

Understanding the Youth Services Landscape of the **Houston Region**

Findings from TNOYS' Listening Tour



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UNDERSTANDING THE YOUTH SERVICES LANDSCAPE OF THE HOUSTON REGION: FINDINGS FROM TNOYS' LISTENING TOUR

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Background

Purpose and Approach of the Houston Listening Tour and Report

Texas Network of Youth Services (TNOYS) is a statewide network of members in the youth services field who are committed to strengthening, supporting, and protecting critical services for youth in at-risk situations and their families. Although TNOYS is a statewide organization, TNOYS staff have traditionally been based in Austin. In 2016, TNOYS recognized that in order to strengthen services for youth and families across the state of Texas, the organization would need to establish formal operations in other regions.

In 2017, TNOYS made the decision to create a full-time staff position based in Houston, the largest city in the state and fourth largest city in the country. TNOYS had already been working closely with member organizations in Houston and nearby areas for several decades and had recently expanded that work through its coordination of the Hogg Foundation for Mental Health’s Transition-Age Youth and Families Initiative, as well as by hosting its Annual Conference on Services to Youth and Families in Houston since 2016. A full-time staff position would facilitate opportunities for TNOYS to strengthen this work and continue to support services for Houston-region youth and families.

TNOYS recognized the importance of first gaining a thorough understanding of the landscape of youth services in the Houston region prior to growing its work there. To that end, TNOYS embarked on a Listening Tour within the Houston region in summer 2017. The goals of the Listening Tour included:

- Connecting with provider organizations serving youth and families across the continuum of care;
- Identifying areas of work in which TNOYS should avoid duplication; and
- Identifying areas in which TNOYS could potentially fill gaps or needs in the youth-serving community.

TNOYS engaged with representatives from dozens of organizations over the course of its Houston Listening Tour. These organizations included foster care providers, government and non-profit entities that offer prevention and early intervention services, providers serving young people who are homeless and on their own, those who serve youth transitioning to adulthood, and more. TNOYS also spoke with young people and families served by some of these organizations. Additionally, TNOYS spoke with funders, policymakers, government agencies, and other leaders and stakeholders in the Houston region as part of the Listening Tour. The formal Listening Tour process culminated in Summer 2018 but TNOYS will continue to listen and respond to the needs of providers, youth, families and other critical stakeholders in the region.

Overview of the Unique Nature of the Houston Region¹



To understand fully the state of youth services in the Houston region, it is important to gain perspective on the unique nature of this geographic area, which encompasses Harris and the surrounding counties.² Although some providers TNOYS engages serve only residents of Harris County, the majority serve and have relationships with families who live in surrounding counties as well. Geography is certainly a challenge in service provision and access in this area, with Harris County alone covering almost 1,800 square miles. Bus trips from one side of the county to the other can take up to six hours and there is no public transportation available from some surrounding counties into Harris.

It is not possible to capture adequately the landscape of youth services in Houston without also taking into account Hurricane Harvey, which made landfall in the Houston region on September 1, 2017, and resulted in disaster declarations for every county in the Houston region. Hurricane Harvey left nearly one-third of Houston under water, and left citizens of Houston with more than \$200 billion in damages.³ In addition, 42% of residents in counties outside of Harris reported damaged homes and 40% indicated their income was negatively impacted because of job loss due to the storm.⁴ The hurricane was also a significant setback for young people in the region, with over 22,000 students considered homeless post-Harvey.⁵

School District	# of students reported homeless post-Harvey
Houston ISD	2,562
Aldine ISD	934
Pasadena ISD	2,063
Katy ISD	2,734
Spring Branch ISD	1,246
Clear Creek ISD	1,633
Fort Bend ISD	957

¹ When it is available, this report will reference data that covers the entirety of the Houston Region, in recognition of the critical relationships among these geographic areas.

² Liberty, Chambers, Galveston, Brazoria, Ft. Bend, Matagorda, Montgomery, Wharton, Colorado, Waller, Austin and Walker

³ NPR. *In Houston, Thousands Remain Displaced as Harvey Recovery Continues*. Available at: <https://www.npr.org/2017/12/28/574166438/in-houston-thousands-remain-displaced-as-harvey-recovery-continues>.

⁴ Hamel, L; Wu, B; Brodie, M.; Sim, S; Marks, E. 2017. *An Early Assessment of Hurricane Harvey's Impact on Vulnerable Texans in the Gulf Coast Region: Their Voice and Priorities to Inform Rebuilding Efforts*.

⁵ Noll, S. (2017). *Months after Harvey, tens of thousands of students remain homeless*. Retrieved from <http://www.khou.com/article/news/investigations/months-after-harvey-tens-of-thousands-of-students-remain-homeless/494038245>.

The storm brought more than homelessness, as evidenced by Texas Education Agency reports of Post-Traumatic Stress Disorder and other mental health challenges increasing after the storm.⁶ The needs associated with these negative outcomes tax service providers who even under regular circumstances don't have enough capacity.

Findings on Services & Supports for Youth in the Region

The Listening Tour report focuses on a continuum of services and supports for youth and families that model the value areas of TNOYS' work. Ideally, problems should be prevented before they start through proven prevention and early intervention programs that keep youth safely at home. An important component of this work includes addressing challenging adolescent behaviors appropriately, to get to the root of the problem and prevent recurrence. If it is not possible to keep youth at home then it is essential to ensure safe, nurturing living arrangements until they can return. For those homeless youth who cannot reunite with their families, supports must help them achieve independence. Finally, regardless of how youth find permanence, services should be trauma informed and consistently strive to promote Positive Youth Development, strengths-based principles, and working in partnership with young people.

PREVENTION & EARLY INTERVENTION

TNOYS strongly believes that the best, most cost-effective way to serve young people is through prevention and early intervention services, which prevent problems before they escalate into a crisis and threaten the health of a household. These services also offer economic benefits, as it becomes more expensive to intervene when family dynamics have deteriorated and children end up in out-of-home care.

The Houston region illustrates a number of areas where prevention and early intervention efforts need to be strengthened. For example, five of the 13 counties in the Houston region rank in the bottom 40% of Texas counties with high child poverty rates.⁷ Three of the 13 counties in the region have higher child food insecurity percentages than the state of Texas as a whole (25.6%).⁸ Over the last five years, the number of identified victims of child maltreatment in the Houston region increased by 21% and over 2,600 children were taken into foster care in 2017.⁹ From 2016-2017 there was also a jump in the number of youth the Harris County Juvenile Probation Department committed to the Texas Juvenile Justice

⁶ Texas Education Agency. Hurricane Harvey's Impact on the Mental Health of Children, Youth and Adults: A Mental Health Brief for Schools. Available at: www.esc4.net/Assets/hurricane-harvey-impact-brief-112817.pdf.

⁷ Kids County Data Center. 2015. Texas Child Poverty 0-17 by County.

⁸ Howard Buffett Foundation. 2017. Map the Meal Gap. Highlights of Findings for Overall and Child Food Insecurity. A Report on County and Congressional District Food Insecurity and County Food Cost in the United States in 2015.

¹¹ Department of Family and Protective Services Databook. 2017. Victims; Removals.

¹² Harris County Juvenile Probation Department. 2016 Annual Report. Available at: <https://hcjpd.harriscountytexas.gov/Published%20Reports/Annual%20Report%202016.pdf>.

Department (TJJD),¹⁰ the most serious sanction within the juvenile justice system. These factors have dire consequences. Therefore, it is important to understand the current landscape of service provision and the challenges providers have in meeting all the need.

Best Practices and Challenges - State-Based Prevention Efforts

In Texas, the statewide effort around prevention and early intervention of youth crisis is administered through the Department of Family and Protective Services (DFPS). The Prevention and Early Intervention (PEI) Division of DFPS consists of a variety of programs that address family crisis, needs of first time parents, services for youth at-risk of juvenile delinquency, and the special needs of military families.

Services of the DFPS Prevention and Early Intervention (PEI) Division	
Program Name	Goals of the Program
<i>Services To At-Risk Youth (STAR)</i>	Serves youth and their families needing crisis intervention, help with family conflict, concerns involving school performance, attendance, and building parent and youth skills.
<i>Community Youth Development (CYD)</i>	Juvenile-delinquency prevention programs in ZIP codes with high juvenile crime rates for youth ages 6 to 17 (with a focus on youth ages 10 through 17). Communities use mentoring, youth-employment programs, career preparation, and alternative recreational activities to prevent delinquency.
<i>Military Families and Veterans Pilot Prevention (MFVPP) Program</i>	<p>a.to improve the wellbeing of Texas military and veteran families by promoting positive parental involvement in their children's lives;</p> <p>b.to educate, facilitate and otherwise support parents' abilities to provide continued emotional, physical and financial support for their children;</p> <p>c.to build a community coalition of local stakeholders who are focused on the prevention of child abuse and neglect;</p> <p>d.to prevent child abuse and neglect occurrences in military communities.</p> <p>the eligible client population is:</p> <ol style="list-style-type: none"> 1."primary caregivers" who are active duty or former military members, National Guard members, Ready Reserve members, veterans and military retirees or their dependents 2.a child, zero to 17 years of age or expecting a child is identified as the "target child" for services.

Services of the DFPS Prevention and Early Intervention (PEI) Division	
<i>Healthy Outcomes through Prevention and Early Support (HOPES)</i>	Provides child abuse and neglect prevention services that target families with children between birth and 5 years of age.
<i>Texas Home Visiting (THV)</i>	<p><i>Programs under the umbrella of THV include:</i></p> <ul style="list-style-type: none"> • Nurse Family Partnership: Services to first-time, low-income mothers to improve pregnancy outcomes, improve child health, improve family economic self-sufficiency, and reduce the incidence of child abuse and neglect • Parents as Teachers: Service to families prenatally through age five to enhance parent-child attachment, school readiness, knowledge of parenting, improve family economic self-sufficiency, and reduce the incidence of child abuse and neglect • Home Instruction for Parents of Preschool Youngsters: Service for families with children ages 3 to 5 to enhance school readiness including cognitive and social emotional development of children.

Services to At-Risk Youth (“STAR”) is the most ubiquitous of PEI programs, as it is available in every county across Texas through contracts administered to local providers by PEI. STAR provides crisis intervention to at-risk youth and their families and serves as the safety net for many Texas youth and families who cannot otherwise access community mental health services. It is one of the state’s longest-running and most successful services for youth and families, with PEI evaluations of STAR indicating that 99% of children who received the services weren’t referred to juvenile probation and 94% remained safe after three years. In addition, parents served by STAR have indicated the services made a positive difference in their family and gave them access to a resource (community based mental health services) that otherwise would have been absent or difficult to obtain in their community.¹¹

In the Houston region, five organizations operate STAR in the 13 counties. In 2017, these organizations served almost 3,000 youth.¹² This is an impressive number; however many of these organizations confirm the need to increase service availability to families and be able to reach out to additional families. These challenges are reflected in a SUMA Social Marketing report where counselors in over half the STAR sites¹³ indicated they were overwhelmed with the number of clients they had.¹⁴ At the same time, there is a lack of general community knowledge of STAR as most families become aware of it through their child’s school, which contacts them to suggest counseling as opposed to the family becoming aware of the

¹¹ SUMA Social Marketing. 2017. *Service to At-Risk Youth Research Findings: Final Report*. The report only includes six program sites and does not have representation from west Texas; therefore, it should be considered directional and not definitive.

