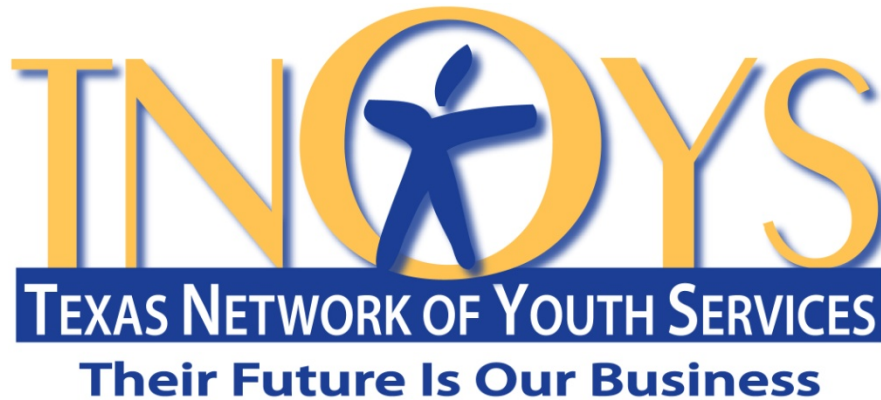




Voices of Experience

Improving Mental Health
Supports for Homeless &
Transitioning Youth

Texas Network of Youth Services



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 El Paso Center for Children (El Paso)
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Executive Summary

The challenges that strained or severed family relations and homelessness can present for young people transitioning to adulthood are intuitive. Whereas most young people rely on the support of parents or other caregivers to help them ease into self-sufficiency over many years, young people who are homeless and on their own and youth who age out of foster care must make the transition with urgency, often without support or a safety net. In order to identify the challenges that homeless youth and foster youth face as they transition to adulthood and solicit their ideas for addressing those challenges, Texas Network of Youth Services (TNOYS) developed a unique youth driven project. We hired a team of youth ages 18-24 who have been homeless to interview other homeless and transitioning foster youth about the challenges they face as they transition to adulthood, and to solicit their ideas for addressing those challenges.

The concept of utilizing peer interviewers for this project, rather than a team of professional researchers, is rooted in the Positive Youth Development (PYD) philosophy. PYD is a comprehensive framework that outlines the supports that young people need to be successful, including opportunities for personal development, positive interactions with their peers, and relationships with caring adults. The philosophy emphasizes the importance of focusing on youths' strengths instead of their deficits or problems to help them develop into healthy, productive adults. Given our experience in working with homeless youth and transitioning foster youth, we assumed that they would have strengths that would greatly contribute to this research. Those strengths include an ability to build rapport with their peers during interviews, a unique perspective based on their personal experience that could be valuable in the analysis of this data, and a passion and enthusiasm for using their voice to help other youth.

The Youth Research Team collected interviews with 135 youth, each ranging from 30-90 minutes long, and we completed four focus groups with additional youth. In the interviews and focus groups, youth spoke about challenges they face, milestones to adulthood, their mental health, and experiences with mental health services. Most of the young adults who were interviewed indicated that they are working hard to overcome disadvantages they face. For example, despite the immediate challenges associated with homelessness, many reported being enrolled in school and/or that they are actively working on improving themselves so they can succeed.

Youth identified mental health issues such as anger, anxiety/nervousness, depression, and difficulty sleeping as their biggest challenges. This is significant considering that few reported having a stable housing situation or job that pays enough to make ends meet. Homeless youth who did not age out of the foster care system generally rated challenges as more severe than youth who aged out of foster care. This suggests that the foster care system provides invaluable support to the transitioning young people it serves. During the interviews youth also identified challenges unique to those in foster care, however, including the manner in which they believe the system keeps youth isolated from the 'real world.'

Youth indicated that the various ways they cope with challenges are among their greatest strengths. Many identified family members as invaluable support systems, which may be surprising given that being homeless or in foster care may imply that a youth's relationship with his or her family has been severed or severely strained. Youth offered varying definitions for the term "mental health." Similarly, while most of the youth who were interviewed reported having received some type of mental health service, their experiences with those services were mixed.

After the interview research was complete, the Youth Research Team convened in Austin to develop policy recommendations to address the issues their peers brought to light. The recommendations they crafted include: (1) improving the quality of shelters available to homeless youth, (2) promoting placement stability for youth in foster

care, (3) improving mental health services, and (4) increasing services and supports to better prepare youth for adult living. Specific recommendations from the Youth Research Team are as follows:

Shelters for Homeless Youth	Educate shelter staff on the needs of LGBT youth so they can improve services for these youth.
	Increase awareness of male victims of sexual abuse so that shelters and other service providers will create resources to meet their needs.
	Make sure shelters educate youth clients about community services.
	Increase shelter space/capacity and provide alternatives for overflow.
Mental Health Services	Better educate youth and parents about mental health to fight the stigma associated with seeking services and increase awareness of the resources that are available.
	Better educate mental health professionals about youth.
	Allow youth to have access to different types of therapy.
	Teach youth about setting boundaries so that they can better protect themselves in their relationships with family members, friends, dating relationships, and more.
Stability in Foster Care	Relocate foster youth to new placements less often.
	Gradually increase foster youths' liberties as their age and maturity increase.
Life Skills/Preparation for Adult Living	Educate youth about the realities of parenting before they become parents.
	Educate youth about financial literacy, including offering them opportunities to participate in matched savings programs and by utilizing debit cards to distribute ETV payments to youth (rather than checks, which are used currently) so that youth can better keep track of where their money is going.
	Offer assistance to youth who are ready to purchase a vehicle, such as building relationships with car dealers and mechanics so the youth know who they can trust.
	Make college preparation courses available to youth.
	Increase opportunities for foster youth to continue to network with one another after they age out of the system.
	Offer camps for youth to get hands-on experience exploring different careers.
	Offer more transitional living programs with apartments for youth.

TNOYS also developed a series of policy recommendations after analyzing the data collected by the youth. Those recommendations center around the Positive Youth Development (PYD) philosophy and emphasize the importance of four related concepts: (1) recognizing youths' strengths, (2) respecting youths' rights, (3) working in partnership with youth, and (4) preparing youth for the future. They are as follows:

Recognize youths' strengths	All mental health professionals who serve homeless youth and/or transitioning foster youth should be trained in trauma-informed care.
	Policymakers and service providers should promote the development of peer support networks for youth.
	Policymakers and service providers should offer support for youths' interest in spirituality.
Respect youths' rights	State policymakers should develop a plan for better meeting the unique needs of non-systems youth who are homeless.
	Shelter and housing services are insufficient to meet the needs of youth and should be expanded.
	Professionals who work with youth should offer them more opportunities for meaningful participation in decision that impact their own lives.
Work w/ youth as partners	Policymakers should offer youth more opportunities for meaningful participation in public policy decisions that impact homeless and transitioning youth.
	Service providers should create more opportunities for leadership roles for youth clients.
Prepare youth for the future	Mental health awareness education should be available to youth.
	Additional training in financial literacy and more opportunities to gain experience with money management skills should be available to youth.

Introduction

Homelessness and strained or severed family relations present intuitive challenges for young people transitioning to adulthood. Whereas most young people rely on the support of parents or other caregivers to help them ease into self-sufficiency over many years, young people who are homeless and on their own and youth who age out of foster care must make the transition with urgency, often without support or a safety net.

Runaway and Homeless Youth:



Youth may end up homeless after running away from home, being kicked out of the family home (i.e. “thrown away”) due to family conflict or inadequate resources, or aging out of foster care. Running away is the most common way that youth become homeless. The precise number of youth who are homeless in Texas is hard to determine, however, since homelessness can be defined in many ways and the definitions for “youth” may range in age from those under 18 to those as much as 24 years old. In addition, many homeless youth avoid shelter services and attempt to hide their homelessness, making them harder to identify and count. National estimates of the number of young adults who experience an episode of homelessness each year range from roughly 750,000 to 2 million, and the number is believed to be increasing.ⁱ Based on calculations using national estimates for the rate of youth homelessness, there may be as many as 150,000 youth ages 12-17 in Texas who have run away from home and slept on the streets in the past twelve months,ⁱⁱ and the Texas Runaway Hotline answered over 30,000 calls in FY2008.ⁱⁱⁱ It is reasonable to assume that many runaways remain homeless after they turn eighteen, and estimates of the homeless youth population that include youth through the age of 24 would obviously be significantly higher than these estimates.

Many youth who run away from home have a history of physical, emotional, or sexual abuse by a family member. Disruptive family conditions are typically the underlying cause of youth homelessness, and research indicates that many homeless youth report their parents either told them to leave or knew they were leaving and did not care.^{iv} Compared to youth in the general population, homeless youth are at particularly high risk for engaging in risky behaviors including abusing drugs and alcohol, dropping out of school, engaging in criminal behavior, and engaging in prostitution and survival sex.^v They are also especially vulnerable to physical and sexual victimization.^{vi}

Youth who Age Out of Foster Care:

Young adults in foster care may become homeless after aging out of the system. Aging out occurs when a youth is emancipated from the foster care system upon reaching adulthood because they were not able to exit through adoption, a permanent kinship arrangement, or reunification with their biological parents. Just over 1,500 youth aged out of foster care in Texas in FY2010.^{vii} Youth have traditionally aged out of care at age 18 in Texas, but due to legislation that passed in 2005, they may now choose to remain in care until they are 21 years old if they are either in school or working (or 22 years old if they are still in high school).^{viii}

Although there is currently no state or national reporting on homelessness when youth transition from foster care,¹ research indicates that many youth experience homelessness after aging out of foster care. In the Foster Youth Transitions to Adulthood Study (Courtney et al., 2001), 12% of youth reported experiencing homelessness within one year of aging out.^{ix} In a study of youth aging out of care in Metropolitan Detroit (Fowler et al., 2006), 17% of youth who had been out of care for an average of 3.6 years reported being homeless for an average of 61 days.^x In the Midwest Study, a longitudinal study of foster youth in Wisconsin, Iowa, and Illinois, one-quarter of foster youth alumni reported experiencing homelessness within four years of aging out of care.^{xi} The Midwest Study defined homelessness as “[sleeping] in a place where people weren’t meant to sleep, [or sleeping] in a homeless shelter, or [not having] a regular residence in which to sleep.”^{xii}

Although many youth who age out of foster care do very well in life and end up with stable housing, families and careers, outcomes for the majority of youth who age out of foster care are poor. Studies have found that 37% of foster youth aged 17-20 have not completed a high school degree or received a GED.^{xiii} More than half have a mental health disorder, 20% have major depression, and 17% have social phobia.^{xiv} Additionally, former foster youth are less likely to be employed than their peers;^{xv} they are more likely to rely on public assistance;^{xvi} and their annual incomes, on average, are below the poverty line.^{xvii}

External Resources:

In Texas, an increasing number of services are available to transitioning foster youth. Youth who are in foster care in their teenage years participate in the Preparation for Adult Living (PAL) program, which is designed to teach life skills. Staff at the Texas Department of Family and Protective Services (DFPS), the state child welfare agency, also facilitates several group meetings between youth and those they identify as caring adults to help plan for their transition from care before they age out. These meetings are called Circles of Support. In addition, youth who age out of foster care may be eligible for an Education & Training Voucher (ETV) of up to \$5,000 per year to defray costs associated with their educational and vocational goals, and their tuition at any state supported institution of higher education is waived. Nonprofit, privately funded “transition centers” in operation throughout the state also offer case management services for former foster youth and help connect them to housing, employment assistance, and other services.

