality that leads many homeless youth directly into the hands of labor traffickers.

Young victims of labor trafficking work in New York City's restaurants, delis, newsstands, hair braiding and nail salons, on street corners handing out fliers and in private homes forced into domestic servitude. These young people have often faced threats and violence, been denied access to education and worked far too many hours, while rarely receiving anything close to fair compensation. Although both US born and immigrant youth can fall prey to labor traffickers, due to barriers with language and lack of knowledge about US laws, immigrant youth are at especially high risk. Those whose families owe large sums of money to the people who brought them to the US are particularly vulnerable to debt bondage based labor trafficking.

How many young victims of labor trafficking exist in New York City? The sad truth is that no one really knows. As with sex trafficking, labor trafficking is a clandestine activity where employers hide their victims away, forbid them to go to school and tell them to lie about their work activities, thereby keeping their numbers unknown. And although in recent years, there

has been essential and long overdue attention paid to the plight of sex trafficking victims, the topic of labor trafficking is lagging behind. Until all those who come in contact with youth are trained to identify trafficking victims of all types, we will never have an accurate number.

Despite the current lack of numbers, anecdotal evidence from those who work with homeless youth makes it clear that labor trafficking exists in all corners of New York City. In the last two years, one advocate who works primarily with youth trafficked from China has seen over 60 victims who have been forced to work in restaurants and nail salons to pay off debts owed to smugglers. Many have been forbidden to go to school and worked incredibly long hours, without ever paying off their debt. The 60 victims were found primarily through word of mouth of their peers. This demonstrates that when one victim receives help, he or she often shares that knowledge with others they may know in similar situations.

PATTERNS/NEW DEVELOPMENTS IN LABOR DEBT BONDAGE CASES

Advocates have reported a disturbing fact that many of the victims of sex trafficking they serve were initially victims of labor trafficking. When victims of debt bondage realize that no matter how hard they work, they will never pay off their debt, they are frequently encouraged or forced to turn to sex services in the mistaken belief that it will relieve their debt faster.

On the other hand, a positive development reported by one attorney is that she has been able to obtain legal immigration status (through T Visas) for several young adults who had been in situations of debt bondage due to fees owed to smugglers. US immigration makes a hard line distinction between those who are coerced victims of trafficking and those who have entered into consensual agreements to pay set fees to people who smuggle them into the US. However, in the cases reported by this attorney, US immigration officials understood that individuals who were smuggled here before the age of 18 did not have the capacity to refuse their families' migrations plans. The fact that these young people were forced to work off the smuggler's debts, despite their incapacity to consent to it, was inherently unjust and warranted the granting of a T-visa.

EXISTING RESOURCES/AVAILABILITY OF SHELTER BEDS

As the exploiter is often the person who provides the labor trafficking victim with food and shelter, taking the courageous step to seek help can throw the victim into homelessness and hunger. Yet, there are no dedicated beds for labor trafficking victims in New York City. One shelter program will have two beds specifically designated for minor victims of either sex and/or labor trafficking. However, in most cases, victims must access one of the city's beds available to the general runaway and homeless youth population. Unfortunately in the current economic climate, waiting lists are the norm in most shelters serving youth. Even when there is a bed available, some immigrant victims of trafficking are hesitant to make use of them. These immigrant victims may have been kept apart from society by their trafficker and therefore may be lacking English language skills or "street smarts" and may be afraid of interacting with a homeless domestic youth population.

CURRENT STRENGTHS

New York City should be commended for recognizing the legal needs of trafficking victims. Although more funding is still necessary, the Department of Youth and Community Development (DYCD) has funded contracts to several community based organizations to provide legal services to trafficking victims. This demonstrates that the City both understands the need for legal services for trafficking victims and realizes that in many cases, community based organizations who are familiar with the culture and home country of its clients are best positioned to serve immigrant clients needs.

Additionally, labor trafficking victims under the age of 18 may be placed in the protective custody of New York City's Administration for Children's Services (ACS). Advocates have reported that in recent years, ACS has done a better job of making immigrant youth feel more comfortable and has increased services and sensitivity to immigrant foster youth.

Finally, New York City must be commended for creating additional awareness regarding trafficking. Although there is far more educational work to be done, in recent years the City has

been responsible for several initiatives to combat sex and labor trafficking including the "Let's End Human Trafficking" campaign which encourages potential victims to call 311.

GAPS IN SERVICES

As victims of labor trafficking are often fed, clothed, transported and sheltered by their traffickers, they must be assured of beds in immigrant friendly youth shelters. The City needs more than two designated beds that labor trafficking victims can access. Young victims of labor trafficking may also need specialized services, including life skill classes which include lessons on the New York City transportation system.

In addition, while there are specific contracts for legal services for trafficking victims, there are no specialized counseling, educational and job training services geared especially toward victims of labor trafficking. The lack of job and educational services is especially troubling as a lack of education and experience is often what led to the initial victimization. Service providers working with youth trafficking victims need the capacity to provide trauma-informed intensive case management services. Similar to adult victims of labor trafficking, youth victims often require intensive case management services, due to the traumatization related to their trafficking experience and compounded by their undocumented status. For most foreign national victims of labor trafficking, immigration status is a major factor of the coercion that kept them in the trafficking situation, and fear of arrest and deportation a major barrier to accessing services even after they have exited their trafficking situation. For this reason youth victims of labor trafficking require case management services that include accompaniment and translation/interpretation as they learn their rights and how to negotiate social services.

To increase victim identification and subsequent service provision, front line service providers including, police, medical workers, school personnel, those charged with investigating wage and hour complaints and social service providers need more education about labor trafficking. Additionally, it is essential that staff at ACS receive training on labor trafficking, because victims under the age of 18 may need to access the services of the foster care system through ACS. Although as mentioned previously, ACS has done a better job in recent years of

making its services more immigrant friendly in general, ACS has not made meeting the needs of labor trafficking victims a priority. Several advocates have complained that ACS employees did not recognize the seriousness of the labor exploitation of their clients. ACS advocates therefore need to be trained to dig deeper and ask more questions of potential labor trafficking victims, especially in cases of educational neglect. For example, if a young person explains that they are missing school because they are working in their aunt's restaurant or caring for a young relative who is not their sibling, an ACS worker should be trained to ask questions such as "How many hours are you working?", "Are you being paid?", and "Do you owe anyone large amounts of money?"

Finally, it is difficult to provide appropriate services or funding for victims of trafficking, when the number of people who are being exploited by traffickers in New York City remains unknown. Currently the Office of Temporary Disability Assistance only confirms victims of trafficking who have been reported to them by law enforcement. This is unfortunate because in many cases traffickers have convinced their victims that the police will not help them, thereby reducing the chances of police interaction and leaving far too many victims uncounted. Through anecdotal evidence we know we are only seeing the tip of the iceberg in terms of the number of undocumented immigrant youth who have experienced labor trafficking. However, we do not currently have any measures in place to try to capture the number of U.S. Citizen (U.S.C.) or Lawful Permanent Resident (L.P.R.) youth who have been victimized in this way, and so cannot even guess at their numbers.

RECOMMENDATIONS FOR LABOR TRAFFICKING

1. Designate a specific number of beds in immigrant friendly youth shelters with appropriate language capacity, in which victims of both sex and labor trafficking have priority.

2. Provide funding for social services specifically for victims of youth labor trafficking including intensive case management, counseling, mentoring, educational and

job training.

3. Create training programs on labor trafficking for all relevant city agencies and first responders, with a special emphasis on those who deal with wage and hour violations and ACS.

4. Devise and implement ACS guidelines regarding identifying and serving labor trafficking victims, particularly in regards to investigating cases of educational neglect.

5. Create a centralized location to report and keep track of all identified trafficking victims in New York City, whether or not they have been involved with law enforcement.

6. Encourage non-profits and city agencies that come in contact with victims of trafficking to report the numbers of victims served.

LEGAL ISSUES

Shena, who is 18 years old and is 5 months pregnant, has been living on the street for the past month since her adoptive mother kicked her out of their apartment because she was pregnant. Initially, Shena stayed with a friend for a couple of nights and then tried to go back to her adoptive mother's house. Her adoptive mother told her that if she did not leave she would call the police, have her arrested, and get an order of protection. Now, after being on the streets for a month, Shena finally decided to go to PATH, the city shelter intake center for families with children and pregnant women. She did not have subway fare so she "jumped" the turnstile and was given a $100 ticket. When she arrived at PATH she was diverted to a runaway and homeless youth shelter because she is under 21 years old. Shena has no home, no identification, no job, no high school diploma, and no family resources. She will face tremendous challenges in finding employment, housing, finishing school and providing for her child and for herself.

STATEMENT OF THE PROBLEM

Shena's situation, unfortunately, is not unusual. Youth who are homeless typically face a number of barriers to achieving self-sufficiency as well as myriad legal issues both criminal and civil.

It is common for youth who are homeless to receive "quality of life" violations such as the ticket Shena received for turnstile jumping. Indeed, many of the crimes youth engage in when they are homeless are directly related to trying to survive on the streets: turnstile jumping, theft, sleeping in parks or abandoned buildings, and prostitution. The consequences of criminal justice involvement (including arrests and/or convictions for misdemeanors or violations) can be both devastating and long term, creating barriers to employment, housing, public benefits, federal student loans, and immigration status. Consequently, the young person can be caught in a cycle of recurring homelessness and run-ins with the criminal justice system.

Homeless youth also face issues that arise under civil law often including public benefits, family law, foster care (discharge and re-entry issues), immigration, name change, identification document replacement, identity theft, access to education, and employment.

At various times, youth who are homeless may have to be on public benefits in order to obtain medical care, food, shelter and other basic needs to survive. This is particularly true for youth who are pregnant and/or parenting. They often must deal with difficulties in applying for and establishing eligibility for benefits. Further, many of these young people will find themselves cut off from benefits to which they are entitled, including Medicaid, food stamps, cash assistance, social security benefits and emergency housing assistance, due to missed appointments, failure to understand and comply with program rules, or for a range of other reasons.

The legal issues faced by runaway and homeless youth often start at home and in the family. Consequently, they may be engaged with the Family Court on issues of abuse or neglect, domestic violence, and orders of protection. Young mothers and fathers also may find themselves in Family Court to establish paternity or to obtain court orders concerning child support, custody and visitation. There may also be issues of an adoptive parent receiving an adoption subsidy for a child who they are no longer providing care, support, or housing. A court appointed attorney is available only in limited circumstances. Generally, the young person must navigate the system with limited help from court personnel or they must try to find available, free legal services.

Despite the long list of legal issues facing someone like Shena, she is fortunate that she does not have to worry about her legal immigration status. Approximately 20% of the young people in NYC runaway and homeless youth programs do not have proper documentation to be in the United States. They were brought to the U.S. as young children came to the U.S. as young children with or without their parents. These young people have gone through school in this country and have all their social and emotional ties here. Yet, they are left in legal limbo. (*See "Immigration Issues" Chapter)*

CURRENT STATE

The programs that provide services and/or shelter to runaway, homeless and street-involved youth make available a wide range of counseling and advocacy services. However, most homeless youth shelters do not have a legal service department. There are some social service agencies that provide free legal services to poor and marginally housed youth in New York City and some legal service organizations that provide part-time drop-in legal service clinics for homeless youth. Nevertheless and despite the increase in youth poverty and homelessness in our city and the increased need for legal services, there has been no corresponding increase in legal services during the past 10 years to address the legal needs of homeless and at-risk youth.

Further, with respect to criminal matters, New York is currently one of only two states in the nation that automatically tries youth, ages 16 and 17, in the adult criminal justice system. There is a need to recognize the developmental differences between youth and adults, and the great potential that youth have for rehabilitation

SERVICE GAPS

As has been true for at least the last 10 years, there are insufficient legal services available for lower income individuals and even fewer dedicated to the specific legal needs of homeless, runaway and street-involved youth. A young person facing criminal, immigration and parental rights issues may have to find three different legal service providers. For many homeless youth that is too great and confusing a burden. Additionally, attorneys working on behalf of youth in family court have heavy caseloads and because of limited contact with the young person, the young person may not seek out assistance with issues like inadequate foster care placement because they don't perceive the relationship between appearances in court and their everyday struggles. Young people seeking legal advocacy through local public interest law firms also compete with other low income persons in need of legal assistance to obtain a remedy and as a result often go underserved.

RECOMMENDATIONS

1. Creation of additional legal services specifically designed to meet the needs of homeless and street-involved youth, and with a focus on criminal law, family law, public benefits (including representation at fair hearings concerning access to emergency shelter), immigration law, and other civil matters.

2. Provision of legal rights seminars for youth at service sites. On site know your rights and responsibility seminars are needed on topics such as: eligibility for public benefits and access to emergency housing; what to do if you're stopped by the police; leaving & reentering the foster care system; employment discrimination; immigrant rights; advocating for yourself; and knowing when and how to obtain legal services.

3. Seminars are also needed to provide technical assistance to social work and other staff at shelters for better identification of legal issues, identification of available services, and appropriate referral for services.

4. Pass legislation that would raise the age at which a youth will be automatically tried as an adult the criminal justice system to 18 years.

5. Pass legislation that would permit the conditional sealing of misdemeanor convictions for non-violent, non-sexual offense, so that our young people will not face lifelong barriers for minor offenses.

LESBIAN, GAY, BISEXUAL AND QUESTIONING HOMELESS YOUTH

"My mother told me, my father was very excited to have a girl, I was his little princess. That was 19 years ago, now he won't even talk to me." This was the conversation Rosa and the intake worker had during their first meeting.

Rosa stated that she lived with her parents and a younger brother in Washington-Heights. Rosa said she started noticing girls when she was in kindergarten. She remembers a neighbor reading the bible to her as a child and that girls like boys and that there is no other way.