¹² DFPS Data Book. Prevention and Early Intervention. STAR Youth Served by county for 2017.

¹³ DePelchin was the only Houston region organization to participate in the report.

¹⁴ SUMA Social Marketing. 2017. *Service to At-Risk Youth Research Findings: Final Report*. The report only includes six program sites and does not have representation from west Texas; therefore, it should be considered directional and not definitive.

services by other means.

Organization with STAR contract	Counties the organization serves with STAR
Youth and Family Counseling Services	Walker Brazoria Matagorda Wharton
Montgomery County Youth Services	Montgomery
Family Services Center of Galveston	Liberty Chambers Galveston
Colorado County Youth and Family Services Inc.	Colorado Austin
DePelchin Children's Center	Harris Waller Ft. Bend

Other state-administered PEI programs aside from STAR are not readily available across the 13 counties in the Houston region. Community Youth Development (CYD) exists in Harris and Galveston counties and THV in Chambers, Ft. Bend, Montgomery and Harris. Despite a high percentage of military families with children living in the region,¹⁵ no MFVPP grants are available in Harris County. HOPES is also limited across the region, with Harris, Montgomery and Galveston the only counties where services are provided.¹⁶ The absence of PEI grants in certain parts of the region appears to be due to allocation of scarce resources to areas and families most at-risk. These cut off points could be limiting services in areas where families could greatly benefit.

Best Practices and Challenges - County-Based Prevention Efforts

While state-based prevention services are not plentiful enough in the Houston area, there are county-based services that try to help fill the gap. An innovative approach to prevention services based in county government is Harris County Protective Services for Children and Adults (HCPS); a continuum of services ideally designed to keep children and families whole or support them through significant life changes. HCPS' Youth Services Division is home to a number of different prevention and early intervention services including:

Program	Population Focus	Services Provided
CYS	school age children in kindergarten, elementary or high school	crisis intervention, counseling and case management
Kinder Emergency Shelter	ages 12-17	24hr licensed shelter; service planning and crisis intervention
<p style="text-align: center;">TRIAD</p> <p>law enforcement and walk-in intake as well as assessments, crisis intervention and referrals; life skills, sports, mentoring etc. aimed at reducing juvenile delinquency; services for youth with serious emotional health issues</p> <p style="text-align: center;"><i>TRIAD includes:</i></p>		

¹⁵ U.S. Department of Veterans Affairs. 2015. Percent of Veteran's Households with Kids by County.

¹⁶ HOPES grants are awarded to counties with more than 10,000 children under the age of five that have high risk values based on family violence, substance use, teen pregnancy, child maltreatment fatalities in the last five years and child poverty.

JP Court Program	ages 10-17	referral and case management for children and youth who appear in JP Court for Class C misdemeanors
Program	Population Focus	Services Provided
Community Resource & Coordination Group (CRCG)	families and youth in crisis	assessment and case planning by a team of community service providers to divert youth from out-of-home placement
Parenting with Love & Limits	youth and parents who need their relationship restored	parent education program for parents and teens
Parent-Teen Survival	10-17	curriculum based sessions on conflict, communication, setting boundaries etc.

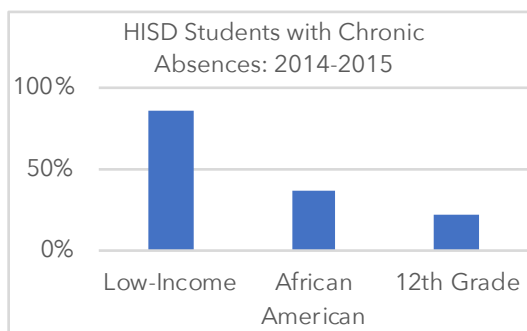
The Community Resource & Coordination Group (CRCG) deserves a closer look because it is a critical safety net that is underfunded. Currently, 141 CRCGs cover 235 counties in Texas; however, there is no state funding allocated to their efforts so they depend on county and/or private dollars. The Harris County CRCG depends solely on county dollars to support a coordinator and the resources necessary to hold interdisciplinary meetings and connect families with services.

HCPS staff report that two populations they often see in CRCG meetings are those who would qualify for post-adoption services and families seeking evaluation for their children who may have symptoms of Autism Spectrum Disorder. HCPS staff report that for the latter, children can be on waiting lists for specialists for almost a year and then their parents are unable to afford treatments most of which are expensive. There are state contracted services available for post-adopt families; however, service providers indicate they do not have the financial or staff resources to provide the in-depth case management and parenting guidance these families need.

Unfortunately, by the time a family reaches CRCG, one of the more dire needs is for inpatient child psychiatric beds. This need is also reflected at the state level where 24% of the CRCG staffing outcomes are a referral to residential treatment.¹⁷ HCPS staff report a severe lack of funding for these needs, stating they have enough money for approximately one month of treatment for one child per year. If the child is eligible for Medicaid or if the treatment provider takes private insurance then lack of bed space is still a challenge.¹⁸

¹⁷ University of Texas at Austin. Texas Institute for Excellence in Mental Health. 2016. *Community Resource and Coordination Groups Needs Assessment*.

¹⁸ Keller, A, Harper, M. & Shah, S. 2017. *Harris County Mental Health Services for Children, Youth and Families: 2017 System Assessment and Extended Report*.



Many students whose mental health challenges go untreated engage in inappropriate behavior, possibly leading them to have contact with the Justice of the Peace (JP) courts hearing truancy and other Class C misdemeanor cases. These interactions with the court system provide another entry point for HCPS to provide prevention and intervention services, in the form of the JP Court Liaison and Court Wraparound (WRAP) Programs.

What makes the JP Court Program so unique is its position at a tipping point in the system when the Class C misdemeanor that brought the youth into court can identify larger issues, such as poverty or child maltreatment.¹⁹ Initiated in 1998, the JP Court Liaison Program includes case management of children and their families who come into court on a Class C Misdemeanor including truancy, theft under \$50 and disorderly conduct. The liaison recommends, and the judge can order, services for the youth directed at the underlying reason for the youth's behavior and then track his/her progress until the next court appearance. The WRAP program, where intensive case management occurs, is for youth who need more individualized attention.

In 2016, the JP Court Program served over 4,000 students and the JP Court Wrap Program served 51
(CPS in Harris County Annual Report)

Another successful county-based safety net designed to serve children with mental health challenges in their communities is the Local Mental Health Authority (LMHA), known in Harris County as the Harris Center for Mental Health and IDD (Harris Center). Families who receive a psychiatric assessment and diagnosis for their child through the Harris Center are connected to a clinic, with some availability for therapists to see the child at his/her home or school. Several of the available services include cognitive behavioral therapy, skills training, parenting and peer-to-peer support for parents. In 2016, the Mobile Crisis Outreach Teams alone served 330 youth, children and families per month and 634 children received outpatient therapies and medication management.²⁰

Despite the important role the Harris Center plays, there are several challenges. Staff report limited funds, making it difficult to hire enough child psychiatrists. This causes some children to wait almost two months for evaluation. It is also challenging for the Harris Center to find experienced clinicians wanting to work in this environment given its demanding nature and low compensation. Finally, requirements for accessing services can present barriers to those who need them. Intake for child referrals and eligibility screenings occur at the Southwest Community Center in the Westwood area of town, where children must travel from around Harris County. Intake is only open Monday through Friday from 7:30am to 3pm, which presents a challenge for parents who work during the day and don't have flexibility to take

¹⁹ Finck, J. 2016. *When Students Miss School: The High Cost to Houston*. Available at: www.BushHoustonLiteracy.org/news-events/reports.

²⁰ Keller, A, Harper, M. & Shah, S. 2017. *Harris County Mental Health Services for Children, Youth and Families: 2017 System Assessment and Extended Report*.

time off. If a child does not qualify for services, then the Harris Center assists the family in an attempt to locate other resources in their community.

Best Practices and Challenges - School-Based Services

A broader delivery mechanism for prevention and early intervention services is through the education system, starting with early learning settings. Harris County alone has the opportunity to serve over 300,000 children ages zero to three,²¹ at a critical stage when families can receive guidance and support that could prevent problems later in a child's life. Early education opportunities such as Early Start/Head Start and Early Childhood Intervention (ECI) are vital for child well-being, yet funding and availability of services has declined despite steady to growing need.²² For the majority of parents and guardians who are working, quality, affordable child care/early education is a necessity, but access is challenging. Children with subsidies are often on a very long wait list, in part, because few childcare providers accept subsidies.²³ Pre-K serves as another opportunity; however, only 11 out of 22 districts offer a free half-day program.²⁴ Some, like the Houston Independent School District (HISD), allow all children to attend full day, but those who do not fit at-risk criteria²⁵ are charged a fee (\$450.20 a month) to do so.²⁶

Given that almost 70% of the child population in the Houston region are of mandatory school age,²⁷ the next step into kindergarten and elementary school can be a secondary safety net. Communities in Schools (CIS), supported by contracts through the Texas Education Agency, is one program in Houston taking advantage of schools as a place to connect youth with prevention and early intervention services. CIS has the main objective of ensuring there are no barriers to a student's ability to stay in school and progress successfully towards graduation. With a presence on 133 campuses across five districts, CIS served over 31,000 students²⁸ in 2016-2017 and had a positive impact on school attendance. CIS services include help with academics as well as access to eyeglasses, clothes, medical care, and safe housing. This comprehensive approach increases a student's chance for improvement by addressing his/her basic needs. This is a critical strategy since research shows a strong correlation between poverty and learning.²⁹ Research on CIS indicates effective outcomes with 98% of

²¹ First 3 Years. 2018. *First Three Years: An Intimate Look at How Infants and Toddlers are Doing in Harris County and Opportunities to Improve Systems of Care*. Available at: <http://first3yearstx.org/wp-content/uploads/2018/03/Beyond-Babies-3.6.18-1.pdf>.

²² First 3 Years. 2018. *First Three Years: An Intimate Look at How Infants and Toddlers are Doing in Harris County and Opportunities to Improve Systems of Care*. Available at: <http://first3yearstx.org/wp-content/uploads/2018/03/Beyond-Babies-3.6.18-1.pdf>.

²³ Children at Risk. 2017-2018. *Growing Up in Houston: Assessing the Quality of Life of our Children*.

²⁴ *ibid*

²⁵ Criteria are: unable to speak/write English, economically disadvantaged, child of active duty military including those who have died, been injured or are MIA, even in state's conservatorship, eligible for Head Start and child of a first responder.

²⁶ Tuition Based Pre-K. <http://www.houstonisd.org/Page/126419>.