With the exception of some of the services offered by transition centers, homeless youth who did not age out of foster care are not eligible for these benefits. Like foster youth alumni, however, many find support at a limited number of transitional living programs (TLPs) operated by nonprofit youth-service agencies across the state. TLPs are typically funded through federal grants, which are made possible through appropriations authorized by the federal Runaway and Homeless Youth Act. In addition to housing, these programs offer services such as case management that are designed to help youth who are homeless transition to self-sufficiency.

¹ Homelessness is one of the outcomes that states will soon be required to report as part of the National Youth Transition Database (NYTD).

Nonetheless, significant gaps in services for transitioning foster youth and homeless youth exist, and there is growing concern over whether existing services really meet youths' needs.^{xviii} Foster youth alumni report that the services available do not adequately prepare them for adult living, and not every youth is offered an opportunity to participate in group meetings for transition planning prior to aging out. Despite the ETV and tuition and fee waiver, many foster youth alumni never complete a college degree. Funding limitations severely limit the number of TLPs in operation, and those that do exist may lack funding to provide all eligible youth with comprehensive services. Mental health care services may be available to homeless youth with the most serious conditions through local mental health authorities, but many are not equipped to make services truly appealing or accessible to young adults. Although youth in foster care maintain health insurance coverage for several years after they age out, many face significant barriers in finding a mental health professional who will accept coverage tied to Medicaid's limited reimbursement rates.

Internal Resources:

Many homeless youth and transitioning foster youth are extremely resilient and have acquired skills and attributes that enable them to cope with life's challenges despite limited resources and support. For example, these young people may be particularly adept at taking care of themselves by the time they leave home or exit the foster care system, given that their past experiences may have required a higher degree of independence than is typical of someone their age. Research also suggests that the difficulties many homeless youth experienced growing up have helped them learn what they want and do not want in life, as well as the importance of personal goals.^{xix} Homeless youth may also be particularly skilled at judging the motivations of others and they may have the maturity to know when to trust someone and accept help.^{xx} Recognizing the strengths of these young people is crucial in identifying ways to help them overcome life's challenges, yet their internal resources are often overlooked due to the social stigma associated with homelessness.^{xxi}

A Window of Opportunity:

It is critical to consider how we can best support homeless youth and foster youth during their transition to adulthood, as this exciting phase of life presents a unique and promising opportunity to prevent or address homelessness and other poor outcomes through coordinated interventions.^{xxii} The final stage of a young person's development is a "window of opportunity" during which youth will either, with support, "live to their potential and grow into a healthy responsibly functioning adult contributing to society," or without support, "face a future full of dependency, marginalization, and potential long-term homelessness."^{xxiii}

Methodology

The goals of this project were to (1) identify challenges that homeless youth and youth who age out of foster care face as they transition to adulthood, with a focus on mental health, and (2) solicit their ideas for better supporting young people. To this end, Texas Network of Youth Services (TNOYS) hired a team of youth ages 18-24 who have been homeless and/or aged out of foster care to interview their peers. The concept of utilizing peer interviewers for this project, rather than a team of professional researchers, is rooted in the Positive Youth Development (PYD) philosophy. PYD is a comprehensive framework that outlines the supports that young people need to be successful, including opportunities for personal development, positive interactions with their peers, and relationships with caring adults.^{xxiv} The philosophy emphasizes the importance of focusing on youths' strengths instead of their deficits or problems to help them develop into healthy, productive adults.

“The experience [of being involved in this project] was awesome. I loved how we (as in youth) were able to advocate and use our past experience to help our next generation grow into a more mature society.”

—
Jalisa Bass (Youth Research Team member)



Given our experience in working with homeless youth and transitioning foster youth, we assumed they would have strengths that would greatly contribute to this research. Those strengths include an ability to build rapport with their peers during interviews, a unique perspective based on their personal experience that could be valuable in the analysis of this data, and a passion and enthusiasm for using their voice to help other youth. A report titled *Voices from the Streets: A Survey of Homeless Youth by Their Peers* that was published by the California Research Bureau in 2008 served as an impetus for our work, since it details a California project that also used a peer interview

model for the purpose of educating policymakers on better addressing the needs of homeless youth.

We included both foster youth and homeless youth in this project for several reasons. First, the populations face similar challenges, as both homeless youth and foster youth must navigate the path to adulthood with limited resources and family support. Second, both populations often receive services at the same community-based youth service agencies, including shelters, transition centers, and transitional living programs. Additionally, the two populations overlap extensively, since many youth who age out of

foster care end up homeless, and many homeless youth have previously spent time in foster care. For the purposes of this project, we defined homelessness as “not having a regular place to live.” Examples of homelessness that Youth Research Team members were instructed to offer the youth they interviewed included “living on the street, in cars or abandoned buildings, or under bridges; not knowing where you’re going to stay from one day to the next; couch surfing/spending nights in different people’s houses; staying at a shelter or transitional living program; and other similar conditions.”

There are numerous challenges that homeless youth and transitioning foster youth face as they develop into adults and strive to make it on their own. Due to the many implications that mental health presents for nearly every aspect of self-sufficiency and personal well-being, we framed our work on this project through the lens of mental health. We looked at the specific challenges that mental health conditions present for homeless youth and transitioning foster youth and the potential ways that mental health services could be improved for these youth. We also took a broader look at mental health, in the sense that all individuals have mental health needs and learning to understand and address those needs is part of growing up. Most people face mental health challenges at least occasionally. Homeless youth and transitioning foster youth may experience a disproportionate number of mental health challenges compared to the general population, and they may have fewer resources and support systems available for coping with those challenges.

We created a survey instrument based on our review of relevant literature about homeless youth and transitioning foster youth, as well as feedback we received from researchers at the University of Texas and staff at community-based agencies that serve youth. The survey instrument was piloted with and edited by several homeless youth at a local transitional living program to ensure that the content and language were appropriate for young adults. The final survey instrument consisted of 52 interview questions, including dichotomous questions (i.e. yes/no), multiple choice questions, Likert response scales, and opportunities for free response. Filter questions were used to ensure that youth were only asked questions relevant to their situation (i.e. only former foster youth were asked whether they ever had a job while they were in foster care). Some of the questions were pulled directly or adapted from other projects and existing literature.

We partnered with ten community-based agencies that provide services to homeless youth and transitioning foster youth in cities that represent the geographic and cultural diversity of Texas. Those agencies include:

- ACH Child & Family Services (Fort Worth)
- Central Texas Youth & Family Services Bureau (Killeen/Belton)
- Covenant House (Houston)
- El Paso Center for Children (El Paso)
- Houston Alumni Youth (HAY) Center (Houston)
- LifeWorks Youth & Family Services (Austin)
- Montgomery County Youth Services (Conroe)
- Promise House (Dallas)
- Roy Maas' Youth Alternatives (San Antonio)
- Transition Resource Action Center (TRAC) (Dallas)

These ten agencies were selected for participation in the project due to their history of serving transitioning foster youth and homeless youth, their interest in the project, and their existing relationships with TNOYS. Management at each agency designated a project point person who helped us access, interview, hire, and train youth for the Youth Research Team. Staff also offered support to the Youth Research Team members at their agency, including assistance with finding youth to interview, encouragement, and other support. Montgomery County Youth Services was eventually dropped from the project due to barriers to youth participation. The decision to reach youth for participation in the project through these agencies helped to ensure that we reached youth who truly had no home to return to for an ongoing period of time, in contrast to young people who may have left home without permission for merely a couple of nights.

Staff at our partner agencies recommended youth receiving services for participation in the project and we interviewed, hired, and trained youth from each agency to serve on the Youth Research Team. We hired and trained a total of 19 youth. All youth were required to have been homeless to be eligible for participation. They were also required to be between 18 and 24 years old. Just under half of the youth we hired had aged out of foster care. Consistent with our expectations, we lost some Youth Research Team members due to attrition; 17 Team members completed interviews and 12 remained involved in the project through its completion, by participating in a culminating event in Austin involving a policy retreat and visits with legislative offices at the State Capitol.

Each Youth Research Team member received training on project procedures, as well as guidelines provided by the University of Texas's Internal Review Board (IRB). They were required to obtain informed consent from all research subjects prior to interviewing them. Like Youth Research Team members, youth interviewees were required to be between the ages of 18 and 24 and have experienced homelessness or aged out of foster care in order to be eligible to participate in the project. Interviewees were given a \$10 Wal-Mart gift card as an incentive for participation, and Youth Research Team members were paid \$25 for each interview they collected that met the project criteria.

The Youth Research Team collected a combined 135 eligible interviews over a period of three months. Team members recorded each interviewee's responses to the interview questions on paper copies of the survey instrument during the interview process and also recorded the interviews using digital voice recorders. The audio recordings vary in length, ranging from roughly 30 to 90 minutes. TNOYS staff listened to every interview that was collected to ensure responses indicated on the paper surveys were consistent with the audio recordings.

We also conducted focus groups at four of the ten partner agencies, to collect data to supplement what was collected through the interview research. Youth Research Team members recruited youth to participate in the focus groups. Some focus group participants also completed interviews, and others only participated in focus groups. Pizzas, drinks, and other refreshments were provided during the focus group meetings and vouchers for free burgers

at Whataburger were distributed to participants as incentives for participation. We obtained informed consent from all youth who participated in a focus group prior to their participation.

Quantitative interview data was entered into computers and analyzed with SPSS Statistics 17.0 and STATA SE11. Qualitative interview and focus group data was used to complement quantitative findings, and much of it is included anecdotally throughout the next few sections of this report.

Analysis of the Data

The following section of this report describes the sample of youth who were interviewed for the project and offers an analysis of the data collected. The sample size for all data presented in tables is 135 unless otherwise noted. Many tables compare youth who reported that they aged out of foster care to homeless youth who did not age out. The statistics test used for this analysis is a one-tailed t-test that does not assume equal variances for non-binary variables because we hypothesized that youth who did not age out of the foster care system (and therefore did not receive the associated transitional services) would report experiencing more intense challenges and receiving fewer support services than youth who aged out of foster care. Means are marked when the difference between them for each sub-sample indicates that with 90% confidence, the means will be different for youth who aged out and youth who did not age out. One star indicates that the direction of the difference is consistent with our hypothesis; two stars indicate that it is not.

The Sample:

Location

Youth in seven Texas cities were represented in the interviews: Austin, Dallas, El Paso, Fort Worth, Houston, Killeen, and San Antonio. The following table shows the breakdown of the interview sample by city.