Rosa said that she liked men's clothing and would sometimes wear her father's clothes when he was not home. One day he came home and found her in his clothes, he became very angry and asked her to take them off. She noticed that he wasn't the same with her since that day and felt that she wasn't his little princess anymore. But because she liked dressing in men's clothing and she felt he would have to deal with it. They became strangers living in that same household. Rosa's mother didn't talk much for fear of upsetting the father. One day the father asked her to leave the home because Rosa wouldn't stop dressing as a boy. She packed up a small bag and left the home. She ended up in several shelters and now is a Transitional Independent Living Program as she is unable to care for herself.

STATEMENT OF THE ISSUE

Numerous research studies conducted over the past decade have found that lesbian, gay, bisexual, and questioning (LGBQ) youth make up 25-40% of the homeless youth population in NYC and other large cities. One study found half of 432 youth surveyed identified as gay, lesbian, or bisexual (Clatts et al., 1996). In December 2007, the Empire State Coalition of Youth and Family Services reported on preliminary findings of the first City Council sponsored census of homeless youth in NYC. This data showed that 28% of youth identified as lesbian/gay/bisexual, 11% were unsure of their sexual orientation or were not comfortable answering the question, and 5% identified as transgender, with another 18% unsure or chose not to answer the question about gender identity. The cumulative oppression of homelessness

coupled with an LGBT identity places homeless LGBT youth in a precarious state of existence. Research studies of homeless LGBQ youth find that they suffer from greater levels of violence and trauma, higher rates of HIV infection, have greater mental health needs, and engage in greater levels of substance abuse than their heterosexual counterparts in the homeless youth population. Cochran and colleagues (2002) report that homeless LGBT youth have higher rates of substance abuse and riskier sexual behavior; and Kipke and colleagues (2007) found that young men who have sex with men (YMSM) are especially vulnerable to episodes of homelessness, resulting in a greater risk for HIV infection. On the other hand, research indicates that youth who enter into stable housing situations are less likely to engage in high risk HIV related behaviors (Rosenthal et al., 2007). These findings underscore the need for stable housing to ameliorate unsafe sexual behavior among LGBT homeless youths. With the ever-increasing visibility of lesbian, gay, bisexual, and transgender people in our society, more teens are finding the courage to come out of the closet at younger ages (Savin-Williams, 1998). This is leading to a larger number of youth having to support themselves before they are adequately prepared.

Many youth create their own families on the streets and often find more acceptance through street culture than from their own biological families. However, LGBQ youth are at a higher risk than their heterosexual peers on the street because of homophobia, transphobia, and prejudices (Grethel, 1997). Non-heterosexual homeless youth are at a higher risk of the dangers of the street like drug abuse, assault, and becoming involved in sex work. Sex work can be very tempting to a young person who is looking to make quick money when meeting discrimination on a job search. Societal homophobia creates a hostile atmosphere for youth entering shelters that are open to the general homeless population, resulting in LGBQ youth often being victims of crime like physical assault, theft, and sexual harassment.

Obtaining a job is the primary mode for homeless youth to begin to support themselves and it is often a major goal that caseworkers plan with clients from this population. Parents or guardians who are unsupportive of their children sometimes withhold identification documents, which are necessary for employment. Youth that present in gender non-conforming ways often are victims of harassment and discrimination. Further, even though our society is becoming less homophobic in some ways, it continues to harbor this phobia to a dangerous degree in

other ways. Girls that present as "butch" and boys that present more "femme" often receive uncomfortable looks or even experience discrimination because they do not fit into our society's idea of "appropriate" gender expression. This creates difficulty for many youth in their development into successful, healthy adults.

LGBQ youth report being subjected to harassment, threats, and violence in shelters catering to the general homeless youth population. The majority of this harassment comes from other youth; some comes from shelter staff. Gangs such as the Bloods, Crips, and Latin Kings seek to recruit youth into gangs at youth service programs. As these gangs are actively homophobic, their prevalence in homeless youth service settings has made it more difficult for LGBTQ youth to be safe. The majority of homeless LGBQ youth choose to survive on the streets, (often through prostitution, thereby placing them at escalated risk for HIV infection and other diseases), rather than to experience violence and abuse in the youth shelters. Furthermore, shelters rarely display signs of acceptance for LGBQ youth as is recommended by many youth advocates. This simple awareness lets young people know whether or not a place is safe and/or friendly. Staff awareness of this would go a long way in creating more safe places for this population.

LGBQ youth often make use of a practice called "couchsurfing." This survival technique affords young people the opportunity to stay off the street, but it also creates its own problems. Youth who "couchsurf" are sometimes asked to provide something in exchange for a place to sleep. This trade may consist of money, food, or assistance around the house. Sometimes, however, it means sex or some unsafe behavior like forced sex work or drug trafficking. Youth who are afraid to go to a shelter or who have had a bad experience at a shelter will often be willing to endure an unsafe couchsurfing experience to avoid the shelters. Furthermore, the "invisibility" of homeless youth who couchsurf leads to a lack of awareness in society and less of an opportunity to be reached by homeless youth programs.

CURRENT SERVICES

On October 5, 2009, Mayor Michael R. Bloomberg announced the appointment of a diverse group of civic leaders to the New York City Commission for Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Runaway and Homeless Youth. The commission established a comprehensive agenda for addressing the root causes of running away and homelessness among LGBTQ youth. The Commission's objective was to create a coordinated agenda to meet the diverse needs of LGBTQ youth, who are disproportionately represented among runaway and homeless youth. The Commission evaluated best practices to bolster and coordinate existing services in order to more effectively foster healthy communication among LGBTQ youth and their families while providing shelter and effective support services to homeless youth.

Several of the strategies outlined in the report were undertaken immediately, and the Mayor directed the City's Department of Youth and Community Development, DYCD to raise the age limit from 21 to 24 in its drop-in centers.

The Mayor also directed the agency to reach out to New York State regarding regulatory changes that would require other runaway and homeless youth residential programs to serve the expanded age range.

The Mayor has directed all City-funded runaway and homeless youth programs to actively focus on family acceptance and involve families and community members in efforts to prevent homelessness. Currently, two agencies have received training on strategies to engage family members and other supportive adults.

RECOMMENDATIONS FOR LGBQ YOUTH

1. All programs serving Runaway and Homeless youth should have LGBTQ Youth Best Practices guidelines, which are actively integrated into all aspects of

programming, not just having it on display.

2. Provide initial and ongoing staff training to all provider agencies serving disenfranchised youth and young adults in NYC addressing strategies for maintaining a safe, affirming, humane environment and efficient response protocol to harassment and discrimination toward LGBT youth and their families.

3. Broadening community awareness of the frequency and causes of homelessness for LGBTQ youth.

4. Increase the available funding through both youth service funding and adult housing funding to develop more shelter and transitional beds which more adequately meet the needs of the homeless LGBQ population in NYC.

REFERENCES

Count of Homeless Youth in New York City, Op. Cit.

Youth in Crisis - Characteristics of Homeless Youth Serviced by Covenant House New York. Op. Cit. The findings in this study are based on a survey of 444 youth who entered the Covenant House crisis shelter between October 2007 and the end of February 2008.

DYCD statistics are based on data submitted by DYCD-funded crisis shelters.

Incidence and Vulnerability of LGBTQ Homeless Youth, Op. Cit. page 2. National Alliance to End Homelessness.

MENTAL HEALTH

Jordan, is 17 and has been on the street for a year. He has slept in abandoned buildings where the rats outnumbered the people and on the A train where he has been jolted from sleep by a patrolman's baton. He has scrounged for food in restaurant dumpsters; been harassed by older homeless men, and the police; robbed at knifepoint; and assaulted by a group of teenagers. He has finally found his way to a drop-in center and is ready to move to a residential program but he shows sign of anxiety disorder, post-traumatic stress disorder, substance abuse disorder and depression. He is prone to flashbacks and can become verbally and physically aggressive which makes it difficult for the drop-in center to find him a residential placement. Jordan is getting frustrated with the amount of time it is taking to find him a bed. Uninsured, he has no resources to pay for mental health services.

Without a job, finding stable housing will be almost impossible. Without stable housing, Jordan's mental health problems are sure to worsen and his next bed may be in a jail cell.

STATEMENT OF NEED

Research has documented that homelessness itself is a risk factor for developing a mental health problem and the longer one is on the streets, the more likely they are to have a diagnosable disorder such as post-traumatic stress disorder; anxiety; severe and persistent depression; and substance abuse.[1] These disorders in turn make it more difficult for a homeless young person to access and maintain housing or even maintain compliance with a low-threshold service, such as drop-in. Youth with mental health problems are likely to be found in greater numbers on the streets than they are in the general population. This disproportionate statistic is not surprising for many reasons: homeless and street-involved youth often come from backgrounds characterized by abuse and neglect (which is often a

[1] There are a number of studies that show the correlation between homelessness and mental health disorders including those done by Dr. Marya Gwardz and Les Whitbeck.

precursor to mood and psychotic disorders as well as personality disorders and general social/emotional difficulties); homeless youth tend to have higher levels of stress than housed youth and that stress can result in mental health problems; and, youth who are mentally ill are more likely to lose housing due to an inability to comply with rules or cope with the activities of daily life. In other words, mental illness can both lead to homelessness and be a result of it. In either case, once on the street, mental health problems will exacerbate,

One of the largest studies done on NYC's homeless youth living in the shelter system revealed that 90% met the Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria for an emotional or behavioral disorder. Three quarters of these youth met the criteria for a mood disorder, 41% had considered suicide and 25% had attempted suicide.[2] At one drop-in youth program, approximately one third of all clients reported a history of contact with the mental health system (i.e., individual or family therapy, psychiatric hospitalizations, psychotropic medications or school-based interventions). Another study of homeless adolescents revealed that 29% experienced psychotic symptoms.[3] These findings were confirmed in a 2007 study of homeless youth involvement in the street economy (sex work, drug dealing, etc) which found that street youth are at significant risk for Post-Traumatic Stress Disorder and Anxiety Disorders. [4]

An overwhelming majority of homeless youth report some level of substance use, which can heighten psychiatric symptoms and render psychotropic medication ineffective. For these MICA (mentally ill chemical abusers) clients, it may be difficult for them to accept that their non-mentally ill peers are better able to handle their drug use than they are. Without access to the

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[2] Feitel, B., Magetson, N., Chamas, J., Lipman, C. 1992. *Hospital and Community Psychiatry,* February, Volume 43(2), p. 155 – 159.

[3] Mundy, P., Robertson, M., Robertson, J., Greenblatt, M., 1990. Journal of the American Academy of Child and Adolescent Psychiatry, September, Volume 29(5), p. 724-731.

[4] Gwadz, M. V., Nish, D., Leonard, N. R., & Strauss, S. M. (2007). Gender differences in traumatic events and rates of Post-traumatic Stress Disorder among homeless youth. *Journal of Adolescence, 30* (1), 117-129. In this study of trauma and victimization among street-involved youth in New York City, almost all (86%) of youth reported that they had experienced at least one traumatic event in their lifetimes, and with most (63.5%) experienced multiple types of trauma. For example, half (51.8%) had some form of sexual trauma, about two-thirds (68.2%) experienced physical assault, and 42.4% had experience some other form of trauma (for example, serious accidents, natural disaster, etc)..

psychotropic medications that they need, some youth attempt to "self-medicate" their symptoms by using the drugs that are available to them on the street. Psycho-education is important to help MICA clients understand the impact of their drug use, however many youth are not at a point where they are willing to give up their drug of choice "cold turkey" which makes them ineligible for abstinence-based MICA programs. MICA programs with a harm-reduction orientation are much more likely to be attractive to youth, but even these can be intimidating to young clients if the staff is not familiar with the unique needs of adolescents.

Services designed for seriously and persistently mentally ill persons are, tailored primarily to older mentally clients. For youth who need low-threshold services (i.e., drop-in or clubhouse model programs), the presence of older adult clients can be intimidating. The clubhouses for mental health clients that exist are not equipped to handle the special needs of a younger population. It can also be extremely frightening for a newly diagnosed young person to see the progression of a mental disorder in an older person.

CURRENT STATE AND EXISTING SERVICES

Homeless youth can access mental health services in a variety of ways. Drop-in center providers may offer counseling, therapy and psychiatric services. Programs serving a broader section of the adolescent population may offer these services as well, although homeless youth may be less likely to seek them out because of the combined stigma of being homeless and having mental health issues. Emergency shelters and transitional living programs in NYC report that they have more difficulty accommodating clients with serious mental illness and most transitional living programs require a psychosocial evaluation before admitting a youth to the program.

One transitional program director explained,

> **"Youth who have mental health issues that keep them from working aren't able to adequately prepare for discharge within 18 months. [Admitting them to transitional programs] sets them up for failure because they have**

nowhere to go when it's time to graduate from the program. It's hard enough for youth without mental health issues to find housing when they leave these programs."

Line staff often feels inadequately trained and other residents may feel intimidated by psychotic symptoms or behavior. Mentally ill clients can often find themselves in harm's way when other clients feel frightened or threatened by their symptomatic behavior.

It is difficult to find safe and appropriate housing for all homeless youth, but a client's psychiatric history can make the process even more onerous. It is particularly difficult for MICA clients, clients with histories of multiple suicide attempts or clients with histories of violence or fire-setting. Even if existing supportive housing providers were willing to work with the added challenge of adolescence, the existing number of supportive housing beds for all mentally ill adults falls far short of the estimated need.

Youth service organizations that do not have their own comprehensive mental health services on-site report difficulty in finding localized services and a lack of providers sensitive to the needs of homeless youth. For these organizations, referrals to other youth providers can be limited by the specific intake requirements of other programs. Quality psychiatric care, including medication management, is in alarmingly short supply with even the largest youth agencies only providing a few hours of psychiatric time per week to meet the needs of hundreds of clients. This results in many young people having to manage their symptoms in emergency rooms after things have reached crisis proportions.