²⁷ DFPS. 2017. Texas Child Population. Available at: www.dfps.state.tx.us/About_DFPS/Data_Book/Child_Protective_Services/Populations_at_Risk.asp.

²⁸ CIS Annual Report. 2-16-2017. Available at: <https://www.yumpu.com/en/document/view/59875274/cis-annual-report-2016-17>.

²⁹ Ratcliff, C. & McKernan, S. 2012. *Child Poverty and its Lasting Consequences*. Paper 21. Urban Institute; The Institute for Public Policy and Economic Development. 2016. *Impact of Poverty on a Child's Academic Performance*; Cunningham, M & Graham, M. 2012. *Housing as a Platform for Important Educational Outcomes among Low-Income Children*. Urban Institute.

students served (grades 7-12) staying in school and 97% showing marked grade improvement.³⁰

Community Youth Services (CYS)³¹ provides another school-based resource with a broader goal of “helping families who have problems.” CYS provides practical assistance to families of children and youth experiencing problems by providing school-based crisis intervention, case management, and counseling services. A combination of federal, state and private dollars fund CYS’s crisis intervention, counseling and case management, with the Houston program receiving over half of its support from public dollars.³² State funding for CYS programs throughout Texas was cut by 63% in 2011 and hasn’t returned to 2010 levels,³³ impacting CYS’ ability to serve students in need of its services. In addition to direct cuts, funding decreases to public schools over the last few legislative sessions have forced prioritization of academics over ancillary services, threatening the foundation and surrounding support structure of programs such as CYS.

Encompassing the goals of both CIS and CYS is Mental Health America of Greater Houston’s Center for School Behavioral Health (the Center), which takes a systemic approach to prevention and early intervention focused on the behavioral health of children. Rather than direct services, the Center focuses on capacity building through evaluation, best practice grants, and policy change. What makes this initiative unique is the comprehensive way it approaches school behavioral health, including prevention as well as early identification and treatment of behavioral health disorders. Instead of pushing an unfunded mandate on schools, the Center ensures schools have the resources necessary to support students. Finally, the Center emphasizes the importance of collaboration by working with over 100 organizations for networking, project idea development and construction of a policy agenda.

Secondary education presents yet another opportunity for early intervention, particularly for at-risk populations such as homeless youth,³⁴ youth who have aged out of foster care³⁵ and those with a juvenile/criminal history. Houston Community College (HCC) has a small but dedicated team that provides support for students who sometimes need detailed and continuous guidance while obtaining a two-year or technical degree. There is also a special program on the main campus that serves youth with learning, intellectual and/or physical disabilities. There is some financial support available for low-income students, but one of the greatest needs of HCC students is childcare, especially for infants. From the observations of HCC, what childcare there is takes a long time to access, with waiting lists six months or more. It is difficult and sometimes impossible for students to achieve their education and employment goals without something as seemingly basic as childcare.

³⁰ CIS Houston Program. 2016-2017 Annual Report. Available at: <https://www.yumpu.com/en/document/view/59875274/cis-annual-report-2016-17>; outcomes based on those who received case management, not all children served.

³¹ CYS is a program of Harris County Protective Services for Children and Adults.

³² *ibid*

³³ Texas Education Agency. Available at: https://tea.texas.gov/Texas_Schools/Support_for_At-Risk_Schools_and_Students/Communities_In_Schools/.

³⁴ HCC won’t turn anyone away, but a youth needs to have some type of address.

³⁵ The main partnership for this population is with the HAY Center who refers former foster youth to HCC; however, it is more difficult to connect with those who don’t come through this location.

Another hard to meet need for these older youth is mental health care. The Meadows 2017 report indicates short-term crisis options are scarce for older youth. Therefore, many youth 18-21 rely on services of the Harris Center's Mobile Crisis Outreach Team's after eligibility for children's services ends. In Houston, Legacy Community Health is essential in this regard providing health services to over 5,000 clients 18 and older.

Best Practices and Challenges - Services for Special Populations

There are certain populations of youth in the Houston region that are particularly vulnerable to crisis given their unique needs/situation. Two populations that frequently came up in the listening tour were LGBTQIAIA (Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex and Asexual) youth, who are 120% more likely to report homelessness,³⁶ and youth living with kinship caregivers.

There are an estimated 158,500 LGBTQIAIA youth in Texas and studies of those living in the Houston area have found these young people to be more vulnerable to behaviors such as suicide, smoking, and drinking.³⁷ Yet, despite the vulnerability of this population, there are very few prevention and intervention services for them in the Houston area. The Alliance for Family and Community Integrity (AFCI), Montrose Center, and Parents, Families and Friends of Lesbians and Gays (PFLAG)³⁸ appear to be some of the few organizations in the Houston region that specifically support families before they are in crisis related to their understanding of their child's sexual orientation or gender identity.

HATCH, based out of the Montrose Center in Houston, provides a drop-in center, support groups, counseling and case management primarily for youth 13-20 who identify as LGBTQIAIA. A relatively new program they have is HATCH Junior that serves youth seven to twelve and their parents. Through a partnership with CIS, the organization can serve youth in school. HATCH also provides outreach in the community, developing awareness around appropriate support for LGBTQIAIA youth. According to the Montrose Center's 2015 annual report, over a yearlong period, its youth programming served 688 youth and resulted in 268 interventions with LGBT homeless and at-risk youth.

Another population with unique needs are children living with a kinship caregiver. In Texas, there are over a quarter of a million of these children³⁹ living primarily with an older grandparent, yet very few organizations in Houston are focused specifically on serving these families. One of the very few is Methodist Children's Home (MCH). The MCH Grandparents as Parents (GAP) program connects relatives to school supplies, basic needs and support groups. MCH also convenes a group of stakeholders called the Relatives as Parents (RAP) Coalition that meets monthly to share resources and collaborate on ways to help the relative caregiver population. The last annual report for MCH highlights the effectiveness of the

³⁶Morton, M.H., Dworsky, A., & Samuels, G.M. (2017). Missed opportunities: Youth homelessness in America. National estimates. Chicago, IL: Chapin Hall at the University of Chicago. Available at: <https://www.newsweek.com/lgbt-youth-homeless-study-727595>.

³⁷ Mallory, C., Brown, T., Russell, S. and Sears, B. 2017. *The Impact of Stigma and Discrimination Against LGBT People in Texas*. Available at: <https://williamsinstitute.law.ucla.edu/press/press-releases/770000-lgbt-adults-and-158500-lgbt-youth-in-texas-vulnerable-to-stigma-and-discrimination/>.

³⁸ PFLAG refers minors to HATCH at the Montrose Center.

³⁹ Kids Count Data Center, 2011-2013.

services across the state, with 100% of families who participated in GAP indicating the program stabilized their situation and they were satisfied that services helped prevent the relative child's placement in foster care.⁴⁰

Analysis & Recommendations

Preventing problems before they start is one of the most successful and cost-effective ways to ensure healthy futures for youth and families. The Houston region has some innovative prevention and early intervention programs, but capacity is a major barrier to creating greater community awareness around existing resources and having enough services available to all those in need. In particular, there are specific populations whose needs often go unrecognized and/or unmet, such as LGBTQIA youth and their families as well as youth living with kinship caregivers. Older youth are also vulnerable to negative outcomes, particularly those who cannot smoothly transfer from the child to adult mental health systems including opportunity youth⁴¹ as well as those who age out of foster care and leave juvenile facilities. These gaps place families and futures at-risk.

A first step to ensuring greater for Houston area youth and their families is to expand the capacity of models, particularly those that reach youth through schools and the courts and those that serve high-risk special populations, in order to efficiently reach clients. It is also important to look at how some programs, such as JP Court Wraparound, could be replicated in counties beyond Harris to serve smaller areas such as Galveston where specialty services are hard to come by. Finally, it is critical that special populations such as LGBTQIA youth and kinship caregivers receive targeted support. The former are a large percentage of the homeless youth population and the latter do not receive the same level of formal support from the state as traditional foster families but provide an important safety net for youth in the child welfare system.

FOSTER CARE

In 2017, there were over 10,000 victims of child maltreatment in the Houston region. The majority of the cases involved neglect (supervision, medical and physical) followed by physical abuse, and sexual abuse.⁴² In cases where the victim cannot remain safely at home with a relative or a biological parent, a court may require the state to take custody and place the child in foster care. Foster care includes foster homes, shelters, residential treatment centers, group homes and other placements that are not the home of a biological family member or fictive kin (unless they have been verified as a foster parent). In 2017, almost 8,000 children in the Houston region were in the legal responsibility of DFPS. The majority of these children were ages zero to five and African-American.

⁴⁰ Methodist Children's Home. Annual Report 2015-2016. Available at: www.mch.org/userfiles/file/2015_2016_Annual_Report_Web.pdf.

⁴¹ Rice University Kinder Institute Houston's Opportunity: Reconnecting Disengaged Youth and Young Adults to Strengthen Houston's Economy. 2016. <https://kinder.rice.edu/sites/g/files/bxs1676/f/documents/OYYA-report-0928.pdf>.

⁴² DFPS Data Book 2017. Findings; Types of Abuse

Children in Conservatorship in Houston Region = 8,216			
Legal Outcome	Number of Children	Average length of time in care (in months)	Average # of placements
Reunification	668	14	2
Permanency Care Assistance	113	27	2
Legal Outcome	Number of Children	Average length of time in care (in months)	Average # of placements
Permanent Managing Conservatorship	651	6	2
Relative Adoption	416	22	3
Non-relative adoption	454	21	3
Emancipated	246	63	8

Best Practices & Challenges - Preparing for New Policy Changes

Capacity is a serious issue for the foster care system in the Houston region, and it could be intensified by new federal and state policy changes that are poised to dramatically impact the landscape of residential childcare. There is a deficit of foster homes and other placements across the state leading to children sleeping in the offices of Child Protective Services' staff, even in the large Houston region. While counties can and do share resources, additional foster homes are needed to ensure children are placed closer to their home communities.⁴³

Exacerbating this capacity crisis are several recent policy actions – the federal Family First Prevention Services Act (FFPSA), the Texas Children's Rights lawsuit, and Community Based Care (CBC), the last of which was created by the 85th Texas Legislature as a different structure for the foster care system. The FFPSA and the Texas Children's Rights lawsuit in particular have significant implications for the Houston area, as it is home to more residential treatment centers than any other region in the state. Both the lawsuit and the FFPSA seek to limit congregate care (placements such as shelters, foster group homes, cottage homes and residential treatment centers). This means there will be an even greater urgency to increase the number of foster homes in Houston, particularly therapeutic environments that could care for children with more specialized needs.