City	# of youth	% of sample
Austin	17	12.6%
Dallas	20	14.8%
El Paso	20	14.8%
Fort Worth	12	8.9%
Houston	29	21.5%
Killeen/Belton	21	15.6%
San Antonio	16	11.9%

Age

Youth were required to be between the ages of 18 and 24 to be eligible to be interviewed for the project. The majority of youth who were interviewed were in the 18-21 range; a smaller portion was between the ages of 22 and 24. This disparity may be due to the locations (i.e. youth service agencies) from which the youth researchers completed most of their interviews. Those agencies may serve more 18-21 year olds than older youth, as younger youth may be in more need of assistance and/or may be more likely to maintain relationships they developed with case managers and other agency staff while they were in foster care. In addition, most members of the Youth Research Team were between the ages of 18-20, and they may have preferred to interview youth closer to their own age. The following table shows the breakdown of the interview sample by age.

Age	18	19	20	21	22	23	24
# of youth	39	27	31	18	9	3	8
% of sample	28.9%	20%	23%	13.3%	6.7%	2.2%	5.9%

Gender

Male and female youth are represented fairly equally in the sample. The Youth Research Team completed 67 interviews with males (49.6% of the sample) and 68 with females (50.4% of the sample).

Race/Ethnicity

Youth who identify as Black or African American comprise the largest racial/ethnic group in the sample. While the percentage of Black or African American youth is disproportionately high compared to their representation in the general Texas population, it is more consistent with their representation in the foster care system. Although African Americans represent roughly 12% of the child population in Texas, they accounted for nearly 30% of removals made by Child Protective Services in 2009 and more than one-third of Texas children waiting for adoption.^{xxv} This disproportionality may be due to a combination of factors, including higher rates of poverty among African American families (since poverty is a risk factor for child abuse & neglect^{xxvi}) and racial biases that some believe are present in the child welfare system.^{xxvii} Since precise figures on the number of youth who are homeless are not available, it is difficult to accurately estimate the breakdown of their race and ethnicity. Researchers suggest however, that as with samples of homeless adults, the racial/ethnic distribution of homeless youth in given community depends on the racial/ethnic distribution of the entire community.^{xxviii}

Hispanics and Latinos comprise the second most represented racial/ethnic group in the sample. Twenty-seven interviews were collected from Non-Hispanic Whites, comprising an even 20% of the interviews collected. The Team collected three interviews from youth identifying as Asian or Pacific Islander and two interviews from youth who identify as Native American. Those who identify as being of more than one racial or ethnic group were classified as “Other” for the purpose of analysis. The following graph illustrates the breakdown of the sample by racial/ethnic identification.

Race/Ethnicity	# of youth	% of sample
Black or African American	60	44.4%
Hispanic or Latino	32	23.7%
White, non-Hispanic	27	20%
Asian or Pacific Islander	3	2.2%
Native American	2	1.5%
Other	11	8.1%

Experience with Homelessness

Youth were required to either have experienced homelessness or aged out of the foster care system in order to be eligible to be interviewed for the project. Interviewees were asked both “have you ever been homeless” and “have you ever been homeless on your own (i.e. without a parent or guardian)?” Roughly 86% (116 youth) reported having been homeless and 77% (104 youth) reported having been homeless “on [their] own.”

Despite the inclusion of a definition of homelessness on the interview questionnaire, many youth exhibited confusion about whether the definition applied to them. For example, several youth reported that they had never been homeless in the first homelessness question but then later reported that they had been homeless “on [their] own.” Others reported having never been homeless in response to both questions, yet indicated experiencing homelessness later in the interview, perhaps by reporting living at a shelter or transitional living program (for which the eligibility criteria is homelessness). We resolved these inconsistencies by creating an additional variable for youth homelessness that counted a youth as having been homeless if they indicated experiencing homelessness at any point during the interview. **Using this new variable, 88.1% of youth in the sample (119) had been homeless.**

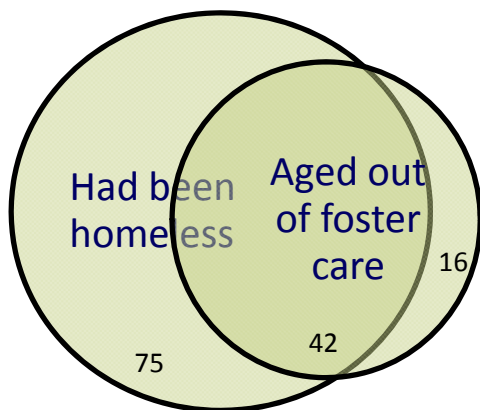
Experience with Foster Care

Youth were also asked if they had ever been in foster care and those who answered “yes” were then asked whether they did or will “age out” of the system. Just over 54% (73 youth) reported ever having been in foster care and 44% of the total sample (58 youth) reported that they did or will age out. Only a tiny handful of youth included in that 44% had not aged out already (but were eighteen years of age or older). The 16 youth who reported that they were formerly in foster care but did not age out reported leaving care through adoption, reunification with their biological family, transitioning to a kinship care arrangement, or running away. A few youth experienced confusion over whether they had aged out of care; for example, if they had run away from foster care or left a foster care placement to be incarcerated at the Texas Youth Commission (TYC).

Experience with Foster Care and Homelessness

Just under one-third of youth in the sample (42 youth) reported that they had both aged out of foster care and experienced homelessness. Nearly three-fourths of youth who reported aging out of care also reported having experienced homelessness, and this figure is higher than rates of homelessness for foster care alumni supported by other studies. This sample most certainly over-estimates the percent of Texas foster care alumni who end up homeless, since Youth Research Team members recruited many of their interview participants at transitional living programs, where services are geared toward homeless youth.

The following Venn diagram illustrates how the sample, of which the great majority of youth reported they had been homeless, is comprised of several overlapping subsets: youth who had been homeless, youth who had been homeless and did not age out of foster care, youth who aged out of foster care, youth who aged out of foster care and also experienced homelessness, and youth who aged out of foster care but did not experience homelessness.



N = 133 (rather than 135) because 2 youth did not report whether they aged out of foster care.

117 youth in the sample (88%) have been homeless (42+75)

75 youth (56%) have been homeless but did not age out of foster care

58 youth (43.6%) aged out of foster care (42+16)

42 youth (31.6%) aged out of foster care and have been homeless

16 youth (12%) aged out of foster care but have not been homeless

Housing Situation

The majority of youth reported living in their own apartment, however, it was apparent in listening to audio recordings of the interviews that this may not be accurate due to confusion among those living at transitional living programs (TLPs). Many TLPs assist youth in obtaining apartments or even house them in apartments that are owned by the youth service agency operating the TLP. It appears that some youth who were living in such apartments at the time of their interview indicated living in an apartment of their own when asked about their current living situation during the interview. Other youth who reported living in an apartment, condo, or house had already overcome homelessness or had aged out of foster care but never been homeless.

Only a small handful of youth who were interviewed reported that they were living on the street at the time of the interview. This is consistent with the fact that the Youth Research Team did most of their recruiting for interviewees at youth service agencies, and all of these agencies provide shelter services, a TLP, or some other form of housing assistance. Many of the youth who were interviewed reported having spent time living on the street previously, for example sleeping in parked cars, public parks, greyhound stations, and more. The following table shows the breakdown of the sample by housing situation at the time of the interview.

Where are you currently living? (N=134)	# of youth	% of sample
Apartment/condo/house	38	28.4%
Shelter	32	23.9%
Home of relative, friend, or significant other	26	19.4%
Transitional Living Program	26	19.4%
Couch surfing	3	2.2%
Street	3	2.2%
Other	6	4.5%

Milestones to Adulthood:

Youth were asked about milestones to adulthood including their employment and education status. They were also asked about additional milestones, including banking practices, whether they know how to determine if they are eligible for public assistance benefits, and whether they consider themselves to be adults. Additionally, they were asked about what they believe it means to be an adult.

Employment Status

More than half of the youth who were interviewed reported being unemployed and only slightly more than one-quarter reported having a job that pays enough to “make ends meet.” This figure may be artificially high since many youth reported living arrangements in which they do not face realistic housing costs, such as residing at shelters or TLPs, at the time of the interview.

Percent of youth who are employed:	
All youth in the sample	45.2%
Youth who aged out	48.3%
Youth who did not age out	42.7%

Percent of youth with a job that pays enough to “make ends meet:” (N=127)	
All youth in the sample	26.8%
Youth who aged out	28.6%
Youth who did not age out	24.6%

Additionally, more than three-quarters of youth who aged out of the foster care system reported that they had a job at some point when they were in foster care. Sixty percent of those who had a job while in care reported having one at the time of the interview, compared to only one-quarter of those who did not have a job while in care. This suggests that youth who have a job while in foster care may be more than twice as likely to have one after aging out of the system than youth who do not have a job while in care.

Educational Attainment

More than one-third of the youth reported that they had completed high school or a GED and it was the highest level of education they had achieved. Slightly more youth (35%) reported being enrolled in college. Nearly one-fifth of the sample reported that they dropped out of school and were not currently attending, and another 11% reported currently attending high school or working on their GED. Only 1 youth reported being enrolled in a vocational or technical training program and 1 additional youth reported having completed such a program.

What is your current status in school? (N=134)	# of youth	% of all youth in the sample	% of youth who aged out	% of youth who did not age out
Not attending or dropped out	24	17.9%	12.1%	23.0%*
Attending high school or working on GED	15	11.2%	17.2%	5.4%*
Completed high school or GED	46	34.3%	24.1%	43.2%*
Enrolled in vocational or technical training program	1	.8%	0.0%	1.4%
Completed vocational or technical training program	1	.8%	1.7%	0.0%
Enrolled in college or higher	47	35.1%	44.8%	27.0%*

Nearly 30% of both youth who aged out and youth who did not age out of foster care reported that they had not yet completed high school or a GED at the time of the interview. Youth who did not age out of care were significantly more likely to have dropped out of high school, however, whereas youth who aged out were significantly more likely to still be attending high school or working on their GED. This suggests that foster youth may struggle with school just as much as homeless youth, but the support and/or supervision that the foster care system provides (even after care) may prevent dropping out and encourage the pursuit of educational goals.

Youth who aged out of foster care were significantly more likely to be enrolled in college than youth who did not age out, which is not surprising since the state Tuition and Fee Waiver allows them to enroll in courses at any state supported institution of higher education at no cost. It is important to note that not all of the youth enrolled in college reported taking a full course load, however; many reported taking a small course load and juggling it with other responsibilities such as working or raising a child.

Youth were asked whether there is anything going on in their life that makes it hard to focus on work or school. Responses included physical and mental health conditions, children, pregnancies, homelessness, lack of transportation, and strained relationships with family members. Some examples of responses are as follows:

“I have too many coals in the fire.” (Female, 24)

“Not knowing if my son is okay, or if he needs anything.” (Male, 21)

“My medical conditions.” (Male, 18)

“I’ve got a baby on the way.” (Female, 20)

“Last time I wasn’t doing my work, and that’s why I was failing.” (Male, 21)

“I have so many things going on in my life, it’s ridiculous. But I have to do what I have to do.” (Male, 19)

“Looking for a new home.” (Male, 20)

“Losing my mother.” (Male, 19)

“I haven’t been in school since 6th grade.” (Male, 20)

“I don’t want to explain it. Just different situations.” (Female, 21)

“I haven’t seen my parents in 6 years.” (Male, 21)

Bank Accounts

Just under half of youth reported having a bank account at the time of the interview.