Cost is a huge barrier. Homeless youth often do not have medical benefits despite their eligibility. Those that do have medical benefits overwhelmingly have Medicaid, which is limited in service options. Even with coverage, even small co-pays can create an obstacle to services, clients without legal status in the country are not eligible for benefits at all. Programs' offering psychiatric services to clients without medical benefits face the additional problem of needing funding to cover prescription costs when the psychiatrist determines that psychotropic medication is indicated. Once clients age out of the youth system, they have even fewer options for referral if they continue to not have medical benefits.

Appropriate housing is of critical importance. The New York State Office of Mental Health is equipped to provide these services to only a few hundred of these young adults. Homeless young people are at an extra disadvantage because many are not properly diagnosed nor are they equipped to advocate for themselves. Supportive housing would be ideal but few units are set aside for homeless youth and those are often prioritized for youth aging out of foster care or youth who have a serious mental illness and are under treatment at a licensed facility.

It is estimated that it costs $36,000 a year to shelter an individual, but it costs only $15,500 per year to provide supportive housing for them.[5] Setting aside supportive housing units for homeless young adults makes fiscal sense.

Appropriate residential services for youth with mental health problems requires staff that are trained in crisis management and de-escalation and prepared to creating sufficient structure for youth who may not otherwise be able to create structure for themselves.

There is an overall shortage of psychiatric services available for homeless youth whether in-patient or outpatient. Furthermore, few psychiatrists have expertise in working with adolescents and child psychiatrists are often an inappropriate match for the population. Psychiatric providers need to be sensitive to the challenges of street life and the life skills and behaviors developed in homeless youth to help them survive the streets. These skills and behaviors may at first blush appear to be the exact opposite of what an adolescent needs to be successful in the general population. Successful providers work within a harm-reduction or trauma informed framework but this approach is often anathema to traditional models of mental health care. In all cases traditional modes of care and alternatives to traditional mental health care need to be explored in an effort to find the right match for the young person.

[5] Covenant House Mental Health Policy Brief, January 2003

RECOMMENDATIONS FOR MENTAL HEALTH SERVICES

1. Train all front line staff in Mental Health First Aid or a similar certificate-based curriculum to ensure that emerging mental health needs are recognized and responded to effectively and can de-escalate crises when possible.

2. Fund alternative services for homeless youth that can assist with stress reduction.

3. Explore alternatives to the traditional office based mental health services including the use of distance-based technology.
4. Fund and provide more supportive housing beds targeted for youth under 24, including MICA programs that utilize a harm-reduction or trauma-informed approach.

5. Increase for the availability of non-residential and mobile psychiatric services, accessible to youth onsite at youth programs.

6. Strengthen relationships and understanding between agencies working with homeless youth and those providing residential mental health treatment.

7. Assist clients in securing Medicaid so that they will have more treatment options.

8. Establish connection between RHY providers/system and Office of Mental Health services.

PERMANENT HOUSING

Keisha has been homeless for years. She left home because her situation was intolerable, she was just 15. After only a few days on the streets she was approached by street-outreach workers who were able to get her into a crisis shelter. At 16 she was accepted into a transitional living program and she has been there ever since. Now, at 18, she has maxed out on her stay and needs to find a permanent place to live. Keisha was able to work part time while living in a transitional living program (TLP) and has saved as much money as possible, but it is not enough to support herself for more than a month or two. And at only 18, she is worried that she will not find a landlord willing to rent her an apartment. She would like to find a roommate, but feels she cannot rely on any of the people she knows to keep up with their end of the rent.

STATEMENT OF THE ISSUE

Finding housing in New York City is a challenge for nearly everyone. The vacancy rate in 2011 was a meager 3%.[1] [1a] Other comparable cities have much higher rates including Chicago (10.2%); Indianapolis (14.5%); Dallas (11.9%); Philadelphia (13.7%); and Miami (13.6%).[2] Even Los Angeles has vacancy rate of 5.0%. A low vacancy rate translates to higher rents and landlords that can pick and choose between prospective renters. Youth, who often have negative or no credit history, and who are disproportionately denied access the job market or have sketchy employment, and are fighting a bias against renting to adolescents, are in the worst position to compete for limited rentals.

Market rates for rentals in New York City are way beyond the means of homeless youth Even those who are employed full time are usually working low wage jobs. The average

[1] Crain's New York Business "NYC ousts DC atop national apartment index" 02/07/11

[1a] Picture the Homeless recently issued a report challenging conventional estimates of vacancy in NYC, particularly in reference to homelessness: http://picturethehomeless.org/Documents/Reports/PH01_report_final_web.pdf.

[2] http://www.census.gov/hhes/www/housing/hvs/rates/index.html

monthly rent for a studio apartment has gone up over 6% in Manhattan and 5.5% in Brooklyn in the last year alone.[3] The average studio in Brooklyn now rents for over 1,700 a month, [4] well above the gross income for someone employed forty hours per week at minimum wage. Cheaper rents translate into longer commutes, more dangerous neighborhoods and fewer community supports; each of which presents a burden to a young person trying to maintain stability.

EXISTING SERVICES

There are no permanent housing solutions for youth exiting homelessness. Limited options are available for youth who were in foster care. Under the NY/NYI and NY/NYII agreements some homeless youth with severe and persistent mental illness can periodically access supportive housing beds. Under the narrowly defined criteria in the NY/NYIII agreement there are occasional availabilities for youth who were in foster care for one year or more after their 16th birthday or have left foster care within the two previous years; are seriously and persistently mentally ill; and a very small number for those who have a substance abuse disorder. However, even if a young person can qualify under one of the categories, there are very few slots set aside for youth ages 18-25. The NYC target for the population is 100 beds, a number almost meaningless in the wake of the thousands of young people already on the streets. Young families must be in the adult shelter system to gain access to family supportive housing under NY/NYIII, and there are no units exclusively designated for young families. The very few units that have been constructed for all families are nearly impossible to access for young people because the City prioritizes applicants by their length of stay as a family unit within the municipal shelter system – individual homelessness is not counted towards this prioritization, leaving many chronically homeless young families at the bottom of the waitlist. In addition, youth almost always have to have access to income for supportive housing, whether public assistance, supplemental security income (SSI) or employment (which is less often accepted). The requirement of income for government subsidized, affordable housing unit's sets

[3] http://www.mns.com
[4] Ibid.

up a significant barrier that keeps many youth with severe and persistent mental illness from accessing supportive housing. Finally, applicants must prove one year of shelter or street homelessness in the past year, or two years of street or shelter homelessness within the past four years to access many NY/NYIII beds or to access priority status for the NY/NYI & NY/NYII beds. Given that many youth live between the streets, people's couches, shelters and trading sex and other labor for their sleeping arrangement, this requirement is often a major barrier for youth in need of supportive housing.

The system in place for youth includes a small number of transitional services that are limited by age (youth must enter most transitional beds prior to turning 21) and length of stay and therefore can never be considered permanent. In addition, some of the available beds are exclusively for LGBTQ youth and therefore cannot be accessed by many homeless young people. For those youth who are linked to transitional living programs (generally known as TILs and TLP's) they can receive essential life skills trainings, which focus on topics like learning to save money, dealing constructively with conflict, being a good roommate and searching for and securing apartments by navigating through informal social networks such as websites, local shops or word-of-mouth. Many youth take advantage of the 18 months in a transitional program to save money to assist with rent once on their own. (*For so many clients the TILs are too high threshold and the attrition rate for clients who return to crisis housing or street homeless, because they age-out or are kicked out before their 18 months is up, is very high)* However, many clients are unable to stay the full 18 months or are simply ineligible for transitional programs. Most TIL programs are very high threshold, requiring clients to have no or very little mental health history or substance use to be found eligible. Additionally, TILs generally require clients to be working or in school, and they can be and often are discharged if they lose their jobs. Finding stable employment in the current job market for youth who have sparse job history and who struggle with ageism, racism and heterosexism is impossible for many. Finally, transitional programs are high threshold in terms of program rules, and many clients are kicked out long before they time or age out—for issues ranging from missing curfew to casual drug use.

The Administration for Children's Services (ACS) is creating linkages with a select number of supportive housing facilities, so that a small number of rooms are set-aside for

young people leaving foster care. Young adults in foster care can also be given priority referrals for New York City Housing Authority (NYCHA) units, but this often takes significant advocacy on the part of youth and many are unaware of this option. Because there is such a limited selection of permanent housing options for young people in housing facilities for youth, many end up turning to the adult system as the last vestige of hope for something long-term.

Youth under the age of 21 are systematically turned away from the adult shelter system despite their right to apply. Individual shelter applicants are often sent to Covenant House, and sometimes other shelters, without City intake workers checking bed availability or eligibility criteria. All family shelter applicants must provide and prove their housing histories at the Department of Homeless Services' Prevention Assistance and Temporary Housing (PATH) intake center in the Bronx or the Adult Family Intake Center (AFIC) located within the same location as Bellevue Men's Shelter. Childless families must provide one-year of housing history at AFIC, and pregnant or parenting families must provide two-years of housing history at PATH to gain access to shelter. This is often a major barrier for young people who have been navigating crisis sleeping situations. Additionally, youth are often put in a position of having to disclose very personal and traumatic details about abusers to investigators to rule out what the City sees as a potential "housing option." Each address is vetted by an investigator and "incomplete" histories lead to denial of shelter. Many young families must apply five or six times before gaining access to shelter and many never gain access. Some young families experience going through PATH as traumatizing and refuse to re-apply after they've experienced it one time, even if they are eligible and in need of services. (*The EAU doesn't exist anymore. The adult system has no program to allow anyone to get out of shelters at this point (Advantage entry ended last year; Section 8 and NYCHA priority was taken away in 2005*)

At this time the City provides no voucher or subsidy specifically for the homeless. Scatter site and rental assistance is available for young adults who have AIDS through the HIV/AIDS Services Administration (HASA). The federal Housing Opportunities for People with AIDS (HOPWA) can also be a resource for supported housing. NYCHA provides apartments to low-income individuals. However, the waiting list is over 150,000 long and applicants most often wait multiple years before successfully accessing NYCHA assistance. Some survivors of domestic

violence are eligible for priority NYCHA referrals, but many youth are unaware of this option or don't meet the required criteria.

GAPS IN SERVICES

Because youth programs and transitional services end when an individual turns twenty-one (i.e. OCFS regulations that stop services at 21), except for the few agencies that provide services until age twenty-four, the lack of focus on long-term solutions (and not temporary remedies) does not prepare young people to become self-sufficient in a competitive urban setting like New York City.

RECOMMENDATIONS FOR PERMANENT HOUSING

1. Require that all newly developed market rate rentals, eligible for tax incentives, set aside 3% of the units for youth ages 18 – 25 exiting homelessness;
2. A funding stream for youth ages 18-25 should be created and used exclusively for permanent housing that does not require youth to meet any additional criteria in addition to their status as homeless;
3. Income requirements for supportive housing should be dropped for applicants 18-25 years old;
4. The NY/NYIII agreements should be revised so that the Human Resources Administration shall accept a letter from DYCD-funded agencies stating the client is chronically homeless and making this sufficient proof of their need and eligibility;
5. The Department of Homeless Services (DHS) should drop housing history requirements for young families. DHS should accept documentation of current

homelessness coupled with referrals from DYCD-funded agencies that have worked with the applicant families as proof of their need for shelter.

SEX TRAFFICKING

Julia was thirteen years old when she first left home due to sexual abuse. After several stays on the street she left home for good at the age of seventeen. In her years of street homelessness she struggled to survive, provide for herself, and protect herself from violence. She became involved with and eventually married a man who forced her into prostitution and was abusive toward her physically, sexually, verbally, and emotionally. Even though they eventually separated, Julia is still legally married to him because she could not afford a divorce and is not willing to allege domestic violence. As a probable result of the years of violence she experienced in her home and on the street, Julia experiences a range of mental health issues and self-medicates with several street drugs. Over the years she has revolved in and out of the criminal legal system, including giving birth to one of her four children while incarcerated for a year on drug charges. She has lost custody of her children which is a further source of stress for her. Despite her constant contact with several governmental systems, including law enforcement, child welfare, and the human resources administration, she was never screened as a victim of violent crime or referred for social services. As a direct result of Julia's mental health, substance use, and behavioral issues, she has been banned from most social service programs in New York City. Now single and on her own but still homeless and without a social safety net, she primarily supports herself through trading sex for money and sometimes through exploiting younger youth on the street.

Over the years Julia has consistently accessed a voluntary, low-threshold, harm-reduction drop-in center for homeless youth where she has been offered unconditional care, engaged around her disruptive and threatening behaviors, and offered information and supportive resources. This program is not only her primary source of support and connection to caring, non-exploitative relationships, but is also one of the only places she feels safe or empowered.

STATEMENT OF THE PROBLEM AND CURRENT STATE:

The federal Trafficking Victims Protection Act (TVPA) defines sex trafficking as commercial sex acts induced by force, fraud, or coercion or in which the person induced to perform a sex act is not yet 18 years of age. Minors who are involved in any form of sex trade are automatically considered victims of sex trafficking. Adults who are trading sex are not trafficking survivors unless a third party is forcing and profiting from their situation. The law does not distinguish between genders and applies equally to U.S. citizen, lawful permanent resident, and foreign national youth. Sex trafficking is an issue that affects different subpopulations of runaway and homeless youth and manifests in different ways.