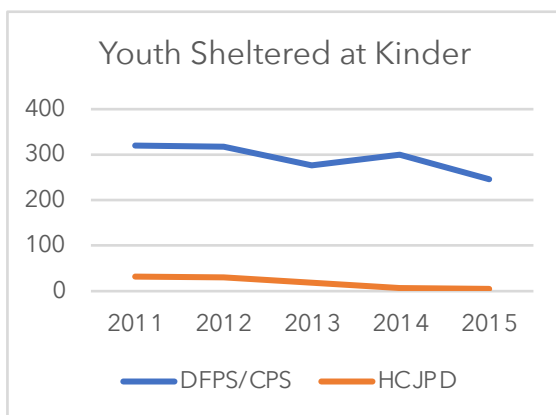
Adding to this urgency is Community Based Care, which requires expansion and reservation of placement capacity to ensure children can live in their home communities. However, some stakeholders suggest that Harris County will be one of the later regions to implement CBC, as

⁴³ Texas Department of Family and Protective Services. 2017. *Department of Family and Protective Services Foster Care Needs Assessment*. Available at: https://www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/CPS/documents/2017/2017-01-01_Foster_Care_Needs_Assessment_Report.pdf.

it currently accepts so many placements from other regions. Other areas will first need to build up their own capacity before Harris begins reserving its own.

Despite what may be a long timeline, a group of stakeholders in Harris County (which will be a separate region or catchment area from the other counties currently in the Houston Region) came together to form a workgroup in order to begin making preparations. There is an executive committee, on which TNOYS has a seat, and an advisory committee. The intention of the work is not to establish a lead agency or a potential model. Rather, it is to ensure that when CBC comes to Harris County, the community has the services and relationships necessary to serve children and families in the system. The executive committee, with funding from Houston Endowment, has hired the Meadows Mental Health Policy Institute as a project manager. Over the next 18 months, this collaborative will develop an open source planning document describing Harris County's child welfare characteristics, resources, gaps, challenges and opportunities to strengthen the supports provided to children and families who come into contact with foster care. This plan will ideally prepare Harris, and by association the surrounding counties, for the change that is to come.

Best Practices and Challenges - Shelters



Kinder, a 24-hour licensed shelter in Houston that provides service planning and crisis intervention, is often used by CPS to house children when they are initially brought into care or when they are awaiting a new placement. Kinder is a good example of some of the opportunities and challenges facing shelters in the Houston area. Technically, the shelter can accept a variety of youth, such as those from the Harris County Juvenile Probation Department and DFPS. Recently, however, the shelter has been averaging just 14-16 youth per night (out of a total

bed capacity of 24), the majority of whom are voluntarily placed there by parents rather than DFPS. Kinder and a few other shelters in the region could enter into contracts for Children without Placements (CWOP), which are meant to ensure that children are not sleeping in a DFPS office. However, many shelters cannot accept the no eject/reject contract provision of these placements because the resources are such that they can only serve youth who do not require specialized or intensive levels of care.

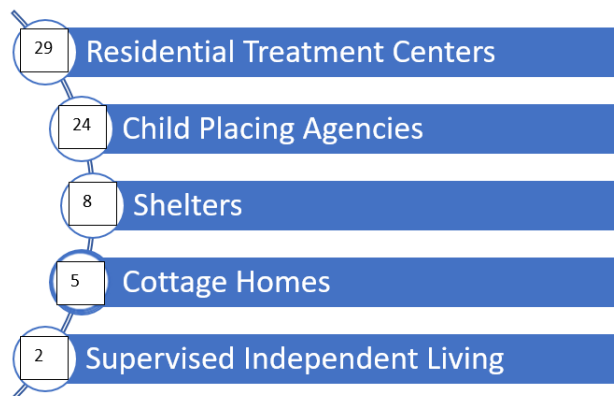
Over time, Kinder has been receiving children with more severe behavioral health problems but has just one therapist who must handle both crisis and everyday situations with youth clients. Other shelters are in a similar position in that they want to house these children, but don't feel they have the specialty services or staff to do so. Intake staff at these shelters often feel the children would be better supported in a residential treatment center.

Adding to these challenges facing shelters are the implications from the recent state and federal policy changes previously mentioned, because shelters are included in the definition

of congregate care. Under the FFPSA, shelters will need to become one of three specialized settings if they wish to continue getting federal reimbursement for the foster children in their care. These settings include supervised independent living for youth 18 and older, housing and services for pregnant and parenting youth in foster care and/or a specialized setting for children who are at-risk of being or are victims of trafficking.

Best Practices and Challenges - Residential Treatment Centers

Residential Treatment Centers (RTCs) are going to be facing some of the most significant challenges from child welfare policy changes both at the federal and state levels. Both the



FFPSA and the Children's Rights' lawsuit target residential treatments centers through their focus on changes to or elimination of congregate care. Community Based Care requires some buildup in capacity that will need to be met, at least partially, through residential treatment centers as each area ultimately has to reserve bed space for kids so they can be placed close to home.

The Houston region, with 30 RTCs mostly in the city of Houston, contains a large portion of the RTC placement capacity for children and youth in foster care. This is almost three times more than the region with the next largest number (10). Hurricane Harvey already negatively affected the capacity of some of these facilities when approximately 400 children were evacuated and two of the facilities needed to be rebuilt. RTCs in the Houston region will need specific information and expertise about upcoming policy changes so they can overcome challenges in providing necessary services, remaining a viable business and meeting new standards once changes go into effect.

DFPS Region	Number of RTCs
Region 8	10
Region 7	8
Region 4	2
Region 3	5
Region 1	3

There are a number of concerns that have been expressed by stakeholders, including administrators of RTCs themselves, about the high number of RTCs in the region. One of these concerns regards trauma informed care, which is addressed in a later section of this report. Due to both the nature of residential treatment and the acuity and trauma histories of many youth they serve, there is substantial concern that the culture within RTCs is not trauma-informed. TNOYS has provided programming for these providers on creating cultures of care periodically since 2014 but resources have not been available to provide consistent, ongoing support. Smaller RTCs in particular may struggle with a lack of resources to build and sustain a quality program, and they are increasingly looking to TNOYS for support.

A second concern is in the area of education. Many RTCs operate charter schools and RTC administrators have reported concerns that many of the youth in their care have never experienced the normalcy of attending public school. Some RTCs have expressed interest in

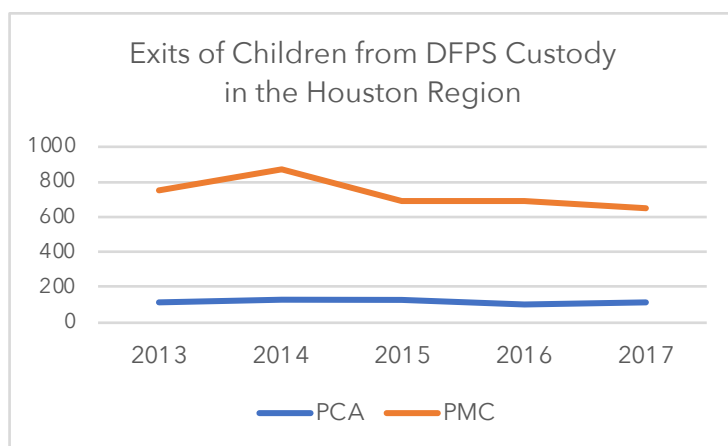
collaborating to provide normal extracurricular activities, such as sports leagues. The topic of improving educational outcomes for youth in residential treatment is currently being explored by the Supreme Court of Texas' Children's Commission.

Finally, the large presence of RTCs in the greater Houston area may contribute to the shortage of foster family homes that are equipped to serve higher-needs youth. This may become an especially challenging problem for Houston under the implementation of Family First and with the increased roll-out of Community Based Care.

Best Practices and Challenges - Kinship Caregiver Programs

One way DFPS is trying to address the need for more placements is by increasing the number of kinship caregivers who take in and raise relative children. Relatives play a very large role in taking care of children in foster care. In 2017, 34% of children in substitute care in the Houston region were living with kin and 21% of adoptions out of foster care were by kin.⁴⁴

DFPS is also trying to support permanent guardianship for youth who exit care to relatives through Permanent Managing Conservatorship (PMC), in which a relative receives permanent guardianship, or Permanency Care Assistance (PCA), in which a relative is licensed as a foster parent. Besides adoption, PCA is the most financially secure option for relatives since they can receive monthly payments equal to an adoption subsidy. PMC on the other hand involves virtually no financial support.⁴⁵



Unfortunately for relatives in the Houston region, the number of children exiting DFPS custody through PMC is much higher than to PCA. Kinship caregivers and stakeholders who work with them indicate that it is often difficult for relatives to become licensed due to the expenses involved such as home modifications. This challenge can jeopardize the financial and other benefits that come from being licensed.

Best Practices and Challenges - Dual-Status Youth

A population of youth in foster care who are in especially precarious situations are those who are also involved in the juvenile justice system.⁴⁶ A relatively recent initiative, the Harris

⁴⁴ DFPS Data Book. August 31 Children in Substitute Care on

⁴⁵ Arms Wide, in Houston but also serving surrounding counties, is home to the first post-PMC pilot in Texas that specifically helps kinship families with resources, support and guidance.

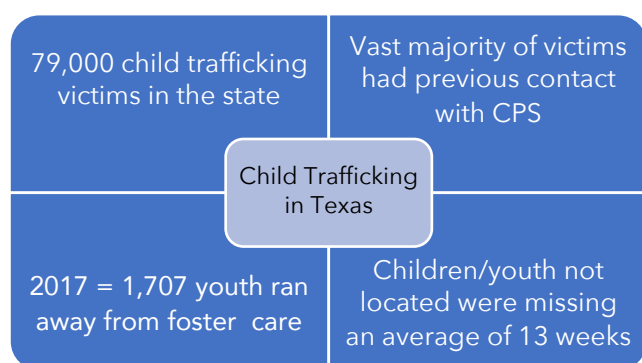
⁴⁶ Melissa Ford Shah, MPP ☐ Qinghua Liu, PhD ☐ David Mancuso, PhD ☐ David Marshall, PhD ☐ Barbara E.M. Felver, MES, MPA ☐ Barbara Lucenko, PhD ☐ Alice Huber, PhD. 2015. Youth at Risk of Homelessness Identifying Key Predictive Factors among Youth Aging Out of Foster Care in Washington State. Department of Social and Health Services | Research and Data Analysis Division.

County Youth Collective (HCYC), focuses on creating streamlined processes and protocols to address the needs of these dually involved youth in Harris county. HCYC staff report some of the major systemic gaps are joint data collection and sharing, including access to youth records in the Juvenile Information Management System and IMPACT (DFPS), and transition services for older youth to ensure they can be independent once they are of age.

Another identified concern of the HCYC is the relatively small room youth in foster care have to make mistakes. HCYC staff and other community experts identified what they refer to as a pipeline between foster homes/residential treatment placements and juvenile detention. Youth with complex needs who have experienced trauma are more likely to act out on their exterior environment to deal with their emotions. If foster parents, RTC staff, and other caregivers are prepared to handle the behavior, there may be fewer foster children sent to juvenile facilities. There is definitely more work to do to ensure trauma informed care and Trust Based Relational Intervention (TBRI) are not only learned but implemented in daily practice.⁴⁷ Juvenile Services in Williamson County has met this goal and could serve as a great example in this regard and has been visited by members of the HCYC.⁴⁸

HCYC staff also express concern about a lack of guidance for staff when it is time for youth to leave detention. If foster parents won't allow youth to return to their home and CPS is reluctant to take a youth who soon will be "aging out" of foster care, then the alternatives are slim. The Harris County Juvenile Probation Department indicates that it doesn't have a specific policy or procedure for this population other than getting in touch with CPS approximately 30 days before the youth is released to apprise them of the situation. Staff then attempt to confer with DFPS again two weeks before the youth is released.