Percent of youth with bank accounts at the time of the interview:	
All youth in the sample	49.6%
Youth who aged out	51.7%
Youth who did not age out	46.7%

Similarly, forty-eight percent of youth who aged out reported having had a bank account while in foster care. Nearly 85% of those who had a bank account while in foster care reported having one at the time of the interview, compared to fewer than 29% of youth who did not have one when they were in foster care. This indicates that youth who have a bank account while in foster care may be nearly three times more likely to have one after they age out than youth who do not have a bank account while they are in foster care.

In addition, youth reported that they need and desire training in topics such as budgeting and other money management skills. Some of the youth who had aged out of foster care reported receiving related training through state PAL classes but expressed that they had not been interested in learning about budgeting when they were 16 and 17 years old. They reported that they wished the training was still available to them now that they were older

and had aged out. Others suggested that they might have spent their ETV benefit more wisely if it had been issued to them at a later age when they were more mature.

“I need to learn how to budget. You could give me \$30, and \$20 would go on a shirt for me and \$10 on a shirt for my daughter, and then we’d go hungry.” (Female, 21)

“Not everybody catches on to everything early. When I was 18 or 19, if I got \$1,000, the first thing I was going to do was run to the mall and not think about a car or anything else. By 21, you know what you want.” (Female, 21)

“I know for a fact that when I leave [the shelter], I want to have my own stuff. So I’m budgeting.” (Male focus group participant)

“When you’re a kid, all you see is your mom using the card and this and that. You don’t know how hard it is for her to actually get that money. You don’t know where that money’s coming from, or who’s working hard to get it.” (Female focus group participant)

Navigating Public Assistance Benefits

More than half of youth reported knowing how to find out whether they are eligible for government benefits, such as Medicaid and food stamps. Foster youth alumni were significantly more likely to report being knowledgeable about obtaining public assistance than homeless youth who did not age out of foster care.

Percent of youth who know how to find out whether they are eligible for public assistance benefits: (N=133)	
All youth in the sample	61.7%
Youth who aged out	72.4%
Youth who did not age out	52.1%*

One youth who did not know how to access public assistance benefits when she found herself on her own reflected:

“Honestly, who did their Medicaid when they were with their parents? Their parents got the Medicaid, right? Who got the food stamps? Their parents. But then when you’re left alone, it’s like ‘what do I do?’” (Female focus group participant)

Another youth expressed concern about youth relying on public benefits rather than seeking secure employment and saving money to plan for the future.

“Some of us get hooked on the fact of government help and assistance, instead of working hard. At one point in time, SSI is gonna run out. Food stamps is gonna run out.” (Male focus group participant)

Perception of Themselves

The majority of youth who were interviewed reported that they consider themselves to be adults. This is a substantial difference from young adults in the general population, as research indicates that the majority of 18-25 year olds in the United States, especially those who are in college, do not consider themselves to be adults.^{xxix}

Percent of youth who consider themselves to be adults: (N=132)	
All youth in the sample	76.5%
Youth who aged out	77.6%
Youth who did not age out	75.0%

Many youth expressed something to the effect of feeling mature since they have already been on their own for much of their life.

“[I am an adult because] if I have problems, I try to figure them out myself.” (Male, 19)

“I have a 2 year old daughter to step up and take care of.” (Female, 21)

“I pay my own bills and take care of my child. Most of these people are 40 something years old and still don’t got nothing to show for it.” (Male, 20)

Nineteen youth reported that they do not consider themselves to be adults and an additional twelve youth reported that they were not sure.

“I’m supposed to do all these things, and I haven’t accomplished anything in my life.” (Female, 21)

“I haven’t experienced life yet.” (Female, 18)

“I don’t think I’m quite ready for the real world yet. I can’t keep a job.” (Female, 19)

Definition of Adulthood

Youth were asked what makes someone an adult, and they offered a range of definitions. Youth in one focus group overwhelmingly agreed that the age of 21 was when they reached a higher maturity level, and some of the focus group participants reflected that they did not make responsible choices at ages 18 and 19.

“A person that can handle their own.” (Female, 18)

“Responsibility and maturity.” (Male, 18)

“Providing something for somebody else instead of yourself.” (Female, 21)

“Once you become 18.” (Female, 18)

“To be mature, responsible, and own up to their faults. To not use excuses for every little thing they do, and to know how to budget money.” (Female, 21)

“Someone who’s responsible and who’s not depending on people to do for them.” (Female, 21)

“Living on their own, paying bills and stuff, taking care of a family, and helping others.” (Male, 19)

“What makes someone an adult is when you hit 18, your parents gonna always tell you, ‘Ohh, I can’t wait ‘til you get 18 ‘cause you’re grown. That, and when you get your own place, your own car, paying your own bills, when you got stuff in your name.” (Male, 19)

“Being able to justify things and being able to take care of yourself.” (Male, 18)

“Age, wisdom, responsibility, independence, and honesty.” (Male, 20)

“When they are over 18 and can make most choices by themselves.” (Female, 19)

“Doing what you have to do to take care of yourself in a positive way.” (Female, 18)

Challenges:

Youth were also asked to rate the severity of various challenges they may face on a scale of 1 to 10, with a score of 1 being “not challenging at all” and a score of 10 being “extremely challenging.” The challenges included on the list were pulled from existing literature on the challenges that homeless youth face. The following table shows the mean score for each challenge as well as the percentage of the sample who scored the challenge with a 6 or higher, which we interpreted as very challenging.

Challenge	All youth in the sample		Youth who aged out		Youth who did not age out	
	Mean	% who rated the challenge as a “6” or higher	Mean	% who rated the challenge as a “6” or higher	Mean	% who rated the challenge as a “6” or higher
Anxiety/Nervousness	4.1	28.2%	3.5	15.5%	4.7*	38.7%*
Controlling your anger	4.8	36.8%	4.4	24.6%	5.1	46.0%*
Depression	4.4	35.6%	3.7	27.6%	4.8*	40.0%*
Difficulty sleeping	4.6	37.8%	3.8	25.9%	5.1*	45.3%*
Disturbing thoughts	3.8	31.9%	2.6	17.2%	4.7*	42.7%*
Drug and alcohol use	2.6	16.3%	2.4	13.8%	2.8	17.3%
Finding housing and food	3.7	25.9%	2.9	13.8%	4.3*	34.7%*
Legal issues/Trouble with police	2.1	11.1%	1.7	3.5%	2.5*	17.3%*
Loneliness	3.8	25.2%	2.9	17.2%	4.5*	30.7%*
Past abuse/Victimization	3.9	31.3%	3.7	29.8%	4.0	32.0%
Physical Health	3.2	21.5%	2.7	13.8%	3.6*	28.0%*
Relationship Conflicts	4.0	31.1%	3.3	24.1%	4.4*	37.3%*
School Issues	3.1	20.1%	2.9	19.0%	3.2	21.6%
Work Issues	4.0	28.4%	4.2	31.0%	3.8	27.0%

Overwhelmingly, youth indicated that mental health issues are their biggest challenges. For example, the challenges with the highest mean scores were *controlling anger*, *difficulty sleeping*, *depression*, and *anxiety/nervousness*, in that order. Rated a little less challenging on average were *relationship conflicts*, *work issues*, *past abuse/victimization*, *disturbing thoughts*, and *loneliness*. Rated least challenging, on average, were *finding housing and food*, *physical health*, *school issues*, *drug and alcohol use*, and lastly, *legal issues/trouble with the police*. Also, nearly 38% of youth in the sample rated *difficulty sleeping* with a score of 6 or higher, which we interpreted as suggesting it is a substantial challenge. More than one-third of the sample rated *controlling anger* and *difficulty sleeping* with a score of 6 or higher, and nearly one-third rated *disturbing thoughts*, *past abuse/victimization*, and *relationship conflicts* with a score within that range. This suggests that intensive services and programming to address these issues might be extremely valuable to a specific group of youth within the larger population of those who were interviewed.

Additionally, homeless youth who did not age out of foster care were significantly more likely to rate the majority of items on the list as challenging, than were youth who aged out of foster care. *Past abuse/victimization*, *drug and alcohol use*, *school issues*, and *work issues* were the only areas that were not found to be significantly more challenging for youth who did not age out of care than for youth who aged out. The next sections of this report analyze challenges in greater detail.

Anger

A full quarter of youth who were interviewed reported that anger is not a challenge they face, but nearly 37% of the sample rated it as a 6 or higher. Youth who expressed that anger can be a substantial challenge talked about what it's like to be angry:

"It's hard to control my anger because I'm an angry person." (Female, 19)

"I'm always angry with everyone. I don't like discussing things." (Female, 19)

"I bottle things up, instead of talking about it." (Female, 21)

"I do have anger issues and anxiety issues... with me being taken [by CPS] at a young age, it was hard for me to understand what was going on." (Male, 22)

"When things become annoying I snap easily. I can only take so much, and I get frustrated." (Female, 24)

Anxiety/Nervousness

Similarly, almost one-third of youth reported that anxiety/nervousness is not a challenge for them at all, but 28% scored it with a 6 or higher, meaning that it is still very challenging for a sizeable group of youth. For some of the youth who do face anxiety, it may stem from the many stresses they face as they transition to adulthood. For example, more than one-third of youth who were interviewed reported that they are nervous about being on their own.

"I get nervous real easily." (Male, 20)

"I have a lot on my mind." (Female, 21)

"I'm scared to fail." (Female, 20)

“I’m scared that I won’t succeed once I’m on my own. That something will go terribly wrong and I’ll end up back homeless.” (Female, 19)

For others, anxiety/nervousness may be related to past trauma such as abuse, or the result of trauma associated with homelessness itself. Thirty-seven youth who were interviewed reported feeling less safe after leaving home. That is significant considering that some of the most common reasons youth leave home are family conflict and abuse.

“I’m always scared and paranoid because of my past.” (Female, 19)

“I didn’t have a roof over my head and didn’t know where my next meal was coming from.” (Female, 24)

“You don’t know who you’ll run into in the streets. The world is not something to feel safe about.” (Female, 21)

“Being on your own makes you feel less safe than you can even imagine.” (Female, 20)

“I get nervous about if I’m going to wake up the next day, walk outside, and get shot or jumped, or that I may not ever see my friends or family again.” (Male, 20)

In addition to describing reasons behind their anxiety/nervousness, youth also explained how it affects them in their daily lives.