Foreign national youth victims of sex trafficking are often reluctant to access social services or seek the assistance of law enforcement due to fears related to their immigration status. A general lack of awareness around the services and benefits available to youth victims of trafficking is compounded by a fear of deportation and a belief that there is no protection available for people who are undocumented. The coercive practices of traffickers can be the same for foreign national victims as for U.S. citizens, but also include the use of fear of deportation. Traffickers threaten their victims with the consequences of the immigration system and heighten their sense of vulnerability. Foreign national survivors are often victimized by people from their home communities who use their familiarity with cultural norms, experiences of corrupt law enforcement, and even the victim's personal experiences and community connections to entrap or further coerce their victims. Traffickers will often make threats against the victim's family members in the home country. Oftentimes the trafficker is the only connection the victim has to their home country and may even be the only person the victim has access to who speaks their language. It is critical that service providers offer linguistically and culturally competent services, so that youth can access services and are able to tell their story and be heard in their own language. Inconsistent access to interpreters and culturally sensitive law enforcement can lead to foreign national victims of sex trafficking being improperly screened after arrest, potentially leading to being placed in deportation proceedings, or returned to their trafficking situation without being referred to appropriate services.

A common misconception about trafficking is that it must involve crossing international

boundaries. Movement is not a necessary component of trafficking and there has been a growing recognition that U.S. citizens can be internally trafficked. A 2007 report of the NYS Office of Children and Family Services (OCFS) estimated that 2,200 youth under 18 years old were identified by NYC law enforcement, child welfare, and service providers as meeting the TVPA definition of a survivor of sex trafficking.[1] The youth who were screened and identified as survivors of minor sex trafficking in this study in New York City were predominately female (85%), with a large percentage (67%) identified as Black/African American. Over half had prior juvenile justice placement, and 75% had child welfare involvement and/or foster care placement.[1] The majority of youth at risk for sex trafficking have run away from their homes, been thrown out of their homes by their parents or guardians, or have run away from a foster care home, juvenile detention center, group home, or other type of institution.[2] Many have experienced kidnapping, torture, food and sleep deprivation, physical captivity, forced branding with a tattoo, and subjugation to the violence or murder of another victim. They come mostly from fractured families where substance abuse, incarceration, violence, or AIDS has left the young person bereft of at least one parent, if not both. As with many other youth living on the streets, sexually trafficked youth are subjected to hunger, malnutrition, poverty, STDs, and violence, and are vulnerable to substance abuse, mental illness, suicidality, and policing.

The OCFS study measured how many youth who were coming in contact with law enforcement and service providers had been identified as survivors of sex trafficking. This study is a good indication of which youth are being screened. A 2008 study seeking to measure the actual number of minor youth who were trading sex for money on the streets of NYC went directly to the youth[3]. Researchers interviewed hundreds of youth under 18 years old who identified themselves as participating in the sex trade. They estimated the number of NYC youth under 18 trading sex on the streets to be 3,946. They estimate that of minors involved in the sex trade (and therefore legally considered to be trafficking survivors), 53.5% are male, 42%

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[1] Gragg et al, New York Prevalence Study of Commercially Sexually Exploited Children, Final Report, April 18, 2007 http://www.ocfs.state.ny.us/main/reports/CSEC-2007.pdf

[2] Estes, Richard & N.A. *The Commercial Sexual exploitation of Children in the US, Canada and Mexico.* University of Pennsylvania, 2001.

[3] Curtis, et.al. *The Commercial Sexual Exploitation of Children in NYC*, December 2008, https://www.ncjrs.gov/pdffiles1/nij/grants/225083.pdf

are female and 4.5% are transgender. However, the researchers note that, "because the transgender sample was quite small, 4.5% is most likely an under-estimate of prostituted transgender youth in NYC." Indeed other studies have found that 67% of all trans-female youth (15-24 years old) in major urban areas such as Los Angeles and Chicago have engaged in sex trade activities, with 35% engaging in the sex trade within the last three months.[4] A majority of transgender youth who have traded sex, report entering the sex trade between the ages of 14 and 17, which would legally qualify them as trafficking survivors.[5]

While young people from different backgrounds may face different vulnerabilities to being trafficked, it is important to remember that any young person may experience sex trafficking and there is no such thing as a "typical" victim or "universal" trafficking narrative. Services need to be equally available to all young people who seek them. Survivors of sex trafficking all require individualized services and support, whether they are male or female, LGBTQ or heterosexual, U.S. citizen or undocumented immigrant. The John Jay researchers found that 53.5% of the sex trading youth they interviewed were male, but the OCFS study found that only 15% of minors identified by service providers were male. It is probably safe to assume the OCFS finding that service providers only identified immigrant children as 1% of all sexually trafficked minors points to another blind spot for those working with youth. As the OCFS study authors state, "it is important to reiterate that all estimates are based on *identified* cases… it is certain that all CSEC [Commercially Sexually Exploited Children] served by these agencies were not identified."

Researchers have studied different populations of youth under eighteen years old in the sex trade as well as young adults over 18 who are forced, defrauded, or coerced to trade sex for someone's else's financial benefit. These studies have asked different questions of different subpopulations and found very different results. Not one of these studies is representative of all sex trafficked youth in NYC. In fact, there are no reputable studies of sexually trafficked young adults (eighteen and older) in NYC, a critical research oversight. There is still a need for more scientifically based research on how sex trafficking affects all young people in NYC.

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[4] Wilson, Erin C., et. al. *Transgender Female Youth and Sex Work: HIV Risk and a Comparison of Life Factors Related to Engagement in Sex Work*, Center for AIDS Prevention Studies, 2009, http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2756328/

[5] Rees, Jo *Trans Youth Involved in the Sex Trade in NYC: A Qualitative Study*, May 2010.

EXISTING SERVICES

In NYC, there is limited programming specifically geared to youth survivors of trafficking. However, given that many young people who experience these forms of exploitation are also homeless, they are often engaged in RHY services, including housing, drop-in centers, street outreach, and mental health and medical services. These services are critical to addressing the needs of trafficked youth, but population-specific services can create a sense of security and empowerment that they may not feel in other settings. There is an overall shortage of services available given the number of youth seeking support, and there are specific service gaps for multilingual resources as well as referral resources for all boys (heterosexual-, bisexual-, and homosexual-identified) as well as transgender youth of any gender. There is also an epidemic shortage of voluntary services for all young people who are either experiencing sex trafficking or at risk. Sometimes this shortage means that youth are turned away from programs due to lack of available resources, only to be arrested and mandated to services. This is obviously not the most efficient or empowering way for youth to access resources.

CURRENT STRENGTHS

In 2010 the Vacating Convictions Act was passed in NY which allows survivors of sex trafficking to expunge prior arrests for prostitution (or other trafficking related crimes) from their criminal records. Given the extent that trafficking survivors are criminalized for forced sex trade activities, this is a critical opportunity for a clean slate and a fresh start at life. Prior convictions for prostitution related charges can prevent survivors from accessing immigration relief, public housing, student financial aid, certain jobs that require background checks, and even daycare for their children.

BREAKDOWN OF SPECIFIC GAPS IN SERVICE

For all youth, crisis services often involve waiting lists and being turned away multiple

times before accessing the desired services. As the OCFS report demonstrates, law enforcement and service providers often fail to screen boys, transgender youth, and immigrant youth for evidence of trafficking and therefore these populations are rarely, if ever, offered social services related to their trafficking experiences. One reason that immigrant youth are not outreached to, screened, assessed, or offered trafficking-related services is that service providers lack the language capacity to properly serve many immigrant youth. There is a dearth of interpretation services and culturally competent programs for undocumented youth, who often require specialized legal services relating to their immigration status.

The fact that law enforcement is considered the gateway for cisgender girls to access social services can cause unnecessary traumatization and further criminalization of young women. Oftentimes even after enduring arrest and mandated services, young women still cannot access the self-determined services they are seeking. As further evidence of the inadequacy of relying on law enforcement to provide services, even if boys and transgender youth are legally eligible for social services instead of criminalization, there are generally no court-mandated services available to them so they tend to remain in detention.

There is a crisis of a lack of services for youth to access voluntarily in order to meet their self-defined needs and goals, including the possibility of accessing human-rights based resources without being forced to disclose or be defined by prior sexual traumas. We need an expansion of trafficking-specific services for those youth who seek issue-specific services surrounded by others with similar experiences. We simultaneously need to offer expanded services for young people who will never be comfortable accessing support that is defined by their trafficking experience. The epidemic shortage of emergency youth shelter beds, legal living wage work options for youth, and affordable housing in NYC continue to unnecessarily put young people at risk of trafficking. The anti-trafficking community needs to value the prevention work of offering voluntary low-threshold human-rights-based support to young people *before* they have to make difficult and, oftentimes, traumatizing decisions about how to survive on the streets.

ANTICIPATED BARRIERS

Trafficking is not only a law enforcement issue, but also a human rights and community issue. Connecting sexually trafficked youth to services and educating the public about sex trafficking are only two components of ensuring sexually trafficked youth are afforded the opportunities to exit their trafficking situation. The other necessity is increasing options for all young people – including educational opportunities, legal living-wage job opportunities, and affordable housing as well as reforming the child welfare system and social safety net.

RECOMMENDATIONS REGARDING SEX TRAFFICKING

The following recommendations are put forth as concrete next steps:

1. A lack of housing options is one of the primary reasons youth remain in trafficking situations. We recommend that crisis housing be expanded in New York City.
   - Provide crisis shelter to all runaway and homeless youth who request it. This will greatly impact the number of youth who are vulnerable to sex trafficking.
   - Make specialized shelter for trafficking survivors available to any survivor who requests it, but trust youth to know what type of shelter best meets their needs.
2. We recommend increased funding for services specific to immigrant youth, including but not limited to interpretation services, legal services for immigration relief, and multilingual culturally competent staff.
3. Given that some youth will not be screened by law enforcement or service providers as trafficking survivors, given that some youth who are screened will not feel comfortable accessing trafficking-specific services, and given that the criminal legal system can be further traumatizing for youth, we recommend more voluntary, decriminalized services that are available outside of participation with the criminal system.

SOCIAL MEDIA AND HOMELESS YOUTH SERVICES

Malik left his small hometown in upstate New York after multiple conflicts with his new step-father. He and his mother had been living alone since his father left when he was two years old. When his mother remarried and his step-father moved in, the arguments and physical fights between the two began. Malik had one friend he knew to be in or around NYC. He located his friend on FB and they made arrangements to meet when Malik got to the city. Though his friend could not house him for more than a few days, he helped Malik get acquainted with the city. With only a backpack of clothes and his most prized possession – his laptop – Malik started each day in Starbucks, where he knew he could access the internet for free. He said that Facebook and other social networking sites are "my only connection to my hometown. It's good to see how things are going back home. Facebook has also helped me discover my father's side of the family and I've been able to reach multiple family members."

STATEMENT OF THE ISSUE AND ITS CURRENT STATE

Internet use, especially social networking technology, may play a crucial role in the health of youth experiencing homelessness. Social media enables youth to maintain contact with home-based peers, relatives, and other potentially healthy influences, in addition to connecting to employers and facilitating housing and job searches. The study "Cell phone use among homeless youth: Potential for new health interventions and research" found that 62% of homeless youth own a cell phone. Further, 85% of youth surveyed found a way to get online, via their phones, youth agencies or libraries.

Studies of RHY have shown that these youth are less likely to seek help from traditional health providers, using informal networks such as friends, television and the internet. Recent studies report that youth using social media to connect to family or home based peers reported less HIV/AIDS risk-taking and less substance abuse.

Fifty percent of 300 homeless youth recently surveyed at an NYC social service provider reported using social networking websites for support. When asked how social networking websites are helpful, their responses included: seeking advice, providing a sense of belonging, keeping in touch with friends and family, and finding members of their family they did not have previous relationships with. If we embrace social media as a form of outreach and intervention, social service providers may be added to the above list of resources youth remain connected to, regardless of their physical location.

EXISTING SERVICES/CURRENT STRENGTHS

Most RHY providers in the city have established websites with information youth may need. Some databases are available to assist youth in finding the services they may be looking for. Additionally, many providers have developed Facebook pages. This is a great start in bringing technology into systems of service delivery.

In 2008, for example a mental health agency in St. Louis, Missouri developed a platform that uses online virtual worlds as a means of delivering counseling services to rural youth (age 12 – 18). The hypothesis that client retention will be greatly enhanced has proven true over the three-year life of the funded pilot — there have been minimal drop-outs and only four clients needing a more intensive treatment since inception. Even more astounding is that the quantity of services accessed by the virtual clients is nearly three times as high as that of the control group. The framework concept upon which this proposal is based, while lacking an extensive research history, is going to be a ground-breaking development in future delivery of multiple types of services to both youth and adults.

Within this technological framework, evidence-based counseling methodology is delivered, for example, Cognitive-behavior Therapy and Motivational Interviewing. According to the provider, “the virtual world platform, while perhaps the most striking feature of our project, ultimately is just a new, innovative and highly effective tool for delivering these basic services which have proven to be the foundation for many programs delivered in the world today through more traditional means.

ANTICIPATED BARRIERS

Risks vs. Benefits

Two basic philosophies exist for conceptualizing technological access for and social media-based interventions with the RHY population, both of which are likely true to some degree. One perception is that the internet is a source of addiction and negative influence for youth, specifically in regards to locating and soliciting sex partners. In fact, youth who used social media to connect to street peers (as opposed to home-based peers) have reported more HIV/AIDS risk-taking and youth who are involved in exchange sex ("trading sex for money, drugs, or a place to stay") were also heavily engaged in using the internet to find sex partners.

A second perspective is that online sexuality may be a natural part of young people's developmental trajectory, leading to sexual exploration and healthy sexual development. Some studies have found that many youth access the internet specifically to obtain information related to sexually transmitted diseases. Regardless of which philosophy one adopts, the reality is that youth currently access social media and will continue to do so. With thoughtfully crafted interventions and monitored computer time (that doesn't exclude Facebook and other social networking sites) RHY providers can capitalize on the benefits of social media while reducing the opportunity for accelerated risk.