Best Practices and Challenges - Human Trafficking



Children such as those leaving the juvenile detention and foster care systems are incredibly vulnerable to human trafficking as they are at higher risk of exploitation.⁴⁹ At a state level, DFPS is addressing this in part through a relatively new Director of Human Trafficking Prevention position hired in July of 2017. This follows establishment of the Office of the Governor's Sex Trafficking Team created by statute in 2015. A focal point of much of

their work is Houston, which is an "epicenter of human trafficking efforts"⁵⁰ and a hub for a great deal of innovative and productive work in the fight against human trafficking.

⁴⁷ "TBRI" is a trauma-informed intervention that is attachment-based and designed to support and heal vulnerable children who have complex needs. Available at: <https://child.tcu.edu/about-us/tbri/#sthash.dPF4PyhE.dpbs>.

⁴⁸ Texas CASA Conference. 2017. *Trauma Informed Care: Texas Juvenile Justice System*. Available at: <https://www.dshs.wa.gov/sites/default/files/SESA/rda/documents/research-7-106.pdf>.

⁴⁹ The statistics contained within the graphic are from the following sources: Busch.Armendariz, N., Nale, N., Kammer-Kerwick, M., Kellison, B., Torres, M., Heffron, L., and Nehme, J. 2016. *Human Trafficking by the Numbers: The Initial Benchmark of Prevalence and Economic Impact for Texas*; DFPS. 2017. *Annual Foster Youth Runaway Report*.

⁵⁰ City of Houston Anti-Human Trafficking Strategic Plan. 2016.

The main work going on in Houston is the establishment of care coordination for child victims of trafficking. When victims are identified or recovered, they are provided a care coordinator through Harris County Protective Services for Children and Adults. The coordinator will collaborate with a multidisciplinary interagency team to provide the range of services the survivor needs. One already identified need is shelter. Law enforcement doesn't want to detain children, but there isn't enough shelter space to house them safely. Therefore, the Governor's office is trying to identify shelters and fund them in the Houston area. This need will only increase as the state's trafficking program rolls out screening tools and training and more victims are identified.

Another initiative of the Governor's office is a regional continuum of care. Currently there are five identified parts of the local region (north, south, east, and central Harris County). A recently hired regional coordinator will be working on filling gaps in services. There are also a number of other projects including individual advocacy support for survivors, specialized foster care, a safe house for adult victims and a project with the district attorney's office to divert victims, 18-24 years of age, from conviction for prostitution.

Analysis & Recommendations

RTCs and other providers of congregate care for foster children and youth, which have already been struggling to meet the needs of the populations they serve, will soon be faced with additional challenges due to recent state and federal policy changes. These changes come during a long-standing placement capacity crisis. One tactic in which the Houston region is already engaged to meet the placement demand, is increasing the number of kinship caregivers who take in relative children. However, there are challenges to supporting these placements including helping them become licensed. The Houston region has an opportunity to improve licensing of kinship families, as the recently passed FFPSA requires states to submit data and planning regarding licensing standards and waivers in order to increase the number of relative foster family homes.

TNOYS will continue to support providers with organizational culture change to be trauma informed, as well as with navigating and preparing for the implementation of the FFPSA and CBC. TNOYS began this work in Summer 2018 by providing fee-for-service consultation on strategic planning in regard to preparing for both the FFPSA and CBC.

Another answer to the capacity crisis is a tactic already in use in Region 3B (near Dallas). Tenured foster parents are trained to care for youth with significant needs as opposed to trying to recruit new families who are not ready for that kind of commitment. The Houston region must look to solutions such as this given that in 2017, over 40% of children in this area were not placed in their home county.⁵¹

⁵¹ DFPS Data Book. 2017. Foster Care Placements in Originating County/Region on August 31.

The Houston region will also need to continue its diligent work on the issue of human trafficking, particularly as it relates to youth running away from foster care. Three counties in the Houston region in 2017 were in the top 10 for highest number of youth running from foster care.⁵² Although DFPS has released several reports on these issues, the attention is more on youth who are trafficked and return to care rather than what is making these young people run in the first place. In addition, it is unclear what happens to those youth who turn 18 when they are on runaway status. At this point, a judge can close the youth's case, thereby terminating DFPS' legal responsibility for that youth. Technically, that young person is an adult, so it is unknown if any particular agency keeps looking for them. Given that so much innovative work on trafficking is occurring in Houston in particular, there are definite opportunities to look more closely at these two issues and how to address them.

YOUTH⁵³ HOMELESSNESS

Homelessness affects 1 in 30 children aged 13 to 17 and 1 in 10 youth aged 18 to 24. In Texas, this translates to over 60,000 unaccompanied and homeless 13- to 17-year-old children and almost 300,000 young adults.
(Gendron, C and Fowler, D. 2018. *"Texas Must Address Homelessness to End Human Trafficking"*)

The federal McKinney Vento Act defines homelessness as lacking "a fixed, regular, and adequate nighttime residence." This includes, but is not limited to, "living in emergency or transitional shelters...sharing the housing of other persons due to loss of housing or economic hardship...living in motels [or] hotels...[or having] a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings."⁵⁴

Homelessness was already a problem in the Houston area before Hurricane Harvey hit in 2017. During the 2014-2015 school year, the Houston Independent School District⁵⁵ reported almost 6,000 homeless youth, 721 of whom were unaccompanied.⁵⁶ After Hurricane Harvey, over 22,000 students in the Houston area were considered homeless.⁵⁷ Even before Harvey, areas such as Galveston were still recovering from Hurricane Ike's landfall in 2008. One provider, The Children's Center, was still serving families in 2017 that had remained homeless since that storm hit.

Against the backdrop of the devastation caused by Hurricane Harvey, Houston's providers of homeless youth services have been actively coalescing around common needs and interests, helping youth return to familiar routines and make positive strides forward. However, there

⁵² DFPS. 2017. *Annual Foster Youth Runaway Report*.

⁵³ HUD definition includes those under the age of 18; McKinney Vento those up to age 25.

⁵⁴ The McKinney-Vento Homeless Assistance Act As amended by S. 896 The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009. Available at: <https://www.hudexchange.info/resources/documents/HomelessAssistanceActAmendedbyHEARTH.pdf>

⁵⁵ TNOYS & Texas Appleseed. 2017. *Young, Alone and Homeless in the Lone Star State: Policy Solutions to End Youth Homelessness in Texas*.

⁵⁶ Unaccompanied refers to those youth who are without an adult.

⁵⁷ Noll, S. (2017). *Months after Harvey, tens of thousands of students remain homeless*. Retrieved from <http://www.khou.com/article/news/investigations/months-after-harvey-tens-of-thousands-of-students-remain-homeless/494038245>.

are also providers that had not consciously served homeless youth and their families prior to Harvey, who need greater awareness and resources to do so.

Best Practice and Challenges - Homeless Liaisons

The McKinney Vento Act⁵⁸ and the Texas Education Code⁵⁹ respectively require homeless and foster care liaisons be appointed in every school district and charter school. Their responsibilities are to provide these children with supports and services. Regardless of the size of a district, only one foster care liaison and one homeless liaison are required to be appointed. In Harris County alone, that means in 2017 there was just one foster care liaison for 2,976 foster children⁶⁰ and one homeless liaison for school districts such as Houston ISD, which ranked first in the state in the number of homeless youth.⁶¹ A 2017 report by TNOYS on homeless liaisons in Texas underscored this problem, highlighting the liaisons' concern that they did not have enough time to devote to students because of all the duties for which they were responsible.⁶² This means problems of homeless and foster care students in the Houston area may not reach the attention of liaisons or only do so at a crisis point.

Best Practices and Challenges - Unaccompanied Homeless Minors

Homeless Youth Risk & Resilience Survey: Findings from Houston
82% became homeless in the Houston area
45% reported spending the previous night sheltered in a motel, hospital, or other similar environment
60% were homeless after being kicked out by their family of origin, a relative, or foster home
43% had been in foster care
40% had children

One of the most significant challenges facing homeless youth service providers is a lack of supports and housing specifically for minors. Many service providers do not house or provide services to those under the age of 18 for several reasons, including liability for serving a youth without a parent's consent, mandated child maltreatment reporting laws and confusion around licensing regulations. Providers have also experienced a great deal of confusion related to their ability to house transgender youth. A combination of ignorance about existing law and barriers of licensing regulations is a great challenge for providers.

Shelters in the Houston area such as Kinder in Harris County and Parks Youth Ranch in Richmond are in a unique position to serve as interim crisis placements allowing time to engage families and ideally find a path home for the child, avoiding system involvement. However, Kinder reports that they seldom house unaccompanied homeless youth because people in the community don't know the shelter could technically care for this population, and the shelter does not currently have the capacity to do community outreach to better promote this service. Kinder actually de-obligated their Runaway and Homeless Youth grant

⁵⁸ McKinney-Vento Homeless Education Assistance Improvements Act. 2001. Available at: <https://www2.ed.gov/policy/elsec/leg/esea02/pg116.html>.

⁵⁹ Texas Education Code 33.904.

⁶⁰ DFPS Data Book 2017. Children (6-17) in DFPS Legal Responsibility during the Fiscal Year.

⁶¹ Texas Network of Youth Services & Texas Appleseed. 2017. *Young, Alone, and Homeless in the Lone Star State: Policy Solutions to End Youth Homelessness in Texas*.

⁶² TNOYS. 2017. *Supporting Students Experiencing Homelessness: Insights from a Survey of Homeless Liaisons in Texas Public Schools*.

because it required street outreach but there were no staff attached to the grant to provide those services.

Best Practices and Challenges - LGBTQIA Youth Experiencing Homelessness

Even with the capacity to serve larger populations, shelters sometimes struggle to gain the trust of homeless youth. LGBTQIA youth can be particularly sensitive due to the experiences they've had with rejection from family and some service providers. Sensitivity and outreach to this population is especially important given that these young people are 25% of the homeless youth population in the Houston region and are at higher risk for trading sex and using substances.⁶³

LGBTQIA youth who are unaccompanied homeless minors have a particularly difficult time accessing services but many Houston providers have recently begun to offer tailored services to this population. HATCH, a program of the Montrose Counseling Center, supports this population by helping them locate food, shelter, and medical care. Tony's Place (formerly Homeless Gay Kids of Houston) provides drop-in services at the Salvation Army's Young Adult Resource Center (YARC) for youth 18 and older, ensuring there is a drop in center available six days out of the week.⁶⁴ Grace Place, also located in the Montrose area, is open one night from 6:00 pm to 10:00 pm and will be able to open for a second night in the near future. Homeless youth between the ages of 13 and 21 have access to a healthy dinner, group activity and a facilitated peer discussion group as well as clothing and toiletries. Covenant House in Houston also has a drop-in center and recently partnered with the True Colors Fund so staff could receive better training and LGBTQIA youth better services.