“There is nothing you can do about it. It’s a feeling I don’t like. It’s like being locked up.” (Female, 24)

“It’s the classic thing of anxiety/nervousness is always quelled by drug and alcohol abuse.” (Male, 19)

“It’s hard to look someone in the face, even in an interview or something.” (Male, 21)

“I’m the kind of person who wants friends, but I’m afraid to talk to people.” (Male, 21)

Depression

Thirty-six percent of youth who were interviewed reported that depression is not a challenge they face, but another 36% rated it a 6 or higher, indicating that depression is a major challenge for about one-third of this population. Those who struggle with depression explained how it influences their daily lives.

“When I was in foster care, sometimes my depression would take over my life.” (Male, 20)

“Depression, difficulty sleeping, all that, it’s hard for me to try and fix [it] because I don’t see the point of me trying to fix it all when it all just keeps coming back every day. Every day there is a person bringing it back to me.” (Female, 19)

“I’m so sad.” (Female, 19)

Difficulty Sleeping & Disturbing Thoughts

Some of the youth described difficulty sleeping, perhaps as the result of mental health challenges such as anger, anxiety, and disturbing thoughts. Just over one-third reported that difficulty sleeping was not a challenge, but 38% rated it at an intensity of 6 or more – a larger portion of youth than for any other challenge on the scale.

“Ever since my mom died, it’s all I can think about... even though I’m sleepy, I still can’t go to sleep.”
(Male, 21)

“I don’t get any sleep because my past creeps up on me.” (Female, 19)

Loneliness

Loneliness was also an issue for some youth, often due to strained family relations and the isolation associated with homelessness and foster care.

“I’ve been in foster care my whole life, so I don’t have anybody.” (Female, 20)

“I don’t have anybody. I don’t have friends or family. I don’t have a support system.” (Female 19)

“I’ve raised myself since I was 4, so I don’t have anyone.” (Male, 20)

“I’m tired of being alone.” (Male, 20)

“The most difficult thing a homeless youth faces is themselves. The feelings of worthlessness, hopelessness and the constant negative stigma are things that youth battle within themselves. Only when a youth overcomes these emotions will they be able to receive help.”
– Karris Amory (Youth Research Team member)



“I’ve been in situations where, I love my friends, but where they’re trying to be supportive and they say the wrong things. And it’s not that they do it on purpose, it’s that they don’t understand [what I’m going through] to some extent.” (Female, focus group participant)

“Nobody is going to understand you. Nobody’s been in the same situation that you’re in.” (Female focus group participant)

Others reported that the stigma of being homeless led to feelings of isolation and loneliness. They described how they thought people perceived them as a result of their homelessness.

“That I was not going anywhere and I was just going to be homeless and on the streets for the rest of my life.” (Female, 18)

“[People] did not want to approach me because they thought I’d ask them for something. They pretty much ignored me or acted like I wasn’t there, or just avoided me at all costs.” (Female, 20)

“When you have nothing, nobody wants to be around you.” (Female, 18)

“You don’t want anyone to feel bad for you. That’s why you don’t want to talk to your friends.” (Female focus group participant)

Past Abuse/Victimization

Nearly 62% of youth reported that they have been a victim of emotional, physical, or sexual abuse by a family member. Youth who aged out of foster care reported higher rates of abuse than homeless youth who did not age out, but the difference was not statistically significant.

Percent of youth who have been victims of physical, sexual, or emotional abuse by a family member: (N=126)	
All youth in the sample	61.9%
Youth who aged out	67.3%
Youth who did not age out	56.5%

In addition, some youth volunteered information during the interview indicating that they may have been victimized by non-family members such as significant others. Youth reflected throughout the interviews on struggling with past abuse/victimization.

“I have dreams about it and I think about it every day.” (Female, 21)

“The past abuse will still go through my head no matter what because you just can’t erase those things.” (Male, 18)

“I’m just dealing with it still. Not really struggling, but it’s hard sometimes to love and forgive those people... and have a positive outlook towards them, even through their mistakes.” (Male, 20)

Relationship Conflicts

Nearly one-half of youth (46.3%) reported having a relationship in their life that was frustrating at the time of the interview. Homeless youth who did not age out of foster care were more likely to have a frustrating relationship than youth who did age out. Forty-nine percent of homeless youth who did not age out reported a frustrating relationship, compared to 42.1% of youth who aged out, but the difference was not statistically significant.

Percent of youth who report a frustrating relationship: (N=124)	
All youth in the sample	46.3%
Youth who aged out	42.1%
Youth who did not age out	49.3%

The relationships that were named as frustrating were most often relationships with family members or significant others.

“My family. It’s like they say they have all the love in the world for me, but then they treat me like this.” (Female, 19)

“My foster family. They don’t talk to me or support me, and they always have something negative to say.” (Female, 19)

“My boyfriend. He doesn’t understand my situation, that I’m homeless, I don’t have anywhere to go, and I’m pregnant. He’s on something totally different right now.” (Female, 21)

“Me and my family have confrontations from time to time and I wish we did not.” (Female, 21)

Transportation

Transportation challenges were not specifically addressed within the survey, but youth consistently identified them as obstacles to securing and maintaining a job, completing school, and more. Transportation challenges were most significant for youth living in Central Texas (i.e., Belton, Killeen, and Temple) and the Arlington/Fort Worth area.

“I think (the hardest thing about aging out was)...transportation. I would have to think of many ways to get to places where I had to go and if there was a moment where I didn’t have money, you know, I would have to call some of my friends... ‘Hey you think you can lend me three dollars?’...or something like that. Or ask friends, you know, where I can go where they can help me out.” (Female, 18)

“I would worry less about homelessness if I had a job. If there was transportation to get anywhere I would be better off, but because there isn’t it’s really hard. They have transportation, but they don’t run long enough. Either I have to walk early in the morning or late at night which isn’t safe.” (Female, 18)

Challenges Unique to Foster Care

Foster care alumni were asked what the hardest thing was about aging out of foster care. Many of them expressed that it was the isolation associated with being in care and the uncertainty about the future.

“Having no one to rely on besides me... You’ve already been through the system and letting people help is hard.” (Male, 19)

“Not having any support.” (Female, 18)

“There were people saying they’d step up, but then nobody did. It was emotional too, to leave the younger kids I bonded with.” (Male, 18)

“Not knowing where you’re going to go.” (Female, 19)

Others expressed that foster care left them ill-prepared for living on their own.

“I really did not know what the real world would be like. I did not know that it would be this hard. I did not know that, like, you had to go to work and wake up, and go back to work, just so you can do what you have to do.” (Female, 21)

“Managing my money [is challenging]. When I was in foster care, I did not have any bills or responsibilities.” (Male, 21)

“In foster care you depend on people to do things for you. When they throw you out into the world, you’re confused and lost.” (Female, 20)

“They lock you up so much that when you get out you don’t know how to function in the real world... I don’t know how to drive a car because no one would show me.” (Male, 20)

Additional Challenges:

Youth also reflected on additional challenges associated with being on their own. Many of those challenges were normal tasks associated with growing up, but they took on new dimensions for youth who did not have access to caring adults they could ask for help.

“I did not even know how to connect the electricity bill.” (Female focus group participant)

“For me to get my mail, I did not even know you’re supposed to go to the post office.” (Male focus group participant)

“I’m going to college and financial aid was such a stressful thing because I’ve never done that. When you’re on your own, you’re like ‘I’ve got forms A, B, C, D...’” (Male focus group participant)

Strengths and Supports:

Throughout the interviews, youth also reflected on the personal strengths and support systems that help them overcome the challenges they face. Those strengths and support systems include coping strategies, social supports, optimism, self-improvement activities, and public safety nets.

Coping Strategies

Youth overwhelmingly reported that the way they cope with stress and other problems is a major strength. The coping methods that youth reported using most often were “[thinking] about how things will get better in the future,” “[trying] to learn from the bad experience,” and “[realizing]” that [they are] strong and can deal with whatever is bothering [them].” Most youth reported that they do not use less healthy coping techniques to deal with problems such as “[trying] not to think about it” or “[using] drugs and alcohol.”

Youth were asked to rate how often they use each coping technique, with a score of 1 being never, 2 being rarely, 3 being sometimes, 4 being often, and 5 being almost always. The following table shows the mean scores that youth gave for various coping techniques as well as the percentage of youth in the sample who reported using those coping techniques often or almost always. This list of coping techniques was developed by Kidd and Carol (2007).^{xxx}

Coping Technique	Mean	% who do this often or almost always
Try to learn from the bad experience.	4.1	75.4%
Think about how things will get better in the future.	4.1	72.0%
Realize that I am strong and can deal with whatever is bothering me.	4.1	70.5%
Think about what happened and try to sort it out in my head.	3.8	63.16%
Go off by myself to think.	3.8	61.1%
Concentrate on what to do and how to solve the problem.	3.7	60.2%
Try to value myself and not think so much about other people's opinion.	3.7	57.6%
Do a hobby (e.g. read, draw).	3.6	55.3%
Go to someone I trust for support.	3.5	54.2%
Use my spiritual beliefs in a higher power.	3.5	53.8%
Go to sleep.	2.8	36.4%
Try not to think about it.	2.9	30.2%
Use my anger to get me through it.	2.2	16.7%
Use drugs or alcohol.	1.7	9.9%

Social Supports

Youth were asked about their social support systems, including whether there are any caring adults in their life and whether there is anyone who relies on them for support. The majority of youth reported at least one caring adult. Most often mentioned were biological family members including parents (particularly mothers), siblings, grandparents, and other extended family. Teachers, former foster parents, and staff at youth service agencies were also frequently mentioned. Slightly more than half of youth reported that someone such as a friend, child, or other family member relies on them for support. Examples of the support provided include friendship, encouragement, and someone to talk to, as well as a few examples of financial support or in-kind support such as child care.

Percent of youth who know they have at least one caring adult in their life:	
All youth in the sample	84.4%
Youth who aged out	87.9%
Youth who did not age out	81.3%

Percent of youth who know of someone who relies on them for something: (N=134)	
All youth in the sample	48.5%
Youth who aged out	44.8%
Youth who did not age out	52.7%

Sense of Optimism

Youth were asked “what is good or positive in your life right now?” The answers they gave ranged from relationships with friends and family to setting and working on goals such as going to school.

“When there is nothing else to lose, there is plenty to gain. So never give up.”

*– Jose Sandoval
(Youth Research Team member)*



*“I’m moving forward to accomplish something.”
(Male, 18)*

“Reconnecting with my birth family. Now I know where I come from.” (Male, 22)

*“Having a relationship with a higher power.”
(Male, 20)*

“My family. They support me and the decisions I make.” (Female, 21)

“Seeing the results of not giving up, and doing what I need to do instead of what my friends do.” (Male, 20)

*“Going to school, taking care of my little one, and finding a job.”
(Female, 21)*

“I look at myself as doing real good right now, because I never thought that I would be able to go to school and work at the same time. I go to school and I work at the same time right now. So me motivating myself is basically motivating other people to do better.” (Male focus group participant)

Self-Improvement Activities

Nearly three-quarters of youth who were interviewed reported that they are working on some aspect of themselves (i.e. “changes to help [themselves] succeed”).