Limited Resources

A provider's ability to provide RHY with access to the internet may be limited by funding constraints. Further, the ability to provide safe spaces, monitored by staff, in which youth can access the internet may be difficult due to additional staff responsibilities. Creating thoughtful and effective social media-based interventions will require specific training and staff member(s) dedicated to the effort.

RECOMMENDATIONS FOR SOCIAL MEDIA AND HOMELESS YOUTH

RHY services should consider social media as an integral part of service delivery. Though not all youth have their own cell phones or internet capabilities, many have friends who do and many access to technology in public spaces. In addition to traditional methods, social media has the potential to become a viable avenue for various types of interventions.

Internet based interventions are not only cost effective; they also have the ability to reach a larger audience than most traditional forms of outreach and intervention. Some examples of the ways in which social media can be utilized are: a way of maintaining contact with youth who have visited programs, to inform them of upcoming events or services, and to remind them of appointments. Additionally, if programs are able to provide monitored access to the internet, we are also providing youth with the ability to contact pro-social networks and access social support systems, which has shown to decrease the likelihood of involvement in HIV/AIDS risk behaviors and substance abuse. Therefore, if programs aren't able to provide internet based interventions, per se, simply providing monitored access for program participants is a form of intervention in itself.

1. Designate "open" internet time for youth so that they may connect with peers via social networking websites or email. The time should be monitored to ensure youth aren't using the open internet time to secure clients/sex work.
2. Create youth friendly and youth-engaging Facebook pages in addition to other agency social media tools that are geared towards publicity, funders and other adult populations.
3. Utilize social media and technology as an outreach tool to reconnect with youth who have dropped out of the program or who have not engaged in services.

STREET OUTREACH

Despite the cold weather the outreach team chose to walk down to the end of the Christopher Street Pier in the West Village. Much to our surprise a group of three youth were sitting at the end of the pier, smoking cigarettes, huddled against the wind, talking. We approached the youth who informed us that they had just left a drop-in center that had closed for the evening and had come down here to see what was going on. We gave them snacks, as well as safer sex and hygiene supplies, hats, and gloves, all of which they welcomed. We told them about our agency's programs and services, and asked about their current housing situation. One of the youth, Tyann, shared that she had recently been released from Riker's Island and was having a tough time getting back on her feet. She shared that she felt like they just threw her out with nothing like her mom had done when she was 16. She told us that she'd been staying with her cousin since her release, but that her cousin's husband was verbally abusive toward Tyann, often stating that she was going to hell because she was a lesbian, and constantly calling her derogatory names. She said they'd gotten into an argument this morning and he'd put his hands on her so she'd left the house. She didn't want to call the police for fear of being sent back to Riker's. Tyann told us that she was worried about having to enter the adult shelter system since she would be turning 21 soon, stating that she had heard it was rough in there. She shared that she had been looking for work but that it seemed like no one wanted to hire someone with a record and no high school diploma. Tyann said that she was seriously considering going back to stealing even though that was what ultimately landed her in Riker's. She said she would most likely try to stay with a friend tonight, but didn't know what she was going to do beyond that. We provided Tyann with our information and encouraged her to come into our drop-in center to do an intake. We told her that we would be back at the pier at the same time next week. Tyann nodded her head and said she might come check us out. She ran to catch up with her friends who were walking back up the pier.

STATEMENT OF THE PROBLEM

Tyann, like so many of the youth encountered during a typical street outreach shift, is working against so many seemingly insurmountable circumstances. She is at a crucial point where it becomes easy for young people to become disillusioned with the many systems that are intended to support, but ultimately fail youth. Making contact with an outreach worker, who is voluntarily coming into a young person's environment can help to begin the process of building that bridge back to accessing information and services that may drastically alter the trajectory of homeless and street-based youth.

The collection of comprehensive, accurate demographics on homeless youth is extremely difficult due to a number of factors including, but not limited to, the mobility and seeming invisibility of homeless youth, the ever increasing police presence in areas where street youth congregate, and the limited funding allocated to tracking, engaging, and supporting homeless youth. In the spring of 2007, The Empire State Coalition conducted NYC's first ever homeless youth survey. From this survey of just under 1,000 homeless youth, it was gleaned that each night over 3,800 youth and young adults go without a home. This survey found that youth spend time at various places over the course of a month and over 48 percent of youth have had contact with runaway and/or homeless service providers. Street-based outreach often times functions as a marketing resource for program services.

Street-based outreach to homeless youth throughout New York City is conducted in various ways, from mobile outreach in a van, on-foot outreach throughout neighborhoods, or community tabling. The purpose of street outreach is to go to areas where disenfranchised youth congregate, meet them where they're at, connect them to support and provide services. Subtle, non-judgmental outreach focused on reducing the harm of homelessness provides the most viable means of connecting with unaccompanied youth. Without such outreach, runaway, homeless and street-involved youth are seldom even aware of the services available to them. The role of street outreach is to identify and engage street youth and provide those youth with consistency and individualized attention over a period of time. Good street outreach doesn't only deliver materials; it also provides emotional safety and establishes the groundwork necessary to connect marginalized youth to appropriate services and essential resources. Repeated outreach

contacts breed familiarity with individual young people. Consistency creates an atmosphere of safety and comfort for the unaccompanied young person. As trust is established, outreach workers can engage the client in progressively supportive services, helping the unaccompanied client work toward stability.

CURRENT STATE OF THE ISSUE

In the past years outreach has become more challenging. Neighborhoods where youth traditionally congregate have been gentrified and the city has made a concerted effort to rid those areas of homeless and street-based youth. While some New Yorkers appreciate extra police presence, unaccompanied youth tend to be frightened. Homeless and street-based youth are often ticketed for so-called "quality of life offenses" for things like pan-handling, sleeping in public spaces, or loitering – saddling them with fines that they have no means to pay, and adding to their risk of incarceration. Thus, homeless and runaway youth retreat further out of sight to 'squats', train yards, 'tricks', roofs, subway cars, buses and drug houses. Young people becoming homeless are increasingly inclined to remain in their own neighborhoods, spreading the problem of homelessness to outer boroughs, and into neighborhoods where the risk of young people experiencing violence may be heightened. This trend concurs with increasingly fractured communities of marginalized youth who rely progressively on technology to communicate. Combined with a paucity of resources for outreach workers, these two forces have made finding, identifying and serving youth in crisis a complicated endeavor. In Dr. Kristina Gibson's "*Street Kids: Homeless Youth, Outreach, and Policing New York's Streets*" she compares the process of locating homeless and street-based youth as akin to chasing ghosts. Ask any outreach worker and they will tell you, homeless youth are out there, but finding them, moreover, maintaining contact with them over a period of time, is becoming increasingly difficult.

Street outreach workers recognize that homeless youth have varied histories and needs and that some youth may also be afraid to go to a shelter, some may have a police record or warrant for their arrest and fear incarceration, some may be concerned that they may be sent back to homes that are dangerous or unwelcoming, or they simply may not feel ready to leave

the streets, and/or enter housing. Outreach workers respect the expressed needs of homeless and street-based youth and communicate their desire to provide support in whatever way feels appropriate to each individual young person encountered.

Unlike the majority of services for youth that require on-site attendance or in-school involvement, street outreach removes all barriers to services including transportation. The mobility of street outreach reaches youth wherever they are. Research has indicated that outreach is an effective means of linking street youth to accessible services in their area. Youth contacted by outreach workers are more likely to follow-up with treatment for sexually transmitted infections, HIV counseling and testing, health care, drop-in centers and meal services.

It is the role of street outreach programs to consistently find youth where they gather, whether they are homeless or at risk of homelessness. Outreach workers, as a result, become very aware of any changes in youth trends. Street outreach workers are often the first to identify changes in drug activity, violence, sex work and gang activity. One street-based peer youth outreach program, after listening to some of the peers, found that youth were doing a combination of internet and street sex work allowing the young person to develop and respond to regular “clients”, but still working out on the street. Street outreach programs are identifying the rapid increase of the use of internet and Web 2.0 social networking sites as resources for homeless youth to remain connected to each other, and in some cases, programs they have built relationships with in the past.

Other recent trends in homeless and street-based youth as observed by outreach workers are an increase in LGBT identified homeless and street-based youth coming to New York City from out of state, an increase in undocumented homeless youth, an increase in younger girls being trafficked and engaging in commercial sex work, and an increase in pregnant homeless youth. Accessing supportive services becomes increasingly challenging when you factor in any characteristics that increase the marginalized status of homeless or street-based youth. For these youth, receiving information and services through street outreach can be paramount to their ultimate linkage with long-term support and services.

Finally, street outreach projects are increasingly seeing the benefit of engaging and developing the expertise of homeless youth by inviting youth to provide peer outreach services. This model was developed in the early 90's and has expanded to various homeless youth service programs throughout New York City. The benefits of peer outreach to homeless youth are innumerable. Being approached by a young person with similar experiences can greatly increase a homeless or street-based youth's trust and willingness to engage. With regards to providing appropriate and relevant services, as well as finding often elusive homeless and street-based youth, peer outreach workers are invaluable.

CURRENT SERVICES

In New York City, street outreach mainly consists of two models of outreach; by foot and by van. These two outreach tactics can often be complementary when using each to heighten the effectiveness of the other. Outreach on foot allows the service provider to reach those youth who, untrusting, are not always drawn to a larger van. This type of street outreach allows workers to canvass neighborhoods where homeless and street-based youth have a history of congregating. Having access to a van, in turn, allows the service provider to cover a more extensive area throughout the city, including areas where subway or bus service is limited, and provide health, food or clothing supplies, as well as service escorts to youth on the street. Both forms of outreach allow workers to provide youth with information, referrals, and supportive counseling.

In addition to the borough specific street outreach services provided by New York City's Department of Youth and Community Development (DYCD), several non-profit agencies and volunteer groups provide outreach services in an effort to reach more youth, and, often, provide targeted outreach services to specific populations, including, but not limited to trafficked youth, LGBT youth, and chemically addicted youth. Unfortunately, for these programs that do receive funding, the services provided are often restricted to youth within these demographics and the funding is not guaranteed beyond the timeframe of a particular contract.

SERVICE GAPS

For the past 25 years, street-based outreach workers have gone into the communities where homeless youth commonly gather as well as their communities of origin. General services for homeless youth have become more centralized through city funded drop-in services for multi-borough outreach programs. The proven success of outreach is based upon taking the services to the youth and developing them in their community. The city seems to be modeling their service design on an adult model of centralized services. While this may work well for adults, centralization is antithetical to how youth operate. Young people from East New York are not necessarily going to feel comfortable going to a drop-in center in Williamsburg. And as young people don't always have access to non-public transportation, reaching services outside of their immediate neighborhood or near public transportation hubs becomes extremely problematic.

DYCD currently funds one centralized drop-in center for each borough. As research has shown, adolescents are more likely to follow through on a referral when it is immediately accessible and in a familiar setting. The city's development of a single drop-in center for each borough is unlikely to meet the needs of most young people. With the borough of Manhattan becoming less inviting and affordable to homeless youth, for the past 20 years outreach programs have been seeing the trend of homeless youth remaining closer to the communities in the outer boroughs in which they were raised. Smaller programs serving localized populations have, in the past, been defunded and replaced with borough-wide services that the majority of chronically homeless youth will not utilize. With DYCD currently funding a good portion of street-based outreach occurring in New York City, youth referred for emergency shelter via DYCD-funded outreach workers can only be sent to DYCD funded shelters. Moreover, centralized outreach services often miss their targets due to lack of specificity and focus.

With so many youth on the streets, presenting a variety of differing, and often comorbid needs, and with limited outreach workers to engage them, it is near impossible to consistently and appropriately meet and assess the many, varied needs of homeless and street-based youth in New York City. Effective street outreach doesn't operate in a vacuum; it relies on ongoing assessment and a continuum of services and, therefore, must be securely linked with youth-centric drop-in services and with emergency and long-term housing.

RECOMMENDATIONS FOR STREET OUTREACH SERVICES

1. Localize and geographically diversify street outreach, as opposed to borough-wide only;
2. Sensitize public officials to the complex needs of street outreach services;
3. Emphasize the personalized counseling and street-based harm reduction components of Street Outreach, when possible;
4. Fund community-based multi-service centers as linkages to outreach services;
5. Relax the currently restrictive referral process for DYCD-funded outreach programs;
6. Increase the utilization of peer outreach workers;
7. Expand outreach efforts to include outreach via social media sites increasingly accessed by homeless and street-based youth.

SUBSTANCE USE

At night, 22 year-old Juan slept in a stairwell he knew about. He staged fights with other homeless young men for tourist change during the daytime. The "fight club" was Juan's plan to turn his life around, to get money without stealing and selling sex. When he focused on his martial arts skills and his poetry, he used less drugs and felt better about himself.

As a young child, Juan had often witnessed his father beating up his mother and raping his sister. As he grew, he tried to stay outdoors as much as possible to be safe. Juan was placed in a residential treatment center upstate following his mother's death, but when it got too stressful there, he regularly ran back to New York City streets "where I can breathe." He drank heavily and discovered heroin and cocaine through selling sex.

By 22, he had been mandated to 3 long term inpatient drug treatment programs as alternatives to jail. He had always gotten ejected for relapse and felt like a failure. These programs treated him in the therapeutic community model, but had never helped him with underlying PTSD and psychotic symptoms that were obvious to the voluntary homeless youth programs where he went for support. Because he "failed" drug treatment, the courts finally put Juan in prison long term.