Best Practices and Challenges - Homeless Young Adults (18-25)

While homeless young adults do not face the same challenges as homeless unaccompanied minors, they are still a vulnerable population with unique needs. Several providers in Houston serve this population including the Salvation Army's YARC program that has housing for transgender youth 16 and older. YARC offers some of the most comprehensive services available to the broader population of homeless young adults (18-25) in the area. They have a youth-specific assessor who is aware of the specific needs of this population and the services available. In addition to the drop-in center, YARC ensures youth have basic needs met, trains them for life skills, and has counselors and a health clinic available twice a week. YARC and other providers who serve LGBTQIA young adults have indicated healthcare as a major need for this population as most are only able to access emergency healthcare services. Mental health support is also a need, with the Coalition for the Homeless reporting that 20% of young adults indicate they could use these services and YARC reporting 50%.

Covenant House has a healthcare clinic available on site. The services are comprehensive in that they include primary care, STD and HIV screening, mental health care, case

⁶³ Narendorf, S, Santa Maria, D and Cooper, J. 2015. *Youth Count 2.0: Full Report of Findings*. Available at: <http://www.uh.edu/socialwork/docs/Research/FINAL%20REPORT%20YOUTH%20COUNT%202.0.pdf>

⁶⁴ Tony's Place is open at Salvation Army on Fridays and Saturdays from noon-5pm.

management, health education, drug awareness and education, and substance abuse assessments. The organization also offers an intake/drop-in center where youth can access meals, obtain clothing, take showers, clean laundry and engage in recreational activities. The shelter is open to young adults as well as those who have children up to age five. Covenant House's transitional housing program, Rights of Passage (ROP), helps youth move to complete independence within two years while they work or attend school or a vocational training program. Covenant House has also housed a few youth who were survivors of trafficking, and indicated that in the future this is an area where they could expand their capacity. While these programs are assets to the community, Covenant House reports having a line of young people every afternoon at the doors of their shelter, indicating that there is a great demand for these services.

Analysis & Recommendations

Youth homelessness was a problem in Houston even before Hurricane Harvey hit in 2017 and is now even more pressing. Schools have proven to be one of the best places to connect with homeless youth and families, but homeless liaisons in the schools do not have the capacity to identify and serve those who need them. In addition, while Houston has some promising programs to serve youth and young adults experiencing homelessness, particularly those in the LGBTQIA community, anecdotal evidence suggests that they too do not have the capacity to meet the demand for services.

TNOYS was recently awarded a Rebuild Texas grant to work with service providers such as these in counties outside Houston. This work will help build capacity to reach the increased homeless populations in areas surrounding Houston. There are also two existing networks in the Houston region that can help providers build capacity and stay connected to others working on youth homelessness.

- The Coalition for the Homeless was originally established in the early 1980s. Today it is a private, non-profit that "develops, advances and coordinates community strategies to prevent and end homelessness." It also heads up the Continuum of Care planning process for Houston, Pasadena, Conroe and the counties of Harris, Ft. Bend and Montgomery and "creates the region's single, comprehensive grant application to HUD for McKinney-Vento funding.
- The Homeless Youth Network is a coalition of service providers. They seek to "expand programs for homeless prevention and/or housing and/or support services to homeless youth and young adults within its Houston/Harris County service area and ensure access to a continuum of services that will support all Houston/Harris County-area homeless, runaway and street-involved youth in exiting street life and in achieving healthy independent living."

One goal of TNOYS' work in Houston is to unite and support the policy change efforts of these two coalitions. An issue that providers in both coalitions are concerned with are the local and state laws and licensing regulations that make it harder for youth to secure and

maintain emergency, transitional and independent housing. Part of the solution also exists in ensuring service providers know what freedoms they have in serving homeless youth under existing law and how they can advocate for additional funding that will address capacity issues faced in particular by liaisons working in the schools.

TRANSITION TO ADULthood

The Houston region has almost 1,000,000 youth ages 15-24, with over 600,000 in Harris County alone.⁶⁵ While not all of these youth are at-risk of maltreatment, homelessness and other serious outcomes, they are all at a point of transition to adulthood. Decisions made during this time can have serious repercussions on the rest of a person's life making this general age range a time of opportunity to engage and connect youth to a successful future.

Best Practices & Challenges - Opportunity Youth

The term "opportunity youth" includes the population of youth/young adults between the ages of 16 and 24 who are not working or in school. A report by Rice University Kinder Institute found that 14.2% of youth in the Houston area meet this definition. The report found that these youth live in both metro and suburban areas, are majority black or Hispanic, live in households with annual incomes right around the Federal Poverty Level for a family of four, and don't have a high school diploma (25%).⁶⁶ In response to this information, JPMorgan Chase & Co. partnered with Educate Texas to encourage collaborations between community colleges, employers, and service providers, ideally to develop the wrap-around services this population needs. The Bridge to College and Career Success initiative that resulted has created the opportunity for capacity building supported by eight planning grants in the Gulf Coast region.

This kind of capacity building also inspired the Hogg Foundation's funding of eight Houston area service providers through the Harris County Transition Age Youth and Families (TAYF) initiative.⁶⁷ Transitioning to adulthood is difficult, but carries additional challenges for youth with mental health conditions. Therefore, the TAYF initiative focused on youth and young adults ages 16-24 with serious and persistent mental health needs and their family members. Priorities included: improvement of mental health outcomes; increasing youth's self-sufficiency skills; participation in the planning process so the young adult is responsible for treatment plans; and increasing youth's levels of self-perceived empowerment. The theory is that organizations that engage youth and their caregivers in the process of planning and delivering services would become more responsive and relevant to transition-age youth with mental health challenges and ultimately help these opportunity youth to succeed. The grantees, including TNOYS as the lead facilitator, were:

⁶⁵ American Fact Finder. United States Census. 2017.

⁶⁶ Rice University Kinder Institute Houston's Opportunity: Reconnecting Disengaged Youth and Young Adults to Strengthen Houston's Economy. 2016. <https://kinder.rice.edu/sites/g/files/bxs1676/f/documents/OYYA-report-0928.pdf>.

⁶⁷ TNOYS coordinated the initiative and provided training, technical assistance, and consultation to eight service providers in Houston. The evaluation of the initiative indicates success and although the grant has ended, participants have continued interest in networking and mutual support.

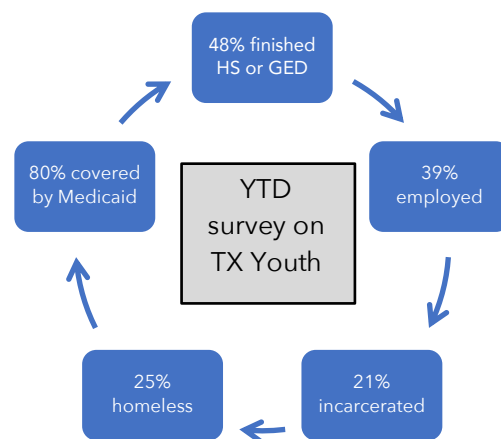
- Communities in Schools of Greater Houston
- Family Services of Greater Houston
- Star of Hope Mission
- Easter Seals of Greater Houston
- Baylor College of Medicine
- Disability Rights Texas
- City of Houston Health and Human Services
- Harris County Child Protective Services

Although the grant ended, participating organizations have reported lasting changes. Family Services of Greater Houston indicated they came to realize the value of community outreach and engaging caregivers of the youth they serve. Easter Seals reported a “fundamental change;” realizing the “value of reaching out to the persons for whom we will offer services to find out their needs and preferences regarding services and how they are to be delivered.”⁶⁸

Best Practice & Challenges - Youth Aging Out of Foster Care⁶⁹

In the foster care system, policy supports beginning to prepare youth for adulthood when they are 14 by providing them with normalcy opportunities and life skill experiences. Because of limited funding youth are usually not entered into the Preparation for Adult Living (PAL) Program, which is designed to provide these opportunities for youth in foster care, until they are approximately 16 (having been referred at 15.5). DFPS statistics indicate that youth in the Houston region who need these services aren’t always getting them – for example, data show that there was only one youth under 16 in this area eligible for PAL for 2017.

However, there were over 600 14- and 15-year-olds in the Houston region. That same year, 243 children were eligible for PAL services but only 177 were served.⁷⁰ There are PAL regional staff and PAL contractors who could help meet the need, but the former have hundreds of youth to coordinate and the latter scarce resources. PAL contract funding is considerably small for the number of contractual requirements.⁷¹



In 2017, 246 youth emancipated from foster care in the Houston region. They had an average of a little over 5 months in care and 8 placements (DFPS Data Book)

In addition, some providers indicate more assistance is required in helping youth meet basic needs and achieve educational and job success once they are on their own. DFPS has transitional living centers intended to be a one-stop shop for youth in or who have aged out of care to access benefits and other transition services. The

⁶⁸ TNOYS. 2017. Year 4 Grant Profiles.

⁶⁹ The graphic to the right of the text contains Texas specific statistics from the Youth in Transition Database Survey.

⁷⁰ Department of Family and Protective Services. 2017. Youth in Substitute Care: Preparation for Adult Living.

⁷¹ Conversation with Preparation for Adult Living staff.

transition center for the Houston region, the HAY Center, provides drop in services such as a computer lab and referrals to substance use treatment services. HAY also has two unique programs, the Mental Health Bridge and Bridge Housing Program. The former provides individualized case management for youth challenged by mental health issues. This is incredibly important as many foster youth struggle to maintain medical regimens when they age out of care.⁷² The housing program is for former foster care youth referred through their HAY Center case manager. The services include monthly rental assistance, targeted case management, a mentor, and services of a housing manager to transition to a more permanent, non-subsidized housing placement. Of course, this housing program and the other services offered through the HAY center face major capacity issues as it is one transition center⁷³ serving all 13 counties and is located in downtown Houston.

Angel Reach in the Conroe area is another organization that provides a variety of services to youth transitioning out of foster care as well as those who have aged out. The transitional living program has a graduated structure with the first step including intake and a 30-day assessment. The next is 12-18 months of transitional living services, case management and subsidy and then progression to independent living with other services as needed. Other housing options are for those foster youth who meet certain criteria and make the choice to enter into extended foster care.