Percent of youth who are working on some aspect of themselves so they can succeed: (N=124)	
All youth in the sample	77.4%
Youth who aged out	73.6%
Youth who did not age out	79.7%

Types of changes that were mentioned often include managing anger better, upholding more responsibilities, and working on finishing school. Specific examples included:

“My attitude and the way I talk to people. I’m trying to handle problems as an adult would.” (Male, 20)

“Not worrying about the past.” (Male, 20)

“Instead of saying what I’m going to do, now I just start doing what I say.” (Female, 21)

“Eating dirt and smiling about it.” (Male, 20)

“Learning how to control my anger.” (Female, 19)

“Trying not to be so short-fused.” (Male, 20)

“I stopped being a couch potato and started exercising.” (Male, 19)

“I’m going to school, getting a job, staying outta jail and trouble altogether.” (Male, 22)

Public Safety Nets

Nearly all of the youth who were interviewed had received some type of assistance from a community-based organization or government assistance program. Many expressed that these services and supports had been of an invaluable benefit to them, and they described what set the most helpful agencies apart from those that were not as helpful.

“Regardless of how these youths got to where they are, if they are making an effort to better themselves, we should accommodate them.”

*– Legion Ivory
(Youth Research Team member)*



“You get a lot of stuff accomplished while you’re here... like a GED, a green card.” (Male focus group participant)

“They’re actually here to help you. The majority of the people here, they’re here for the residents, and they’ll do whatever it takes to help you.” (Male focus group participant)

“My personal experience is that everywhere else I went would turn me down, but here, they’re just worried about getting you back on your feet.” (Male focus group participant)

“People don’t judge you here.” (Male focus group participant)

“I feel like, when I first got here, you know, I’d gotten out of prison after four years and I had no family to just go to, or things like that...I was homeless for a week and then I got here. As I was in there with the staff you know, it was amazing, all the staff I feel like they’ve motivated me since I’ve been here, and they encourage me to do better and to want to do better. And they have a lot to offer. I can really speak on my behalf that it’s gotta be the best thing that’s happened to me because I had never got to see how life was, because I was always incarcerated.” (Male focus group participant)

“You come here with a little, but when you leave, you leave with a lot. And it may not be a lot in materialistic things, but it’ll be a lot more within yourself, because of the fact that you have your confidence built.” (Male focus group participant)

“I can honestly say, there are people who are going to back you up here. They don’t care about what you’ve done or what you’ve been through. They care about where you’re going.” (Male focus group participant)

“They really try to help. They try that day, and if it don’t work that day, they’ll try the next day, and the next day.” (Male focus group participant)

Others emphasized the importance of government benefits and public assistance programs.

“Food stamps have been one of the greatest helps ever.” (Male focus group participant)

“The WIC program [has been helpful] because formula is super expensive.” (Female focus group participant)

Perceptions about Mental Health:

Youth were asked about their perceptions of mental health, including how they define it, whether they know people who are mentally healthy, and if they consider themselves to have good mental health.

Definitions of Mental Health

Youth were asked “what does ‘mental health’ mean to you?” Forty percent gave a definition interpreted as having a negative connotation, compared to a definition interpreted to have a connotation that is positive or neutral.

Percent of youth who gave a negative definition for mental health: (N=121)	
All youth in the sample	39.7%
Youth who aged out	39.2%
Youth who did not age out	39.7%

Negative definitions that youth gave for mental health tended to emphasize the presence of a problem.

“That you have a problem inside your head.” (Male, 18)

“Bipolar, depression, psycho.” (Female, 20)

“The mind is not right to perform and do the things you need to do.” (Female, 24)

“There’s a string loose.” (Male, 20)

“It’s screwing with your brain and it could become permanent.” (Male, 21)

“Some type of impediment to the brain.” (Male, 18)

“Not able to deal with the obstacles life gives you. Crazy.” (Female, 19)

In contrast, neutral definitions often emphasized the absence of a problem.

“How the brain thinks, positive or negative.” (Female, 18)

Definitions of mental health interpreted as having a positive connotation were those that emphasized the idea of wellness, like might be emphasized when thinking about physical health.

“Your ability to recognize what’s important and what’s not, what’s real and what’s not, and what’s of value and what’s not.” (Female, 22)

“Making sure your mind is on track and in the right place.” (Female, 18)

“Strong minded. The health of the brain.” (Male, 20)

“Being happy with yourself.” (Female, 20)

People with Good Mental Health

Youth were asked whether they know anyone who they believe has really good mental health and what it is about that person that makes them seem so mentally healthy. Responses included the following:

“My mom because she is in good shape to talk to me and explain stuff to me and calm me down when I’m in my depressed mode.” (Female, 24)

“Barack Obama, because he handles things under pressure.” (Male, 19)

“My uncle. He knows how to work through problems.” (Female, 18)

“A girl I know from foster care. She was off medications by the time she graduated.” (Female, 20)

“My friend. He’s making very good decisions.” (Female, 18)

Youths’ Perceptions of Their Own Mental Health:

Youth were asked whether they consider themselves to be mentally healthy, or “straight in the head.” (“Straight in the head” was the definition for mentally healthy that was presented by one of the youth who helped pilot the interview questionnaire before it was distributed.) Nearly three-quarters of the youth who were interviewed reported that they consider themselves to be mentally healthy.

Percent of youth who consider themselves to be mentally healthy: (N=133)	
All youth in the sample	73.7%
Youth who aged out	73.7%
Youth who did not age out	74.3%

Many of the reasons that youth gave for why they are (or are not) mentally healthy relate back to their definitions of mental health.

“I think pretty normally and I have a lot of common sense.” (Female, 18)

“I don’t over-react about small things or let things affect me.” (Male, 20)

“Although I don’t think along the same lines of most people in my generation, I feel like most people in my generation think in a very trivial way, and I think in a very practical way.” (Female, 22)

“Because I was down and I picked myself up.” (Female, 24)

“I’m not haywire and bouncing off the walls like most people who are unstable.” (Female, 24)

“I thought that I had a problem at one point but then reality struck and I realized there’s nothing wrong with me.” (Female, 24)

“I know what I want, and I know what it takes to get there.” (Female, 18)

Just over a quarter of youth in the sample reported that they either do not believe they are mentally healthy or they are not sure, due to concerns about depression, feelings of loneliness, mood swings, and the past having taken a mental toll.

“I have a lot of depression and I’m negative a lot to myself.” (Male, 20)

“I don’t have no one to talk to about my feelings, so sometimes I have to like shout or do something to get someone to hear me.” (Male, 21)

“Stuff that’s happened to me has taken a mental toll – there’s no way it couldn’t have.” (Male, 20)

“I really feel it [my past] is messing with me mentally and emotionally.” (Female, 21)

“I have really bad mood swings.” (Female, 20)

“No one is really mentally healthy.” (Female, 19)

The Stigma Associated with Mental Health

To find out whether youth perceive a stigma associated with having a mental health condition or seeking treatment, those who reported that they had ever been diagnosed with a condition were asked whether they are comfortable with their diagnosis being known, whether they ever worry about what people will think if they find out about the condition, and whether they have ever been treated differently by someone else because of the diagnosis. The majority of youth reported that they are comfortable with the diagnosis being known, they do not worry about what others will think if they find out about it, and they have never been treated differently by someone because of their diagnosis. Nearly one-third of the youth reported that they had been treated differently because of their diagnosis, however.

Percent of youth who are comfortable with the diagnosis being known: (N=63)	
All youth in the sample	76.2%
Youth who aged out	72.7%
Youth who did not age out	79.3%

Percent of youth who worry about what people will think if they find out about the diagnosis: (N=62)	
All youth in the sample	14.5%
Youth who aged out	15.6%
Youth who did not age out	13.8%

Percent of youth who have been treated differently by someone because of their diagnosis: (N=62)	
All youth in the sample	32.3%
Youth who aged out	34.4%
Youth who did not age out	27.6%

Youths' Mental Health:

Research indicates that homeless youth and foster youth experience higher rates of mental health conditions than young people in the general population. For example, numerous studies have found that homeless youth are at a heightened risk for mood disorders, suicide attempts, and posttraumatic stress disorder.^{xxxii} Similarly, studies indicate that between 50% and 80% of youth in the foster care system have a moderate to severe mental health condition.^{xxxiii} For this project, peer interviewers assessed of each interviewee's mental health using an instrument adapted from the K6 scale (Kessler et al., 2002) that was developed to evaluate psychological distress.^{xxxiii} Youth were also asked directly about whether they have ever been diagnosed with a mental health condition.

Youths' Reports of Their Own Mental Health:

Although the vast majority of youth (73.7%) reported considering themselves to be mentally healthy, a larger number indicated that they may actually be struggling with mental health conditions. The following table shows the number and percentage of youth who reported experiencing certain feelings most to all of the time during the 30 days preceding the interview.

Youth who indicated experiencing these feelings most to all of the time during the past 30 days:	% of all youth in the sample	% of youth who aged out	% of youth who did not age out
Nervous	19.3	17.2	21.3
Hopeless	14.1	12.1	16.0
Restless or fidgety	30.0	29.8	31.1
So depressed that nothing could cheer [them] up	11.9	10.3	13.3
That everything was an effort	34.8	34.5	36.0
Worthless	11.9	8.6	14.7

Slightly more than one-third of youth reported feeling that “everything was an effort” most to all of the time during the last thirty days, suggesting that they may be exasperated from some of the challenges they are facing. Nearly one-third reported feeling restless or fidgety most to all of the time during the last month, but fewer than 20% reported experiencing the other feelings most to all of the time.

Most youth indicated that they did not experience these feelings often. The following table shows the number and percentage of youth who reported experiencing certain feelings either none of the time or just a little of the time during the 30 days preceding the interview.

Youth who indicated experiencing these feelings none of the time to just a little of the time during the past 30 days:	% of all youth in the sample	% of youth who aged out	% of youth who did not age out
Nervous	58.5	60.3	57.3
Hopeless	67.4	77.6	58.7*
Restless or fidgety	45.1	49.1	43.2
So depressed that nothing could cheer [them] up	71.9	72.4	72
That everything was an effort	37.0	36.2	38.7
Worthless	71.1	75.9	66.7

Youth who aged out of foster care were more significantly more likely to report that they had experienced feelings of hopelessness none to a little of the time during the past 30 days, meaning youth who did not age out of foster care were significantly more likely to experience feeling hopeless.

Diagnoses of Mental Health Conditions

Youth were asked about their experiences with mental health service delivery systems, including whether they have ever been diagnosed with a mental health condition. To protect their privacy, they were not asked to report on the specific diagnosis if they had one. Youth who aged out of foster care were significantly more likely to report having been diagnosed with a mental health condition than youth who did not age out. This is not surprising since youth often see mental health professionals when they are in foster care and, in contrast, many homeless youth may not have access to a mental health professional, which is needed to obtain a diagnosis.

Percent of youth who reported having ever been diagnosed with a mental health condition: (N=132)	
All youth in the sample	49.2%
Youth who aged out	59.7%
Youth who did not age out	41.1%*

Experiences with Mental Health Service Delivery Systems:

Since homeless youth and foster youth experience elevated rates of mental health conditions, they were asked about their experiences with mental health care services and mental health professionals. Not all of the youth reported having received mental health care services but many did, and the feedback of those who did report receiving services was mixed.