STATEMENT OF THE ISSUE

Homeless young people who use drugs in any significant way, especially "hard" drugs, are excluded from social services, especially youth-specific services, and from almost all forms of housing unless they are ready to enter drug treatment programs. This situation leaves many young people in dangerous structure-less environments where their drug use increases and becomes more chaotic as they try to cope with stresses, trauma, abuse, over-stimulation and boredom of life on the streets. It is commonly recognized and confirmed by most research that the more time a young person spends street homeless the worse health, mental health and HIV risk outcomes accrue. It is not uncommon for injection drug using youth to succeed at

methadone maintenance or abstinence-based drug treatment ten years after starting to inject drugs in their teens or early twenties. However, many have received almost no services that would have prevented their contracting Hepatitis C, spending time in jail, getting assaulted or raped--all common outcomes of homelessness—during their ten years of active hard drug use.

Shelter policy around drug use and drug users is shaped by abstinence-based approaches which hold that it is normal for drug addicts to lose everything and socially desirable that they experience harsh consequences of drug use so that they become motivated to change. In this framework, homelessness is conceived as a consequence of addiction for individuals rather than as a failure of society, government and policy to stabilize the most vulnerable for their good and the good of the whole community.

There is a critical lack of detailed, non-judgmental information and education about drugs, their dangers and their pleasurable and unpleasurable effects in schools, youth programs and homeless youth programs. If young people are to be reached with information, open and non-judgmental conversations about drugs and drug use must be fostered, and expertise about drug issues must be developed in school and social service staff. A brief look at the meager selection of standard drug education pamphlets aimed at youth will reveal a paternalistic or alarmist tone and information too general to be of use or to be credible to youth. A harm reduction approach to drug education, recognizing that drug users can make rational decisions to protect their health and wellbeing in some ways even in periods of chaotic and out-of-control drug use goes a long way to promoting drug users' health and sense of responsibility to self and others.

In social services, drug use tends to be viewed and treated separately from other issues, another consequence of abstinence-based thinking that defines addiction as the primary, overarching problem that must be addressed before people can be productively engaged in services. This mindset has separated mental health and drug treatment systems such that getting mental health treatment, psychiatry or even counseling and case management can be nearly impossible for homeless young people who are often turned away from these services in favor of referrals into drug treatment programs that they often will not accept. Most youth who use hard drugs in a chaotic way come from histories of trauma and abuse and could benefit

from the clinical expertise of mental health workers during their period of active drug use. Harm Reduction Psychotherapy, a clinical approach gaining in popularity, is an attempt to bridge this divide, and an increasing body of research shows that non-judgmental supportive clinical approaches to drug use problems increase drug users' stability and functionality and often move people toward abstinence from drugs. Even where counseling and case management are offered to drug using youth at homeless youth programs, providers may have no idea how to proceed with a person who has an obvious drug problem and is not ready for treatment.

Tough love approaches can influence even the most well meaning program to believe it is in a young person's best interest to withdraw services in order to push them to change their behavior. Where serious drug use is concerned, this nearly always increases drug use and cuts off relationships that can be vitally important stabilizing supports. A belief that services offered to drug users enable continued drug use pushes drug using homeless youth further away from the health and safety. By contrast, harm reduction approaches are reality-based and hold that people can be engaged in services promoting any positive improvement to their stability, safety and quality of life regardless of their level of drug use, and that any positive change is valuable.

CURRENT SERVICES AND GAPS

There are a number of daytime drop-in centers for homeless youth in New York City, and these programs are the most able to work with homeless youth who use drugs due to drop-in centers' low threshold service delivery model. One drop-in center has an injection drug user (IDU) focus and operates a syringe exchange with related IDU health services such as o.d. prevention, low threshold opiate dependency treatment and drug counseling services.

There is a terrible shortage of youth shelter beds in New York City, especially for young people 21 and over. New York City's inability to shelter the 21-24 population in youth shelters is a consequence of federal and state law that defines youth as under 21, though the homeless youth population is clearly not served by this unfortunate definition. Of the few existing youth shelters, none are set up specifically to house current drug users, or to provide drug education. Some adult shelters, available to youth over 18, routinely ignore residents' drug use but provide

no support or education to these residents, so this is neglect rather than a legitimate service model benefitting drug users. Generally, homeless youth rarely use the adult shelter system as they tend quickly to become prey for older residents. Drug using youth and LGBT youth are particularly vulnerable in adult shelter environments.

There are no long term transitional residential programs for youth who use drugs unless they are in abstinence based treatment, and it is even difficult to place youth in transitional living programs if they have past histories of drug use. Methadone maintenance or Buprenorphine maintenance are not considered adequate as drug treatment for placement in transitional living programs. Getting homeless young drug users emergency shelter or longer transitional living help is close to impossible unless they hide their drug use (and thereby compromise any honest caring relationship they could develop with a service provider) or their drug use is not really problematic for them. Many hard drug users opt for the streets, abandoned buildings or ¾ houses. Three-quarter houses are ostensibly for people in recovery, but most are, in fact, unregulated, privately owned moneymaking "programs" that temporarily house drug users in substandard conditions, and collect the residents' public assistance housing allowance as payment. These programs tend to eject residents whenever they want with impunity. ¾ houses fill a real need for low-threshold housing for homeless people who currently use drugs, but they can easily take advantage of drug users who are desperate for a placed to stay and are shut out of normal shelter and housing options for the indigent.

In the past few years, HRA's NYNY III housing agreement has opened permanent supported housing beds for homeless people who have been diagnosed with current drug addiction and a chronic disabling condition, and some have been set aside for youth 18-24. This is intended as a harm reduction housing model. While this is a very positive development for drug using homeless youth, most facilities seem interested in housing those clients with very manageable drug use issues or are really for people in early recovery, so those youth most compromised by addiction and stuck on the streets are not truly eligible.

While existing drug treatment models work wonders for some people, those people are very much in the minority and are often helped only after many years of getting no help because they have not been interested in or willing to participate in traditional drug treatment. Homeless

youth tend to be particularly ill-served within these treatment models because those that are youth-focused are designed with young people who have middle class family support and follow-up in mind and because they are less sensitive to the multiple problems that create youth homelessness and require close one-on-one work. The harsher therapeutic community treatment models can be re-traumatizing to homeless youth with multiple challenges such as mental illness problems and trauma histories. While Methadone maintenance treatment is available to homeless young opiate users who can get Medicaid, it is also not designed for youth and is mainly used by older users, making it unappealing to youth. Buprenorphine treatment, with its office-based flexibility and one-on-one treatment focus could have a wide appeal to young opiate users, but it is marketed to middle class drug users and recommended for users with less complex complicating issues, so that doctors often do not consider the homeless opiate using youth population eligible for this form of treatment. However, doctors who have begun prescribing buprenorphine to this population have seen marked improvements in health, mental stability and diversion from criminal activity.

Structural barriers preventing all homeless young people in New York City from getting identification and benefits also prevent drug-using youth from accessing the forms of drug treatment, medical and mental health care that are available to them. Fortunately, in 2009 advocates for New York City's homeless youth negotiated a deal with the Department of Motor Vehicles to carve out a special provision to help this population obtain state identification.

RECOMMENDATIONS FOR HOMELESS YOUTH AND SUBSTANCE USE

1. Create program models for shelter, transitional living programs and permanent supported housing for homeless youth who use drugs in order to promote stabilization, healthcare and drug treatment access;

2. Introduce harm reduction-based drug education, HIV and Hepatitis C and Overdose Education into schools, youth programs and homeless youth programs;

3. Increase abstinence-based drug treatment beds for youth who decide to pursue abstinence and supported housing beds for disenfranchised youth who use drugs;

4. Develop harm reduction based drug treatment models appropriate to youth;

5. Make homeless youth a special category to receive expedited access to Medicaid and identification;

6. Incorporate harm reduction approaches and strategies into existing social programs and institutions.

TRANSGENDER YOUTH

Ariel, a 21 year old transgender female, sought housing from an LGBT youth shelter program for the 4th time in 4 years. She had just returned from a Southern city, where she moved with a boyfriend, both of whom sought job security and stable housing. While there, Ariel was unable to find employment and began engaging in sex work in secret to contribute her share of the rent. Her boyfriend found out, became physically abusive, and she fled with $40 in her pocket. Ariel's recent traumatic experiences triggered others from her past – being physically and verbally abused by her family of origin due to her gender expression, fleeing her parents' home after one particularly violent encounter 4 years prior, when she was 17. Now, age 21, Ariel is on the waiting list for one of the few LGBT specific beds for 21–24 year olds. She is concerned about being in close quarters with others, and is unable to share personal space well, due to the physical trauma she has experienced in her life thus far. Her trauma related symptoms manifest as behavior difficulties, and she has been given multiple diagnoses since leaving her parents' house at age 17, including Oppositional Defiant Disorder, Posttraumatic Stress Disorder, Gender Identity Disorder, and Personality Disorder NOS.

STATEMENT OF THE ISSUE AND ITS CURRENT STATE

For transgender and gender non-conforming youth, the prevalence of discrimination leads to a perfect storm of crisis. Transgender youth are even more likely than their lesbian, gay and bisexual peers to be rejected by family and friends; to face widespread discrimination in housing, employment, education, government services and healthcare; and to experience increased susceptibility to addiction, substance abuse and the risks associated with sex work.

Many homeless transgender youth are victims of past abuse, assault and extensive trauma. This trauma is re-lived and repeated in mainstream youth shelters, where transgender youth routinely experience violence, transphobia and sexual assault at the hands of their straight peers. Terrifying experiences in the previously mentioned facilities leads to their avoidance, such that trans youth are the least likely to receive or reach out for mental and

medical health services. Thus, high rates of depression, substance abuse, anxiety, and posttraumatic stress disorder go untreated and symptoms often intensify while these youth live on the street. Similarly, sexually transmitted infections as well as other medical conditions from bronchitis to dental cavities are untreated. Many homeless transgender youth lack identification that matches their gender presentation, which complicates their ability to access medical care, social services, educational and employment opportunities.

Despite improvements in legislation to protect transgender individuals, many social service employees continue to erroneously employ the standard of full genital surgery as a condition of transgender identity. Transgender youth are often told that they are making the process of accessing services harder for themselves by failing to "act like" or dress in accordance with the gender they were assigned at birth. The detrimental effect of this discrimination cannot be overstated. Such attitudes shift the onus of responsibility away from the agencies that should be protecting transgender youth, the most disenfranchised population within the runaway and homeless youth community. As a result many youth find little help within government agencies and find the street more welcoming than shelters.

When faced with this pressure to "pass", many transgender youth turn to street hormones in order to quickly enhance their appearance and acceptance within society. Hormones obtained on the street in uncontrolled doses can have dramatic and long-lasting effects on the mental and physical health of these youth. Those transgender youth who do have access to medical care are met with a system that depends upon the pathologizing of transgender individuals as a criteria of further treatment, and youth can wait for months and years before receiving the hormones or surgical referrals they require.

Many homeless transgender youth are caught between the dire need to have money and shelter and the physical and mental dangers that are associated with what is frequently the most viable form of employment they can imagine: sex work. The more one "passes" the more money he or she might make; therefore, the more use of street hormones and injections. Homeless youth (and transgender youth especially) have found a somewhat safer and more convenient form of sex work through the internet. Youth advertise themselves and respond to ads on websites such as "Craig's List" and "Black Planet" and arrange to meet their "dates"

later. Different forms of sex work can be set up this way – from escorts and massages to the more traditional form of exchanging sex for money. While an internet café may be safer than the stroll (with lesser chances of arrest), transgender youth still face the same risks such as assault, death, rape, and/or HIV/STI infection. In many ways, the lack of visibility of internet sex work/escorting works against youth; the dangers are not as obvious and therefore not as anticipated.

The four LGBT youth shelters in the city have utilized limited resources to develop programming, case work and psychiatric services specific to transgender youth, but without a supportive network of government agencies, social service and healthcare providers, transgender runaway and homeless youth do not have the resources they need in order to transition to self-sufficiency.

CURRENT SERVICES

According to 2007 data from the Empire State Coalition for Youth and Family Services, over 5% of the 3,800 youth who are homeless in New York City identify as transgender. An additional 18% did not identify a gender. Citywide, there are only an estimated 100 emergency shelter beds specifically for LGBTQ homeless youth, not enough to serve even half of transgender runaway and homeless youth population. There are no adult transgender or LGBTQ specific shelters, either public or private, throughout the five boroughs, making it extremely difficult to ensure the safety of transgender youth aging out of homeless youth programs. None of the service providers contracted by the City to operate drop-in programs offer trans-specific programming.

Despite these setbacks, there are currently three trans-specific support groups available to transgender youth within the network of runaway and homeless youth providers. Three organizations offer trans-specific case management, and two offer psychiatric and medical services specifically designed for transgender youth, which include hormone therapy maintenance. Two agencies offer legal assistance to transgender youth, including assistance with discrimination complaints, name and gender marker changes. One agency offers job and

life skills training for transgender youth, with a focus on building community among generations of the transgender community.

CURRENT STRENGTHS

Due to an increase in collaboration and inter-agency education, more runaway and homeless youth providers are aware of and sensitive to the specific needs of transgender and gender non-conforming youth. Increased outreach has insured that even those agencies unequipped to serve transgender youth are aware of the programs and services, however limited, available to these youth through other service providers.

Within the past three years, the city has made some headway in improving conditions for transgender runaway and homeless youth. In February 2006, the New York City Department of Homeless Services announced that individuals accessing housing would be assigned to the appropriate Intake/Assessment shelter based on their gender identity, regardless of the gender stated on their documentation. Anecdotal evidence suggests that security at these facilities may still not be fully equipped to handle the response of other clients to the presence of transgender residents, but the policy change represents an important step towards transgender inclusion in city services.