QUALIFICATIONS FOR EXTENDED CARE
<ul style="list-style-type: none"> • attending high school or a program leading to a high school diploma or a high school equivalency certificate (GED); • attending college or other institutions of higher learning; • participating in a program or activity that promotes or removes barriers to employment; • employed for at least 80 hours a month; or • are incapable of doing any of the allowed activities described in Texas Family Code Sec. 264.101 (a-1) due to a documented medical condition

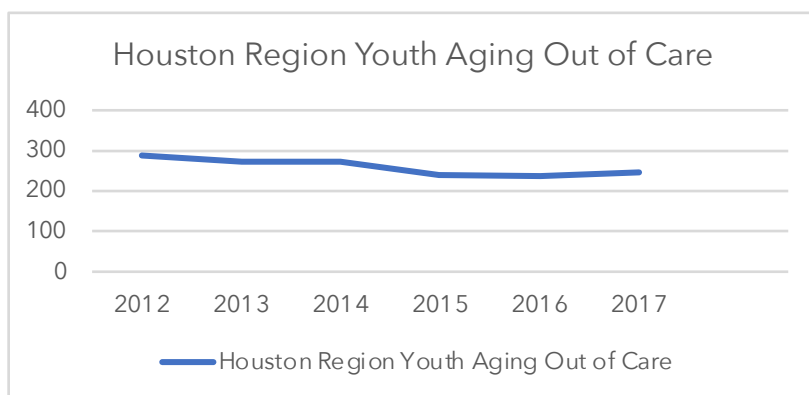
Technically, youth in extended care can stay in a foster home, emergency shelter or other standard placement; however, there are licensing regulations that make this difficult.⁷⁴ Supervised Independent Living (SIL) provides an opportunity for young people to live in a mostly independent environment. The contractor pays the youth's housing costs for different settings including apartments, shared housing and dormitories. Some locations will allow the youth to take over the lease when they leave care although this is not a formal policy. The DFPS conservatorship worker is still required to see the youth once a month and there is the opportunity for minimal case management from SIL staff.

⁷² Kang-Yi, C. and Adams, D. 2017. *Aging Out of Foster Care: A Systemic Review and Implications for Policy, Research and Practice*. Journal of Behavioral Health Disorders. 44(1): 25-51; McMillen JC, Raghavan R. Pediatric to adult mental health service use of young people leaving the foster care system. Journal of Adolescent Health. 2009; 44(1): 7-13.

⁷³ Transition Centers are run through private dollars and contracts with the state. They serve as a "one stop shop" for youth who are and who have aged out of foster care to access benefits and other support services.

⁷⁴ Minimum Standards for Child Placing Agencies. 2017. §749.3025.

SIL providers in the Houston region and across the state report that youth who aren't accepted into SIL usually have higher levels of mental health needs, need daily supervision and aren't prepared while in care for the level of independence SIL requires. A number of providers indicated a need for graduated housing options that take youth through different stages of independence until they are ready to be on their own. Some providers also indicated they believe the age limit for SIL should be extended to 23 instead of 21.⁷⁵



Youth who are in extended care (age 18-21) in the Houston region have only two Supervised Independent Living (SIL) options. One near the Washington Heights area is DePelchin Children's Center, which operates a SIL for mixed gender with 20 rooms. Jim Green Kids Harbor in Brazoria County has an eight bed

SIL for males, but plans to build a SIL for females sometime in the future. DePelchin and other SIL providers have youth on waiting lists due to lack of funding for bed space.

Although it is difficult to determine how many youth are in need of SIL, the fact that 246 youth aged out last year in the Houston region alone suggests there aren't adequate resources for all youth who need it to live in this semi-supported environment. Studies suggest that approximately 40% of the homeless youth population report having been in foster care or the juvenile justice system at some point in time.⁷⁶ Therefore, it is very important to look at factors that can contribute to instability, particularly after a youth ages out of the foster care system.

Analysis & Recommendations

A factor uniting all youth transitioning to adulthood is the significant impact this period of time can have on the rest of their lives. Critical to the transition are relationships in which youth feel engaged and receive the guidance and support they need. Opportunity youth who have support systems and are aware of and engaged in services not only increase their chances of success, but also improve service provision for those young people who come after them. Continuing to expand the services that have been started for opportunity youth in the Houston area has great potential.

Unfortunately, youth transitioning out of foster care in the Houston region report struggling with stability. The PAL program does not have the resources to sufficiently prepare youth for the transition to adulthood, and data suggests that some youth who need its services are not getting them. In addition, while there are excellent organizations in the Houston region, most lack resources necessary to meet the need. This is particularly true when it comes to

⁷⁵ The recently passed federal legislation of the Family First Act makes this possible.

⁷⁶ Coalition for Juvenile Justice. 2016. *Youth Homelessness and Juvenile Justice: Opportunities for Collaboration and Impact*. Issue Brief 1:1. Available at: www.juvjustice.org/sites/default/files/resource-files/policy%20brief_FINAL.compressed.pdf.

Supervised Independent Living (SIL) facilities, of which there are only two in the Houston region. One population of foster youth that are particularly at risk as they transition to adulthood would be youth aging out of residential treatment centers (RTC). The often-specialized needs that led to their placement in an RTC, and the typically more restrictive nature of that environment, can contribute to the difficulty they face in being independent. A recent report by the Meadows Mental Health Institute highlights this point stating, “residential treatment facilities provide ‘limited’ treatment and function primarily as placement options for children and youth who have no other alternative.”⁷⁷ Despite this concern and the large number of RTCs in Houston, there appears to be little research on the way in which residential facilities prepare youth for adulthood.

TRAUMA INFORMED CARE

Organizations that serve youth in the situations addressed thus far in this report will only be successful with their clients if they work through a framework of trauma informed care (TIC). “TIC is a strengths-based framework that is responsive to the impact of trauma, emphasizing physical, psychological, and emotional safety for both service providers and survivors; and creates opportunities for survivors to rebuild a sense of control and empowerment.”⁷⁸

Best Practices & Challenges

There are some groundbreaking efforts to implement TIC into youth-serving organizations in the Houston region, which could be further expanded to benefit youth in other areas. One primary example of success is Krause Children’s Center in Katy. Operating since 1994, Krause provides 24-hour therapeutic residential services to girls ages 12-17 who have experienced some level of trauma. Krause was one of the first RTCs in Texas to implement the Building Bridges Initiative (BBI) involving the adoption of a comprehensive system of mental health supports, family integration and youth voice/input. Youth are included in treatment and discharge planning from the beginning.

BBI is a more difficult model with youth in foster care because of the way their biological and foster families interact with the system; however, outcomes with youth in the juvenile justice system tend to be better because of easier access to those families. Krause is conducting a permanency pilot with foster youth and engaging even distant families in counseling, allowing the youth unlimited access to their families unless a court order forbids it. When biological family isn’t available, they also attempt to engage the foster family. Another population to which Krause applies the BBI model is youth who have been adopted. The need is significant, with adopted children representing a higher percentage of youth in

⁷⁷ Keller, A, Harper, M. & Shah, S. 2017. *Harris County Mental Health Services for Children, Youth and Families: 2017 System Assessment and Extended Report*.

⁷⁸ Hopper, E., Bassuk, E., and Olivet, J. 2009. Shelter from the Storm: Trauma-Informed Care in Homelessness Services Settings. *The Open Health Services and Policy Journal*. 2:131-151.

residential treatment than in the population as a whole.⁷⁹ Although the change in RTC culture was challenging, Krause found they ended up saving money with less staff turnover.

The importance of approaching this work through a collaborative trauma informed lens is the focus of a recent report by Mission Capital⁸⁰ and state level work through the Statewide Collaborative on Trauma Informed Care. Houston-based DePelchin Children's Center, in partnership with Houston Endowment and Mission Capital, analyzed the TIC child welfare landscape in the Houston region in a report released in 2018. This is the beginning of a multi-year project whose ultimate goals include a shared definition of TIC, cross system training opportunities and the implementation of meaningful TIC work throughout the region. The report from Phase I included the following conclusions:

- it is important to the community to develop a shared definition of TIC;
- there is a need for consistency in TIC between placements and systems;
- there is a need for an increased amount of training and collaboration;
- an umbrella collaborative structure with a steering committee should be formed to achieve the desired goals

Analysis & Recommendations

TNOYS strongly advocates incorporating trauma-informed care into services for youth and families, and there are promising examples of this among providers in the Houston region. However, capacity challenges present obstacles to fully integrating trauma-informed care principles. In addition, as the Mission Capital report highlights, providers don't typically share a definition of trauma informed care and in some instances have trouble consistently implementing it in their practice. Ensuring that these challenges are addressed will be very important to the success of TIC in the future.

TNOYS recognizes the value of spreading this cultural change through training and technical assistance, particularly with RTCs. Creating a Culture of Care (CCC) was a successful TNOYS project from 2011-2014 providing ongoing and in-depth technical assistance to residential treatment centers (RTCs) across the state. CCC was developed off the evidence-based model known as the *Six Core Strategies to Prevent Conflict and Violence: Reducing the Use of Seclusion and Restraint*. TNOYS hosted training events open to all RTCs in Texas with national experts. Ongoing, individualized technical assistance was provided to 11 RTCs and as a result, project partners and the youth they served were able to have collaborative and healing, rather than antagonistic, relationships.⁸¹

⁷⁹ Hussey, D.L., Faletta, L., & Eng, A. (2012). Risk factors for mental health diagnoses among children adopted from the public child welfare system. *Children and Youth Services Review*, 34. 2072-2080.

⁸⁰ Mission Capital. 2018. *Creating a Collaborative Trauma Informed Network of Care*.

⁸¹ TNOYS. *Advancing Seclusion and Restraint Prevention Efforts in Texas Residential Treatment Centers*. 2015. <http://tnoys.org/wp-content/uploads/TNOYS-Creating-a-Culture-of-Care-Final-Evaluation-Report.pdf>.

YOUTH-ADULT PARTNERSHIPS

Just as trauma informed practice should permeate the entire continuum of services for children and families, so too should youth adult partnerships. The youth engagement effort recognizes youth as an asset in their own lives and the growth of their communities.⁸² True youth engagement requires consistent integration of young people into most, if not all, aspects of an organization's work. Providers in Houston who are working on this issue have indicated that many people are not aware of the resources necessary to ensure full support of youth-adult partnerships such as stipends for travel and participation in events, scheduling events at times that are convenient for the school/work schedules of youth and ensuring there is staff support for the work. Overall, providers reported valuing youth engagement, but needing more information on what models are most effective and then the resources to implement them.

Best Practices and Challenges - Youth Advisory Councils and Boards

The most prevalent examples of some type of youth engagement in the Houston region are youth advisory councils and boards, such as those in Sugarland, Houston, and Bryan, operating with city governments. A consistent theme among most of the councils is engagement in learning and improving city government. There is also a Congressional Youth Advisory Council (YAC), formed in 2011, that covers the district area of Brazos, Ft. Bend, Galveston, and part of Harris County. This YAC, formed by U.S. Representative Pete Olson, provides input on the needs of the district on a national level. It is unclear how much systems change these youth groups engage in although it does not appear that most of them specifically target at-risk populations. What is clear with most groups of this nature is that there needs to be a rather high level of stability in the life of the youth and his or her parents to participate.

There are also YACs or YABs (Youth Advisory Boards) that function in a more targeted capacity such as the HPD Youth Police Advisory Council and the YAC that is part of My Brother's Keeper (a Houston based initiative focused on youth and community development initiatives).⁸³ The former has been in existence for over 20 years and is touted as the first of its kind in the county. The council of 54 youth from around the city meets five times a year with the Chief of Police, parents and other stakeholders to discuss issues impacting or of interest to students as well as the Chief.