Youths' Role in Treatment Decisions

Youth who reported having ever been diagnosed with a mental health condition were asked whether they agree with the diagnosis and half of youth reported that they do not agree. This is significant because it may mean that some of their diagnoses are not accurate. Perhaps more importantly, youths' disagreement with their diagnoses may indicate that they were not offered appropriate explanations of their condition/s and/or involved in decisions about treatment. This could be problematic for youth for whom diagnoses are accurate, as a young adult who does not agree with his or her diagnosis may be less likely to continue treatment after transitioning to adulthood and beginning to live on their own. More than one-third of youth who have been diagnosed with a mental health condition reported that they were not able to give input on their own treatment. Youth who aged out of foster care were significantly less likely to report that they agreed with their diagnosis than youth who did not age out.

Percent of youth who agree with their diagnosis: (N=64)	
All youth in the sample	50.0%
Youth who aged out	41.2%
Youth who did not age out	62.1% **

Percent of youth were able to give input into treatment decisions: (N=63)	
All youth in the sample	58.7%
Youth who aged out	54.6%
Youth who did not age out	65.5%

Experiences with Psychiatric Medication

Similarly, youth were asked whether they take a prescription medication for a mental health condition. Those who reported that they take a prescription medication were also asked whether they know why they were prescribed the medication, whether they know what their dosage is, and whether they are responsible for taking it themselves (in contrast to someone else such as a case manager administering it). A full quarter of youth who aged out of foster care reported taking a medication for a mental health condition, and youth who aged out were significantly more likely to report taking one than youth who did not age out.

Percent of youth who take a prescription medication for a mental health condition: (N=132)	
All youth in the sample	18.2%
Youth who aged out	25.0%
Youth who did not age out	12.2% *

Nearly all of youth who take a psychiatric medication reported understanding why they were prescribed it, but fewer (although still a majority) reported that they know what their dosage is. Youth who did not age out of care were significantly more likely to report knowing what their dosage is than youth who aged out; all of the youth in this study who did not age out of care but take a psychiatric medication reported knowing their dosage. Similarly, youth who did not age out of care were significantly more likely than youth who aged out to be responsible for

administering their own medication; just over one-third of youth who aged out of foster care reported administering it themselves.

Percent of youth who know why they were prescribed the medication: (N=29)	
All youth in the sample	96.6%
Youth who aged out	94.1%
Youth who did not age out	100%

Percent of youth who know what their dosage is: (N=25)	
All youth in the S=sample	76.0%
Youth who aged out	68.8%
Youth who did not age out	100%**

Percent of youth who are responsible for taking the medication themselves: (N=29)	
All youth in the sample	48.3%
Youth who aged out	35.3%
Youth who did not age out	63.6%*

Youth who had ever been prescribed a psychiatric medication had a lot to say about it. Many expressed concerns about side effects associated with medications or even felt that the medication had been inappropriately prescribed.

“I was gonna try to get back on my medication... but I did not know if the side effects would damage me.” (Male, 20)

*“Well, I know why they *said* they prescribed it to me...” (Male, 19)*

“I was never sad for no reason at all, and I was never mad, happy, or unneutral for no reason at all. I was mad if somebody did something to me, and then I got over it relatively quickly.” (Female, 22)

“[When I stopped taking my medication] my speech pattern was faster and more clear, I was more attentive and I did what was being put before me better, and I was able to interact with people better. I wasn’t as sleepy and sluggish.” (Female, 22)

“The last answer to a problem should be to put the child on medication.” (Male, 21)

On the other hand, others credited their medications with helping them cope with challenges and function healthily in their daily lives.

“I feel calm with [my medication]. Without it, I can’t control myself.” (Female, 18)

“If I wasn’t taking my medication, I would always be angry and my moods would never be stable.” (Female, 21)

“Without my medication, I wouldn’t have the emotional strength to accomplish goals.” (Female, 20)

Experiences with Mental Health Professionals

Just over half of the youth who were interviewed reported that they talk with a mental health professional. Those mental health professionals include counselors, pastors, psychiatrists, psychologists, social workers, and therapists. Youth were most likely to talk with a counselor or therapist and least likely to talk with a social worker or other mental health professional. Note that there may be overlap between some of these terms; for example, many therapists may also be social workers. These data are based on the youths' reports and may offer insight into the ways that young people identify those they go to for help. Youth who aged out of foster care were significantly more likely than youth who did not age out to report talking with a mental health professional. They were also significantly more likely to report talking with a social worker or therapist specifically.

Do you ever talk to a mental health professional?	% of all youth in the sample	% of youth who aged out	% of youth who did not age out
ANY MH Professional	52.7	67.9	39.7*
Counselor	26.7	30.4	21.9
Therapist	26.7	44.6	13.7*
Pastor	15.3	12.5	17.8
Psychiatrist	15.3	17.9	13.7
Psychologist	10.7	10.7	9.6
Social Worker	8.4	17.9	1.4*
Other	3.8	3.6	4.1

Many youth reported having negative experiences with some of these professionals, especially psychiatrists, psychologists, and therapists.

"The therapist treated me like a child." (Female, 19)

"They don't know what I've been through. They're just doing their job and that's the only reason they're acting like they care." (Female, 21)

"They're as crazy as they're trying to make me seem." (Male, 20)

"I feel that they have their own problems, so how can they help me with mine?" (Female, 19)

"The therapist was crazy herself." (Female, 19)

"I don't rely on doctors." (Male, 20)

"Sometimes doctors won't listen." (Female, 18)

Additionally, youth were asked about whether they would be interested in talking to a peer counselor. More than 43% of youth who were interviewed reported that they would be interested in talking to a peer counselor, and another 8.3% were not sure.

Percent of youth who are interested in talking to a peer counselor: (N=132)	
All youth in the sample	43.2%
Youth who aged out	36.8%
Youth who did not age out	48.0%

Experiences with Mental Health Services

Throughout the interviews, youth described positive and negative experiences with various types of mental health services.

“Psychiatric hospitals were, for me, just a way to get away from a real negative home environment. Other than that, they had no real function at all.” (Female, 22)

“Therapy helped me control my emotions without medication.” (Female, 20)

“Therapy relieved some of the stress that I had in my head and I felt a whole lot better. I was smiling for a change.” (Male, 21)

“I went in but walked out.” (Female, 24)

“I feel like I don’t want to be there because I’ve got stuff to do and places to be.” (Male, 18)

“Therapy don’t work on me. Every time my mom tried to take me to therapy I’d look at the guy and say ‘you don’t’ know me. You don’t know the crap I’ve been through.” (Male, 20)

“I wanted to go deal with anger but I did not want people to think I was crazy.” (Male, 18)

“The counseling was helpful because they taught me about my disorders and how to cope.” (Female, 19)

“I got to talk about my problems.” (Female, 18)

“[My therapist] gave me some medications I could probably take but I never did [get an explanation] from the doctor, because my foster mom was always saying things for me, even though I was 20, and I need to do it myself.” (Male, 21)

What Youth Need to Stay Mentally Healthy

Youth were asked what they need to stay mentally healthy.

“Just someone I can talk to.” (Female, 18)

“Laughter.” (Male, 19)

“Time to myself.” (Male, 20)

“A positive environment.” (Female, 20)

“Colors, a coloring book, music, and snacks.” (Female, 19)

“Meds, motivation, and inspiration.” (Female, 19)

“A positive attitude.” (Male, 18)

“Just conversations about my relationship with God and what my plans are and stuff.” (Male, 20)

“Something to keep my mind occupied and not locked up like an animal.” (Male, 20)

“Someone to be on my side and push me to go farther.” (Female, 20)

“Just to be with someone who has been through the same things.” (Female, 24)

“You just need that one person having your back, and then you know that you can make it.” (Female focus group participant)

“A stable place to live. It’s stressful when you don’t have a place.” (Female focus group participant)

“Some sort of support system... If you’re by yourself, you can’t handle it sometimes.” (Female focus group participant)

Summary of Major Findings

“This program has taught me a lot and I plan to use the tools gained in my field of study, which is Social Work. I have gained lifetime friends and inspiration to help those who are in the same situation I once was in.”

*– Brianna Baucum
(Youth Research Team member)*



In summary, most of the youth who were interviewed indicated that they are working hard to overcome disadvantages they face. Although the majority (73%) reported that they do not have a job that makes ends meet, most also reported that they had already completed high school and/or that they were actively pursuing a higher level of education despite the many challenges in their lives. Roughly half of the youth who were interviewed reported that they did not have a bank account at the time of the interview, yet many expressed interest in training to help improve their money management skills. An overwhelming majority of youth said that they consider themselves to be adults.

Youth identified mental health issues such as anger, anxiety/nervousness, depression, and difficulty sleeping as the biggest challenges they face. This is significant considering that so few reported having adequate employment, and many reported unstable housing arrangements such as shelters and transitional living programs that offer limited stays. Only a small fraction of the youth who were interviewed reported that either drug and alcohol use or legal

issues/trouble with the police are challenging. Instead, most youth reported channeling their time and energy into productive activities and 77.4% said they are actively working on improving themselves so that they can succeed.

Most of the challenge areas included in the survey instrument were rated as significantly more severe for homeless youth who did not age out of foster care than for youth who aged out. This suggests that the foster care system may

provide invaluable support to the transitioning young people it serves. Youth also identified challenges unique to those in foster care during the interviews however, including the way in which they believe the system keeps youth isolated from the ‘real world.’ This perceived isolation may help explain why work and school issues were some of the only challenges that were not identified as significantly more severe for youth who aged out of foster care than for homeless youth. The more severe ratings of various challenges by youth who did not age out of foster care also suggest that homeless youth who are outside of the foster care system may actually be at even greater risk for poor outcomes than the young people who are in the system. This is especially notable in light of the few resources available to help these youth transition to adulthood or meet their mental health needs.

Youth reported on many ways that they cope with challenges, and their coping strategies seem to be major strengths. Many identified family members as invaluable support systems, which may be surprising given that their relationships with their families are strained. Spirituality was also a recurring support that youth expressed using to get through life’s challenges. The coping strategies identified by the youth who were interviewed give considerable reason for optimism and also suggest areas that can be bolstered by the programs and caregivers that serve these young people.

Forty-percent of the youth who were interviewed offered a definition for “mental health” that was interpreted to have a negative connotation, for example, one that emphasizes the presence of a problem or deficiency. Although nearly half of the youth in the sample have been diagnosed with a mental health condition, the majority consider themselves to be mentally healthy. Half of those who have been diagnosed with a condition agree with the diagnosis, and nearly 60% reported that they were able to give input about their treatment. Three-quarters of those who have been diagnosed with a condition report that they are comfortable with it being known, indicating that the stigma sometimes associated with mental health conditions may not be of concern to most of these youth.