In March 2008, the Office of Children and Family Services (OCFS) enacted new policies to prohibit discrimination against LGBTQ youth among OCFS staff, volunteers and contract providers. In addition, OCFS issued guidelines for the treatment of transgender youth in the juvenile justice system, including policies enforcing the use of preferred names, preferred gender pronouns, dress codes and bathroom facilities for transgender youth in residential and aftercare programs. These policies take a critical step towards changing the attitude of service for transgender individuals.

GAPS IN SERVICE

Secure Housing

As stated above, transphobia, violence and harassment at mainstream shelters make it impossible for transgender youth to feel safe at the facilities that other runaway and homeless youth rely upon. As a result, hundreds of transgender youth who cannot find space in one of the existing LGBT youth crisis shelters wind up sleeping in public spaces such as trains or parks, or trading sex for a place to stay. Until runaway and homeless youth programs have access to training and funding for security to maintain the safety of these youth more LGBTQ specific beds must be secured to make sure that this population receives the services they need.

Healthcare

Runaway and homeless youth providers currently rely on one community health center as the primary referral point for transgender clients. There are few providers citywide that specialize in either transgender-specific medical or psychiatric care. This lack of coverage leaves transgender youth at risk of using street hormones, or failing to secure treatment for other medical and psychiatric conditions. No residential substance abuse programs are currently designed to serve LGBTQ youth, and transgender youth are often misplaced based on the gender they were assigned at birth.

Employment

Transgender youth are at high risk for pervasive poverty due to discrimination in employment and chronic underemployment. Often transgender runaway and homeless youth are forced to turn to sex work and the drug trade in order to survive. The unemployment rate among the transgender community is as high as 35%; 60% of transgender individuals earn less than $15,300 a year.

Criminal Justice

Although trans youth are frequently arrested, existing programs that provide alternative-to-incarceration services for youth are not prepared to provide services to trans youth. In addition, programs working with sex workers are frequently focused on biological females, and

do not include trans females engaged in the same type of activities, who face the same dangers.

Affirmative High Schools

Transgender youth are less likely than their straight, gay, lesbian or bisexual peers to complete high school. Many transgender youth face discrimination and harassment by their peers, making learning impossible. Without the protection of a supportive administration, many find high school unbearable. The Safe Schools Improvement Act of 2011 represents an important move towards nationwide protection from bullying and harassment based on a number of categories including gender identity or expression.

Housing Options for Transgender Adults

There are currently no shelters in New York City for LGBT adults. The kind of discrimination that transgender youth experience does not end when they turn 24, and for those youth who have entered the shelter in their mid twenties, there are few safe options for referral after they have aged out of the youth shelter system. Though city shelters have adopted policies for transgender clients many transgender youth are unprepared to navigate the city shelter system and until there is proof that these facilities are secure for transgender adults, many social service providers remain uncomfortable referring young adults into the city shelter system.

ANTICIPATED BARRIERS

Policies for transgender inclusion often face challenges based on misinformation about transgender individuals and the practices that transgender inclusion would entail. Social service agencies working towards a culture of respect for transgender individuals should offer direct and concise statements to combat these misperceptions and should be clear that inclusion is not "special treatment," but rather a guarantee that all clients are treated with equal respect.

Without these conversations and policy changes, New York City will continue to fall short of its responsibility to transgender youth, and will continue to bear the ongoing burden of

policing, housing and incarcerating transgender youth. With adequate and sensitive services, the city's social service agencies can empower a community of transgender youth who are employed, healthy, self-sufficient and able to act as role models and educators for the next generation of transgender youth.

RECOMMENDATIONS FOR TRANSGENDER SERVICES FOR HOMELESS YOUTH

1. All city agencies, including contracted service providers and law enforcement agencies, should approve and enact policies for serving transgender and gender non-conforming clients/participants based upon the policies proposed by the New York City Human Resources Administration in 2009, to include policies on name and pronoun usage, client confidentiality and the necessity of consequences for clients who threaten the safety of transgender youth. Underscoring these trainings should be the message that all transgender individuals will be welcomed and respected within New York City social service programs;

2. Develop programs designed specifically to address the obstacles transgender youth face when seeking employment. In the employment arena, transgender adults should be encouraged to serve as mentors/role models to help counteract young people's perception that being transgender automatically equals sex work;

3. Prioritize funding for programs that specifically address the noted gaps in service for runaway and homeless transgender youth;

4. Increase the number of healthcare and mental health service providers offering services specifically for transgender youth while improving access to free and low-cost medical providers specializing in gender transition and hormone therapy.

5. Researchers should seek to understand the specific service needs and

experiences of transgender youth, rather than assuming that they mirror those of their LGB counterparts. Though there are likely similarities, important differences may also exist. This will help ensure the creation of appropriate and effective policies and programs for transgender youth.

TRANSITIONAL LIVING PROGRAMS

When Jason was seventeen years old, a close family member revealed his sexual orientation to his mother. Once his mother discovered that he was gay, she threatened to kill him, saying that being gay was a sin. Fearful for his life, Jason left his mother's home and never looked back. He made his way to the streets of New York City, slept in Central Park for two weeks, and then entered a youth crisis shelter. Jason was then referred to a transitional living program. He is currently in his second year at a Community College, has completed and earned a certificate in a Career Training Program, as well as taking the necessary steps to become a naturalized citizen. He has become more confident with his sexuality, improved his interpersonal skills and has demonstrated leadership skills. Jason would like to become a math teacher and is interested in modeling. He has been on a few auditions and is currently working on his portfolio. Jason has been unsuccessful at finding a job and has been actively looking for work. He has a few more months in his current transitional living program and is searching for a permanent housing option.

CURRENT STATE OF THE ISSUE

Young persons between the ages of 16 and 24 need basic services and support for a successful transition to adulthood. Youth who lack the support of family or an institution (like foster care) may be missing vital basic needs and learning opportunities. Examples of these include shelter, access to education, health, mental health care/support, and life skills training. In New York City, there are over 3, 800 homeless youth who spend nights on the street, without the safety net of a roof over their heads. Many young people become homeless after leaving their homes to escape physical and/or sexual abuse, family conflicts, rejection of their sexual orientation or gender identity, and even economic strain within their family structure. In addition to these, some youth become homeless due to death of a parent or caregiver. By trying to escape stress and trauma, or by being forced to leave the safety of their homes, youth encounter the perpetual cycle of not having permanent or stable shelter and become immediately at risk for a variety of health issues. Homeless youth are at a great disadvantage in

securing employment because they lack a place of residence. These are just a few of the issues affecting the homeless youth population.

Transitional living programs, a step beyond emergency shelter, provide a stable living environment where youth are given the opportunity to learn tools to transition into adulthood. In addition to providing one of the most basic necessities (shelter), transitional living programs also offer an inclusive array of services such as: mental health support and life skills. The overall goal of transitional living programs is to amplify a youth's ability to live independently. Although transitional independent living programs focus on providing a young person with a set of independent living skills, they also provide a safe space where a youth is able to grow into his/her own self. Youth are usually able to reside in a transitional program for 18 months to 2 years depending on the regulations governing the particular program.

In December 2007, the Empire State Coalition released preliminary findings in the first ever census of homeless youth sponsored by the City Council. This survey estimated the number of homeless youth in NYC on a given night to be around 3800. There are approximately 336 transitional living beds in New York City currently which, although an increase from past years, clearly does not meet the need. Having a continuum of services is vital to build in a safety net to keep youth from cycling from street to shelter or repeatedly through emergency shelters with no hope of a logical next step out of homelessness. Some of these transitional programs serve specific sub-populations of Runaway and Homeless Youth (RHY) including lesbian/gay/bisexual/transgender/questioning youth, pregnant or parenting youth with children, males only, females only, Jewish females, and sexually exploited females. These programs are supported through city funds, federal funds, and private fundraising.

EXISTING SERVICES AND GAPS

Due to the current economic condition, there is a shortage of beds for homeless youths in NYC. Crisis shelters have limited options on where to refer youth who have exceeded their maximum length of stay. In addition to this, there are youth 'aging out' of the foster care system and have little option in the way of subsidized housing. These youth lack the family support of a

home and are left to turn to crisis shelters in many cases. In NYC, permanent housing through Section 8 is no longer available, and there are not enough units available through supportive housing (which also require specific mental health diagnoses or substance abuse issues). Youth aging out of foster care and/or needing more long-term housing while permanent housing is sought are in need of a transitional living program.

During their stay in a transitional program, in addition to having a safe, longer term residence, youth are encouraged to save a certain percentage of their income, to use toward rent and/or security deposit when they leave the transitional program. Upon leaving transitional living programs, youth are left with limited options for housing. The ultimate goal is to assist youth to upgrade from transitional living, to complete independent living. However, this is challenging because at the time of discharge, a youth may not be ready for living independently.

Not all the transitional living programs are part of the Department of Youth and Community Development (DYCD) continuum; the designation is based on funding source. The TIL programs that are a part of the DYCD continuum include both specialized and general population. Two DYCD-funded TILs currently serve lesbian, gay, bisexual, transgender, or questioning youth and four provide housing specifically for pregnant/parenting youth. Few transitional programs are skilled in working with youth leaving the juvenile justice system. For single males who are not LGBT-identified or HIV+, there are a limited number of transitional programs. Oftentimes, their only option is the adult male shelters which are not particularly aware of youth development issues and needs. There should also be transitional programs for youth coming out of the juvenile detention and foster care systems.

Another important factor would be to create a system of measure that would truly indicate whether a young person is ready for independent living. At 21 years old, the maximum age for many transitional programs (including DYCD funded TILs), most youth are not fully equipped to live on their own. While in a TLP, youth tend to be preoccupied with thinking about what they will do once their time expires and typically have trauma to overcome in the process of developing a realistic discharge plan. Due to this, they often are not fully stabilized to transition from a TLP to total independence. Furthermore, 18 months is not a realistic measure of time to prepare all youth to live on their own. Transitional programs also cannot always

accommodate certain mental health concerns.

The model of a transitional living program can be quite restrictive for youth who are very independent and mature. The DYCD TIL model specifically requires 24 hour staffing and a curfew. The latter presents itself to be somewhat intrusive for some youth, and they may rebel against this, which leads to them not complying with the program and possibly leading to early discharge. The 24 hour staffing requirement drains a program budget and is not always necessary for youth on the verge of adulthood.

Another gap is the next step for youth graduating from a transitional program. Permanent housing options are very limited for young adults in New York City. As mentioned earlier, there is no access to section 8 in NYC and there are a small number of units available through supportive housing. As a recently opened permanent housing program, the True Colors Residence offers permanent housing to LGBT youth who are able to work and contribute toward their rent. It would be greatly beneficial if there were more programs such as this, which give youth the opportunity for appropriate preparation for adulthood in an environment aware of youth development issues.

RECOMMENDATIONS FOR TRANSITIONAL HOUSING

1. An increase in the number of transitional beds available for homeless youth in New York City, specifically young men and youth coming out of incarceration or juvenile justice.
2. Exploration of a change in the model of TIL (e.g. staff supervision for a predetermined amount of hours).
3. TILs that are mixed gender to keep from limiting an open bed to one gender. Many transitional programs have separate bedrooms which would not necessitate mixing male and female youth in a bedroom.
4. Permanent housing resources that are specific for youth transitioning from

TLPs.

5. Population specific TLPs (immigrant youths; sexually exploited/trafficked, single mothers, single males, ex-offenders, youths with mental health issues).

TRANSITIONING OUT OF FOSTER CARE

Yolanda is almost 21 years old. Since age 14, she has resided in various foster and group homes. When Yolanda was 19 years, she gave birth to a daughter, Pearl, and was moved to a mother-child residence. Yolanda is employed full-time at a cleaning service but does not have her high school diploma or a GED. Shortly before her 20th birthday, she applied for public housing though NYCHA, but was denied based on her daughter's father's criminal record. Yolanda is in the process of appealing this decision. Because she has a young child, she is not eligible for NY/NY III housing for youth aging out of care.

ACS has denied Yolanda's request for an Exception to Policy, which would allow her to remain in foster care past her 21st birthday, because ACS claims they can live with Yolanda's mother and stepfather, even though there is a history of sex abuse by the stepfather. Yolanda and Pearl are now in danger of becoming homeless. The foster care agency has not assisted Yolanda with obtaining proper child care services or identifying any additional housing programs.

STATEMENT OF THE PROBLEM AND CURRENT STATE

According to ACS, as of October 2011, 69.3% of youth in care had the designated permanency-planning goal of Another Planned Permanent Living Arrangement with a Significant Connection to an Adult (known as "APPLA+"). Typically, this means that ACS and the foster care agencies are charged with preparing these young people to live independently once they leave foster care. However, it has become increasingly apparent that the transition for these young people is not occurring as smoothly as state regulations anticipate, often resulting in unstable living situations or homelessness for this young adult population.

New York State regulations prohibit ACS and its foster care agencies from discharging a young person to "homelessness," the statutory definition of which explicitly includes discharge to a shelter or SRO.[1] The regulations also provide that ACS and its foster care agencies may only

[1] 18 N.Y.C.R.R. §430.12(f)(3)(i)(c)

discharge a young person to an appropriate housing arrangement that is reasonably expected to last at least 12 months. With the recent citywide housing crunch, it has become increasingly difficult to find permanent, appropriate housing for young adults transitioning out of foster care. As a result, many young people are now being encouraged to reside with relatives or adult friends with whom they may only have a tangential connection. Others are directed to enter the shelter system in spite of the statutory prohibition.

In addition to the risk of homelessness, youth transitioning out of foster care are often not in a position to adequately succeed without the "safety net" of foster care. Many of these young people, whether they realize it or not, have become overly dependent on the foster care system to manage their day-to-day activities, including education, mental health services, medical needs, and even simple tasks such as providing meals and clothing.