Baylor College of Medicine and Texas Children's Hospital also have a collaborative youth group called the Youth Transition Advisory Board. This board consists of young adults who are current or former patients of BCM's Department of Pediatrics in the Adolescent and Sports Medicine Section served through Texas Children's Hospital inpatient and outpatient

⁸² Duncan, B., Miller, S., & Sparks, J. (2004) *The heroic client: A revolutionary way to improve effectiveness through client-directed, outcome-informed therapy*. San Francisco: Jossey-Bass; Vickers, M. and Wells, N. 2017. Nothing About Us Without Us. *Academic Pediatrics*. 17(7): 20-21; Henderson, N. *Foundations of the Resiliency Framework*. Available at: <https://www.resiliency.com/free-articles-resources/the-foundations-of-the-resiliency-framework>.

⁸³ Houston based organization that primarily target the neighborhoods of Kashmere, Wheatley and Scarborough. The group's main purpose is to address inequity issues affecting young boys and men of color.

clinical services. These are youth and young adults, with various mental health diagnosis or physical health concerns such as renal failure. The purpose of the group is to inform professionals and community stakeholders working with these populations how they can improve their work with youth. One specialty of the BCM Section is transfer from the pediatric medicine world to the one serving adults. The Youth Transition Advisory Board meets in order to educate professionals on the needs of youth going through this transition and to improve services in the pediatric and young adult medical worlds. They also are able to advise other youth like themselves to improve their experiences in these systems.

The members of the Youth Transition Advisory Board indicated that they first got involved with this effort because they saw an opportunity to contribute and help make the system better. They realized they were doing something good when outside people or groups came in and wanted to hear from them, and they were able to see a finished project from their work. The other important factor is proof that hospital staff took their feedback seriously and applied it. Youth involved in the program were also able to help identify some of the challenges associated with implementing a youth engagement effort, indicating that many youth don't get involved because they risk being embarrassed, think they don't know enough, or have other things that take priority such as taking care of basic needs. The facilitator of the board shared a few challenges with supporting a youth group like this such as location interfering with the ease with which youth and their parents can get to meetings or events. Attendance is also greatly impacted by what other obligations the youth have; so, in order to account for this youth were allowed to select when meetings would take place (Saturdays from 1-3pm). This wasn't an ideal time for all the adults connected to the group, but it went a long way towards strengthening youth ownership.

Two groups more specifically focused on populations in out-of-home care are the Harris County Youth Collective (HCYC) and the Youth Advisory Councils that are part of DFPS. The former is focused on improving systems for dual status youth and is another collective that has created space for youth voice. HCYC established paying positions for youth fellows who would be in charge of facilitating a Youth Advisory Board of young people with dual status experience. What is particularly unique about this group is that the idea of having youth as part of the process was incorporated from the beginning of the HCYC. The understanding was that these youth were not tokens, but rather individuals with lived experience and other skills. The latter consists of regional and statewide youth leadership councils (YLC) comprised of youth or young adults ages 16 to 21 who are in or have aged out of foster care. They have the opportunity to learn to share their stories strategically and advocate and lead effectively. They address systemic issues and concerns that they prioritize, and work on ideas to improve services and supports for children and youth in foster care. They are also intended to be an important part of reviewing state policies and programs.

A concern of many advocates who support youth-adult partnerships is that some youth may not have the stable foundation to be a part of groups such as YLC. The Salvation Army of Houston has a unique approach to address this challenge. Their Real Actions Wanted (RAW) group serves as an advisory "council." It consists of any homeless youth who want to give their direct opinions about what is going on in their lives and the community around them.

Keeping the front door to this group open to anyone ensures that Salvation Army isn't just hearing from those youth who have the ability to participate more fully, leaving the rest of the youth without the opportunity to contribute. Salvation Army is working through a process of identifying and training young adults who are interested in providing more of a leadership role and will create a more formal advisory group out of RAW.

Another example is Youth on Board, a Houston-area youth group that serves at-risk youth as well as those who have had contact with the child welfare and/or juvenile justice systems. The youth are identified through the Kinder Shelter, Harris County Juvenile Probation and youth participating in the Community Youth Development program. There is one full time staff person dedicated to helping the youth organize and attend events such as leadership development activities including youth advocacy day in Austin. Participants have also had the opportunity to go on college tours and engage in service projects for the shelter.

Best Practices and Challenges - Broader Youth-Adult Partnerships

A number of youth-adult partnerships involve the specific structure of a group or council. However, youth-adult partnerships can and should be thought of more broadly. One partner in the TAYF initiative mentioned earlier is the City of Houston, which uses a peer-to-peer model. This peer training encompasses 56 hours of classroom training and 500 hours of supervision by a licensed clinical social worker, during which time the youth is providing peer-to-peer support in preparation for certification as a peer wellness specialist. The model equips youth with the skills to pass a state exam after which they are deployed in schools and organizations serving youth throughout the Houston area. The majority of youth are between the ages of 18-21, but the program accepts youth starting at 15. The group's goals are to:

- reduce student truancy through peer intervention;
- help youth develop a positive circle of support to face challenges; and
- perfect a replicable positive peer-mentoring model and best practices

This last goal is coming to fruition as the Austin community is soon going to start implementing the model.

Analysis & Recommendations

TNOYS strongly advocates integrating youth-adult partnerships into services for youth and families, and there are promising examples of this among providers in the Houston region. However, youth engagement efforts are limited in both number and scope. Resources can be a barrier to implementing and sustaining youth engagement. Dedicated staff and resources are essential to ensure youth/young adults are a consistent part of an organization's work. Staff should take into consideration how to address basic and emotional needs for youth that are more vulnerable. Adding to the challenge is a lack of a shared definition of youth-adult partnerships or training. The TAYC initiative made a significant difference in the perspective and practice of organizations involved, suggesting that similar training and technical support could be useful in strengthening youth-adult partnerships across the region.

The need for, but absence of or limitations on, youth-adult partnerships in the provision of social services in the Houston region were common themes among social service providers interviewed for this report. The majority of identified youth councils in the Houston region are connected to city government and by their structure and function seem to sideline specific populations of youth. In addition, the vision for youth-adult partnerships seems mostly limited to formal structures where youth participate in a certain way and at certain times rather than being integrated into the regular operation of an organization.

Areas for Future Focus

The Houston Listening Tour was an incredible opportunity to identify best practices in the Houston region youth services landscape and recognize possibilities for growth. Yet it also revealed many challenges and gaps in services that must be addressed to meet fully the needs of vulnerable youth and families in the region.

Expanding Capacity and Enhancing Collaboration

The most distinct picture painted by the Listening Tour was that need exceeds resources across the continuum of services. This results in many needs going unmet, and progression through increasingly intense levels of care and system involvement. With its new Houston staff position, TNOYS is strengthening its advocacy for resources to meet needs of youth and families in Houston and beyond.

There are a number of innovative efforts already in place such as the Harris County JP Court Liaison program and Angel Reach in Montgomery County. There are also successful efforts that reach youth through the schools such as CYS, CIS and foster/homeless liaisons. However, connections to these services tend to happen if a youth/family is referred to them and there is little capacity to perform outreach on a larger scale. These challenges will only become more intense as there may be little in the way of resource expansion in the current political environments at the state and federal levels. Therefore, existing providers need to form partnerships so they can collaboratively address complex challenges.

A Houston-area collaboration that serves as a potential model in this area is Orphan Care Solutions. Started as a one county collaboration among Child Protective Services and other stakeholders in Montgomery County, Orphan Care Solutions now has partners across the state of Texas. This faith-based collaboration acts as a hub to connect, support and educate across recruitment/retention of caregivers, normalcy for children and caregivers, permanency, aging out, and kinship. The Orphan Care Solutions web page hosts and directs people to resources and volunteer opportunities and has sections directed towards all partners who take care of youth in foster care.

As a result of findings from this Listening Tour, TNOYS has also initiated a collaborative structure based in Houston but one that is specifically focused on systems change. This group formed in coordination with other groups including the Coalition for the Homeless, the Homeless Youth Network and a group of stakeholders consisting of organizations funded by the Simmons Foundation in order to integrate similar efforts. The collaboration meets on a monthly basis and focuses on a combination of shared practice and policy information as well as the development of local and state policy solutions.

Elevating Youth Voice

The desire or effort of providers to integrate youth-adult partnerships into their work was clearly present with a large number of organizations included in the Listening Tour. Besides youth councils and boards, providers such as Krause are exploring how to use the BBI model of which youth voice and partnership is a primary component in the foster care environment. In addition, the City of Houston, through the TAYF grant from the Hogg Foundation, created ongoing employment of youth through a peer-to-peer model. Outside of formal groups however, work still needs to be done on assisting staff in creating youth/adult partnerships that permeate an organization's work. Many providers don't understand how to build the infrastructure to support youth/adult partnerships and others report problems with constrained resources and difficulty accessing youth with the most relevant lived experiences. TNOYS has been active in pioneering youth voice efforts in Houston, such as through the TAYF initiative, and will continue to look for additional opportunities. TNOYS will also continue to offer training on youth engagement, including through our Annual Conference, and individualized support as requested from specific providers.

Conclusion

Research for the Houston Listening Tour uncovered a number of previous reports that capture the region's attempts at understanding its challenges and the changes necessary to meet them. Moving forward, there must be strategic planning including action steps, assigned responsibilities and accountability to ensure significant change occurs. It appears the time may be ripe for that change given the expected upheaval in the child welfare and juvenile justice systems in the coming years. Both the federal Families First Prevention Services Act and state-level Community Based Care have providers concerned about how to continue serving children and families. In the juvenile justice world, there is anticipation of what the 86th Texas Legislature could do in response to reported scandals and abuses of power plaguing an already once-reformed Texas Juvenile Justice Department.

There is an opportunity for stakeholders to come together and drive the change they want to see while increasing their capacity to handle what is coming next. For providers to respond actively to these and other changes, there must be a concerted effort to ensure providers and consumers have the capacity necessary to actively transition to a stronger Houston region. TNOYS is well positioned to help lead this effort going forward.

About TNOYS

Texas Network of Youth Services (TNOYS) is a statewide network of members who share a vision of Texas where all young people are valued, their strengths are recognized, and they have access to the resources, support, and opportunities they need to live healthy and fulfilling lives. TNOYS' membership includes programs that serve youth who are homeless, in foster care, and at risk, across the continuum of care. The mission of TNOYS is to strengthen, support, and protect critical services for youth in at-risk situations and their families.

TNOYS' work is guided by a comprehensive systems change approach, which can be summarized as "policy, practice, and participation." Staff and members advocate at the state, local, and organizational levels for policies and programs that benefit young people and their families. TNOYS' professional and program development services ensure those in the field are fully equipped to meet the complex needs of the youth and families they serve. In addition, TNOYS works in partnership with young people to demonstrate what youth are capable of when people invest in them.



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