Moreover, after spending most, if not all, of their adolescence in foster care, many young adults become frustrated with the perceived lack of assistance from ACS and its contracted foster care agencies. Consequently, these youth voluntarily sign themselves out of foster care soon after their 18th birthdays without a stable plan for housing, employment, education, or child care services.

Young adults who are pregnant and parenting face additional challenges as they transition out of foster care. Specifically, housing option are extremely limited for these youth, as NY/NY III placements for youth transitioning out of foster care, as well as many other supportive housing programs, do not accept individuals with children. For those pregnant and parenting youth who wish to work or pursue an education, securing appropriate child care services often poses a hardship.

In sum, although attention is increasingly being paid to the issues confronting young people transitioning out of foster care, there is still much work to be done regarding the timeliness of planning for the transition as well as the education, awareness, and sensitivity of the agency workers in direct contact with these young people.

CURRENT SERVICES

In New York County Family Court, Part 90 has been designated a "model" part, known as the Transition Planning Court (TPC), dedicated to ensuring that young people aging out of foster care are adequately prepared for post-discharge independent living. The TPC hears all voluntary foster care placement cases involving youth ages 17 and older with a permanency-planning goal of APPLA+.

In 2010, the state legislature passed Family Court Act Section 1091, which provides a means for ACS or an Attorney for the Child to petition the Family Court to allow a young person to re-enter foster care after either voluntarily signing themselves out or where the agency requested a final discharge.

ACS can grant Exceptions to Policy, which allow young people over the age of 21 to remain in foster care for a limited amount of time (usually a three-month period). In recent years, the number of requests for Exceptions to Policy has greatly increased as more and more young people approach their 21st birthdays with no viable housing option. Consequently, it has become more difficult to secure an Exception to Policy for a young person, as each exception translates into more unreimbursed money that ACS must expend to continue foster care.

GAPS IN SERVICES

Pursuant to state regulations, ACS and its contracted foster care agencies are mandated to supervise young adults for at least six months following his or her discharge from foster care. However, the reality is that foster care agencies rarely have the ability to conduct such monitoring once a young person has left foster care, primarily due to inadequate staffing and/or funding.

Most foster care agencies provide "Independent Living Skills" or "Preparing Youth for Adulthood" (PYA) classes on a monthly basis to youth in foster care. However, many young people report that they do not absorb much substantive training from these classes.

Lack of formal education and/or a reliable source of income are further challenges for youth transitioning out of foster care. Many have not completed high school or obtained a GED prior to their 21st birthdays. Those who enroll in post-secondary education while in foster care find it difficult to maintain their educational studies once confronted with the challenges of managing their own lives on a daily basis. Others find themselves in financial crises after taking on significant student loan debt, only to drop out of college later in the semester. Young adults transitioning out of foster care often find it difficult to secure a steady source of income, which is essential for obtaining appropriate housing.

In an effort to assist youth in care with obtaining income verification for housing, ACS and HRA has developed a protocol to provide "provisional budget letters" to those young people who have difficulty obtaining employment. These letters provide a "projected" public assistance budgetary amount, under the assumption that the young person would open a public assistance case on the day he or she was discharged from foster care. However, there has been no training regarding this protocol for foster care agency workers. Agency workers are also misinterpreting the protocol to mean young people can open a public assistance budget prior to leaving care, which is untrue.

Historically, foster care agencies provided all young adults transitioning out of foster care with a $750 discharge grant that could be used toward anything the youth might need to facilitate his or her successful transition into independent living. However, these grants are no longer automatic or guaranteed. According to ACS, each foster agency has designated funds that may be used to assist a young person with specific needs, such as furniture, clothing, or rental assistance – however, the youth must be able to provide documentation of this need.

With the exception of NYCHA public housing and NY/NY III Housing Categories D & G, affordable housing for young adults who are pregnant or parenting is essentially nonexistent. For pregnant youth transitioning out of foster care, obtaining and maintaining steady employment becomes difficult with an impending due date. For youth who are already parenting while in foster care, they often find themselves trapped in a catch-22 of sorts, as they cannot secure child care through ACS unless they are working or enrolled in an educational or vocational program, yet they cannot work or go to school without child care. Thus, it becomes

extremely difficult for these pregnant and parenting youth to be successful in their transition out of the foster care system.

For those young people who are not eligible for NYCHA public housing or NY/NY III supportive housing, the options are frustratingly limited. Many non-NY/NY III supportive housing programs receive federal funding that restricts eligibility for these programs to individuals who are homeless or "at-risk" of homelessness, which does not include youth transitioning out of foster care. ACS may provide an ongoing, monthly rental subsidy of up to $300 to youth who are able to find an affordable, private apartment, but this subsidy inexplicably ceases upon the youth's 21st birthday.

Another frequent problem is the issue of identification or documentation. For those young people who have spent a significant amount of time in foster care, many do not have possession of their birth certificates or Social Security Cards. For older youth, a state identification card or driver's license also becomes an essential document to obtain. Without proper identification and documentation, it can be extremely difficult for a young adult to obtain employment or apply for housing programs.

RECOMMENDATIONS FOR TRANSITIONING OUT OF FOSTER CARE

1. It is absolutely essential that young adults transitioning out of foster care secure a reliable source of income prior to leaving his or her foster care placement, whether this is through employment or some type of public benefits (e.g. SSI, public assistance).

2. The housing application process should be initiated as soon as possible following the young person's 18th birthday, although discussions regarding a housing plan should begin as soon as the goal of APPLA+ is designated.

3. Prior to discharge from foster care, youth must be educated regarding their rights (i.e., not to be discharged to homelessness, right to request re-entry

into foster care, etc.), and the youth's attorney should be properly notified.

4. ACS and its contracted foster care agencies must begin the process of obtaining Social Security cards, birth certificates, state identification cards and/or driver's licenses shortly after the young person is given the designated APPLA+ goal.

5. There needs to be more comprehensive, up-to-date training for front-line foster care workers on key areas such as the housing application process, public benefits for youth transitioning out of foster care, and the laws regarding discharge from foster care.

6. ACS should re-open SILPs, which in the past proved successful in preparing young adults for independent living after foster care.

7. Creation of more supportive housing programs that don't require entry via DHS would help those young people who are not eligible for NYCHA or NY/NY III.

8. ACS should also broaden the availability of the ACS Housing Subsidy to allow applicants to apply as roommates. This would allow young people to enter into a lease with the support of a peer, if they wished to do so. Along the same lines, it would be helpful if NY/NY III applicants had input regarding who they are paired with to live. This would prevent failed NY/NY III placements based on roommate conflict.

9. ACS should also allow youth transitioning out of foster care to receive the ongoing rental subsidy beyond their 21st birthday.

10. Services to assist pregnant and parenting teens, such as child care, employment, and housing, must be expanded.

WORKING WITH FAMILIES OF HOMELESS YOUTH

Jackie was forced to leave home when he came out to his mother at age 18. After couch surfing for about 6 months, he ended up at a youth shelter for 30 days and then eventually a transitional living program. At both programs, Jackie was asked about family contact and he would respond with short answers and say that they didn't want him so he didn't want them either. In the transitional program, Jackie was asked to update his goals monthly and was asked about a variety of life skills areas including family relationships. After a few months in the transitional living program, Jackie started feeling like he missed his mom, especially as Thanksgiving neared. He began to talk with his Social Worker about how scared he was to try to contact his mom.

STATEMENT OF THE ISSUE

Recent research over the last few years has brought more attention to the approach of working with families to address youth homelessness, suicidality, mental health issues like depression, illegal drug use, and unsafe sexual behaviors. Most notably, the Family Acceptance Project at San Francisco State University has published several journal articles reporting their findings from working with families of LGBTQ youth. Additionally, New York City stepped forward in 2008 to become the first municipality to form a Mayor's Commission to address the needs of LGBTQ runaway/homeless youth, of which one of three subcommittees was tasked with exploring intervention and prevention at the family level. These developments have helped lead a larger conversation about the importance of working with families of runaway/homeless youth as a next step from the field's years of addressing the needs of a young person in isolation of their family. Additionally, attention to crisis response in our larger global society due to disasters, both natural and human-made like the attack on 9/11/01, Hurricane Katrina, the earthquake in Japan, etc., has greatly increased. Trauma and crisis response trainings are more frequent at non-profits as well as the corporate sector; local governments are encouraging individuals to prepare their families for possible disasters; professionals that work with traumatized communities are more aware of how to address crisis

needs. The Red Cross lists the top 4 items to focus on during crisis response as food, shelter, medical care, and family. When exploring the immediate crisis needs of a youth who is experiencing the trauma of homelessness, it is logical to pursue potential family support and resources at many points along the journey of ending an individual's homelessness and lessening his/her psychological stress.

The Research

What we have gained most importantly from the recent research from The Family Acceptance Project is that family support can be a protective factor against many of the effects of homelessness, bullying, harassment, and rejection that LGBTQ youth experience. Youth who had been rejected and experienced an increase in family acceptance, reported lower levels of depression, suicidality, illegal drug use, and unprotected sex. Conversely, LGBTQ youth in the study who had been rejected by their families were:

- 8.4 times more likely to *report having attempted suicide*
- 5.9 times more likely to *report high levels of depression*
- 3.4 times more likely to *use illegal drugs*
- 3.4 times more likely to *report unprotected sexual intercourse*

Family acceptance is closely associated with higher self esteem, social support, and overall health. It is logical to assume that youth who are rejected by their families for other reasons (beyond sexual orientation and/or gender identity) would also improve health functioning if they were to experience a stronger connection and less rejection from their families.

SERVICE GAPS

Paradigm Shift: From Individual to System

For many years, understandably, many RHY providers and youth advocates have focused on the needs of the individual youth, without much attention to the family from which the youth

comes. Short term lengths of stay, strapped resources, and resistant clients make it difficult to make much headway in addressing family issues while trying to focus on basic needs and harm reduction (because highest risk needs first attention; longer term supports get moved to lower on the priority list). Youth who have recently experienced trauma from the hands of their family, and/or have had years of abuse, neglect, or abandonment, are not going to be quickly welcoming of an offer of family therapy or even for a worker to call the family to start to intervene.

> "No matter how tragic a youth's past may sound, the original family is the youth's lifeline. His/her self esteem is derived to some degree from this attachment. Even for the youth who has limited contact with biological parents, this connection is far more significant than has been recognized by the youth or by those working with him or her. For many young people, the most stable adult in their lives has been a biological parent despite the disruptions. Sometimes our anger at the family who has hurt a youth makes it difficult for us to recognize their continuing importance in his/her life."
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> *From Preparing for Independence: Counseling Issues with the Maltreated Adolescent, Chapter 6: Enabling Youth to Make Peace with the Past*

As this excerpt from *Preparing for Independence* describes, family is not simply where we come from, it is representative of our relationship with the world. Assisting young people in making peace with family trauma even if they have no contact with family is crucial to our work in helping youth develop into healthy adulthoods. Further, it is often that youth return to family, psychologically and emotionally if not physically living with them, later on in life. Many youth may even end up living with family again following stints of homelessness. It is wise if we are committed to the long-term health of youth to provide support and intervention where it will do much long-term good.

Planning for Youths' Futures

Most youth advocates and providers if asked whether they are trying to help homeless youth

thrive versus just survive would answer affirmatively to the prior. When we consider that as providers we are typically in a young person's life for a short period, we must make the leap as to how we can lay the groundwork on creating a positive future for them. Who will they spend Thanksgiving with in 5 years? Who will they turn to when an important relationship breaks up? Who do they want to tell about a great success in their career in 10 years?

Additionally, how we handle family relationships often teaches us how to manage other important relationships in our lives. The way our parents/family express anger informs how we express anger; the way they show love impacts how we show love. Family members' behavior however is in a context and is rarely seen devoid of relationship content (Stone Fish and Harvey, 2005). Most people tend not to discuss relationship dynamics but rather make assumptions about themselves based on other people's behaviors (i.e. a child blames him/herself for parents' divorce). A crucial developmental task is to learn how to embrace the complexity of human relationships: accept and disagree at the same time.

EXISTING SERVICES

Recent Developments

A few NYC youth agencies have begun to work with the families of youth either through intervention or prevention activities. Some of the homeless youth drop-in centers sponsor family activities. DYCD solicited a family therapy intervention program for LGBTQ youth in 2011.

RECOMMENDATIONS FOR WORKING WITH FAMILIES

To further address the gap in engaging families of homeless youth, the following is recommended:

1. Private foundations should explore opportunities for family engagement

programs.

2. Providers should engage in dialogue within their agencies related to family engagement to explore resistance and educate all staff on the benefits of helping youth connect with family.

3. Providers should examine current program approach to see where family engagement might fit in naturally.

4. New York City/DYCD should increase the support of prevention activities related to reducing youth homelessness via family work.

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NOTES

MEMBERS OF THE NYC ASSOCIATION OF HOMELESS AND STREET-INVOLVED YOUTH ORGANIZATIONS

Adolescent AIDS Program - Montefiore Medical Center
Ali Forney Center
Brainpower
Bronx AIDS Services
Bronx Community Pride Center
Callen-Lorde Community Health Center – Health Outreach To Teens (HOTT)
Diaspora Community Services
The Door
FIERCE!
Girls Educational and Mentoring Services
Good Shepherd Services - Chelsea Foyer
Green Chimney's Children's Services - NYC Programs
Health and Education Alternatives for Teens (HEAT) – SUNY Downstate Medical Center
Housing Works
Lawyers for Children
MCCNY Homeless Youth Services – Metropolitan Community Church
New Alternatives for LGBT Homeless Youth
Project Renewal
Rachel's Place
Reciprocity Foundation
Safe Horizon – Streetwork Project
Safe Space
SCO Family of Services – Independence Inn Programs
The Outreach Project
"The Church" @ St. Luke in the Fields
Trinity Place Shelter
Urban Justice Center