Youth reported having mixed experiences with mental health care services. Roughly half talk to a mental health professional, yet many reported having reservations about trusting them completely. A large portion of youth indicate interest in talking to someone about their problems, but they say they would like for the person they talk with to have been through what they have been through. Forty-three percent report that they would be interested in talking with a peer counselor, and an additional 8% reported that they were “not sure,” (meaning they might be interested).

Recommendations

The next section of this report outlines recommendations for improving programs, services, policies, and supports that pertain to young adults who are homeless or transitioning out of foster care. Youth were asked directly about how they would support the mental health of a young person who has been through hard times and about what rules they would change if they were in charge. Youth Research Team members also convened in Austin after all interviews were collected to debrief and develop a list of recommendations based on their research. In addition, the larger research team interviewed staff at youth service agencies, brainstormed with other advocates, and developed additional recommendations based on the findings from this research.

Recommendations Directly from Youth Interviews and Focus Groups:

These recommendations are pulled directly from youths’ responses to questions they were asked during the interviews and focus groups.

On Supporting Youths' Mental Health

Youth were asked how they would support the mental health of a young person who has been through hard times in his or her life. The following is what they reported they would do, offer, or suggest:

"I would take them out and treat them like a regular person."
(Male, 18)

"Talk about the choices he made that were right." (Male, 18)

"I would suggest group therapy." (Male, 19)

"Share with them my walk in life, what I've been through and whatever it is they're going through to encourage them to stay focused and minister to them and pray for them to be a living testimony."
(Male, 20)

"The best words of encouragement you can give a young person is to pray for them." (Male, 21)

"Help them make the best decisions. I would tell them to think of things rationally and calmly without emotions and to pick whatever is beneficial for them." (Female, 20)

"Explain that I've been in the situation before and can talk to them, but if the problem persists, they should see a mental health professional." (Female, 21)

"Talking to them calmly to acknowledge them and let them know you acknowledge them." (Female, 21)

"I'd let them know they can talk to me and I won't judge them." (Male, 20)

"Let them struggle. You've got to let them crawl before they walk." (Male focus group participant)

"Take them to do fun activities, like watch movies, to relieve them from negative situations." (Male, 20)

"I would offer them a book. It would show where they can go to get food, a change of clothes, hygiene products, gift cards, all that." (Male, 20)

Many volunteered advice directly for young people who are facing challenges during the course of the interview. This suggests that in addition to being interested in talking to a peer counselor (as addressed previously in this report), many may also be interested in being trained to serve as one. It also reflects the sense youth have of being part of a "community" with their peers.

"Take one day at a time. Don't slap band-aids on your wounds by drinking or doing drugs." (Female, 20)

"Positive thinking can/may get you through tough times. It's not easy, but that's why we call it life!"
(Female, 19)

"Life ain't that brilliant and good. I mean, you're gonna come through obstacles that's gonna make you back up and make you go on the negative side. But you gotta always keep your head up and try." (Female, 19)



“You need to actually think about the things that are going to come out of your mouth.” (Male focus group participant)

“There’s really nothing that anyone can say or do for you. You just have to find strength within yourself.” (Female, 18)

On Improving Shelters

Many of the rules that youth said they would change were policies at shelters where they had stayed.

“I would change the shelters, how they make people leave at 7:00 a.m. and you can’t come back till 5:00 p.m. I would have an all-day shelters, you could stay all day. If you have a job, that’s fine. And I’ll make sure there are buses so you can get to work.” (Female, 21)

“Some kids don’t have a room to sleep in at night so they stay outside and then go in to shelters in the morning. I would make a law to house kids.” (Male, 19)

“The way they house these people sleeping, I would change that cause everybody’s sleeping on the floor, and I don’t think that’s right... Crowded rooms, it’s gonna start an issue with the females and the men that’s in there.” (Female, 19)

“I wouldn’t give them a limit to stay. If they were progressing, I wouldn’t make them leave.” (Female, 21)
“Separate youth from adults [in shelters].” (Female, 18)

On Improving Foster Care

A major theme that was expressed by former foster youth was that they would like to see more freedom for youth in foster care.

“Let the kids pick who they want to live with and why they want to live with that person.” (Female, 24)

“It should be the child’s decision on what they want to do. If they want to stay where they are at then they can. It should be their choice to leave home or not.” (Female, 18)

“Loosen the noose a little. They’re too strict and they need to stop desocializing us.” (Male, 20)

“Change the background check required to see friends in foster care.” (Male, 19)

“If you’re 15 years old, you don’t have to ask permission to go outside. Just tell them where you’re going.” (Male, 19)

“They should be able to go out and look for a job.” (Male, 18)

“No bars and better staff [at facilities like Residential Treatment Centers].” (Male, 20)

“No chains on the fridges [at facilities like Residential Treatment Centers].” (Female, 20)

“Let foster youth have the freedom they earn and deserve. When you’re in foster care, it’s like being stuck inside a house.” (Male, 20)

Many former foster youth also expressed a desire for more opportunities to connect with people, including siblings, biological parents, and other foster youth.

“More contact with siblings. I don’t know my siblings as well as I’d like. [Also,] listening to the kids and their problems. Kids have a lot of problems!” (Female, 21)

“Let the foster youth meet their biological parents.” (Male, 19)

“When we were in foster care there were conferences and things like that. There should be more of those after care so that we can get together and talk about it and help each other out.” (Female, 18)

“Have a foster peer to help out with anything.” (Female, 23)

Some youth reported experiences with indifferent, or even abusive, foster parents or staff at residential facilities, and they made recommendations to improve the screening processes for both.

“Get better foster parents. I would interview them myself to see how they are and watch them for a week to see how they react with the kids.” (Male, 20)

“Do a psychiatric evaluation for all staff (more in-depth than it is now).” (Male, 22)

Other recommendations for improving foster care included getting rid of the level of care system, requiring youth to attend college to exit care, and extending the period during which youth can stay in foster homes (once they are adults).

“The whole level of care system in foster care. I don’t like how they’re giving you reviews and if your level of care goes up they move you.” (Female, 19)

“That they would not be able to exit out of foster care until they’re in college.” (Male, 20)

“Expand the help and assistance that foster youth already get. The vast majority of foster youth haven’t completed high school, so they’re not ready for the college stuff.” (Male, 20)

“No matter what the age limit is, you can’t kick them out of foster homes. It’s hard for someone who’s been raised by the government to go live in a park like me. What is the point of kicking them out if they’re going to go back to the government, to the food stamps office?” (Male, 21)

“Caseworkers should have to go through a demonstration about foster care.” (Female, 21)

On Other Improvements

Other recommendations made by youth during the interviews and focus groups included the following:

“More programs to reach out and help the youth find jobs.” (Female, 24)

“To have a savings account and for the government to match the money saved. Then they won’t have to worry about what’s next when they leave the TLP because they’d have money saved.” (Male, 20)

“Have employees who genuinely care about what happens to the youth, not just working to get paid, but to actually make a positive impact on our lives.” (Female, 19)

“Public places should be more open.” (Female, 21)

“Keep the ones [youth] that don’t want to help themselves out of it [programs].” (Male, 22)

“There’s always an open door and food is free.” (Male, 19)

“Help girls who are pregnant get an education.” (Female, 18)

“Too many organizations want to keep God out of it. Make sure people have the opportunity to get close to God.” (Male, 20)

“I would open my own home for the youth.” (Female, 18)

“I would change the media, and how they bring up stuff to the youth.” (Male focus group participant)

“I would like to change immigration law. I did come here when I was younger, and it’s not my fault. You should be able to become a citizen.” (Female focus group participant)

“They should lower the prices on going to college, like books and stuff like that. Because sometimes that discourages someone, not having the money to pay for things.” (Female focus group participant)

Recommendations from the Youth Research Team:

In keeping with the spirit of the project, the Youth Research Team convened together in Austin after all of the data was collected to develop policy recommendations to address the challenges identified by their peers. Every challenge that was mentioned throughout the interviews and focus groups was put on a small sheet of paper and the Team organized them into clusters by topic on a large sticky wall. Ideas for policy recommendations that were presented by youth during the interviews and focus groups were also put on large sheets of paper and the Team put those on the sticky wall next to the challenges they were most relevant to. The Team members then divided into smaller groups and crafted policy recommendations to address the challenges in each cluster area. Those clusters and recommendations are as follows.

Cluster Area 1: Shelters for Homeless Youth

1. EDUCATE SHELTER STAFF ON THE NEEDS OF LGBT YOUTH SO THEY CAN IMPROVE SERVICES FOR THESE YOUTH.
2. INCREASE AWARENESS OF MALE VICTIMS OF SEXUAL ABUSE SO THAT SHELTERS AND OTHER SERVICE PROVIDERS WILL CREATE RESOURCES TO MEET THEIR NEEDS.
3. MAKE SURE SHELTERS EDUCATE YOUTH CLIENTS ABOUT COMMUNITY SERVICES.
4. INCREASE SHELTER SPACE/CAPACITY AND PROVIDE ALTERNATIVES FOR OVERFLOW.

Cluster Area 2: Mental Health Services

1. BETTER EDUCATE YOUTH AND PARENTS ABOUT MENTAL HEALTH TO FIGHT THE STIGMA ASSOCIATED WITH SEEKING SERVICES AND INCREASE AWARENESS OF THE RESOURCES THAT ARE AVAILABLE.
2. BETTER EDUCATE MENTAL HEALTH PROFESSIONALS ABOUT YOUTH.
3. ALLOW YOUTH TO HAVE ACCESS TO DIFFERENT TYPES OF THERAPY.
4. TEACH YOUTH ABOUT SETTING BOUNDARIES SO THAT THEY CAN BETTER PROTECT THEMSELVES IN THEIR RELATIONSHIPS WITH FAMILY MEMBERS, FRIENDS, DATING RELATIONSHIPS, AND MORE.

Cluster Area 3: Stability for Youth in Foster Care

1. RELOCATE FOSTER YOUTH TO NEW PLACEMENTS LESS OFTEN.
2. GRADUALLY INCREASE FOSTER YOUTHS' LIBERTIES AS THEIR AGE AND MATURITY INCREASE.

Cluster Area 4: Life Skills Training/Preparation for Adult Living

1. EDUCATE YOUTH ABOUT THE REALITIES OF PARENTING BEFORE THEY BECOME PARENTS.
2. EDUCATE YOUTH ABOUT FINANCIAL LITERACY, INCLUDING BY:
 - a. OFFERING OPPORTUNITIES TO PARTICIPATE IN MATCHED SAVINGS PROGRAMS
 - b. UTILIZING DEBIT CARDS TO DISTRIBUTE ETV PAYMENTS TO YOUTH (RATHER THAN CHECKS, WHICH ARE USED CURRENTLY) SO THAT YOUTH CAN BETTER KEEP TRACK OF WHERE THEIR MONEY IS GOING.
3. OFFER ASSISTANCE TO YOUTH WHO ARE READY TO PURCHASE A VEHICLE, SUCH AS BY BUILDING RELATIONSHIPS WITH CAR DEALERS AND MECHANICS SO THE YOUTH KNOW WHO THEY CAN TRUST.
4. MAKE COLLEGE PREPARATION COURSES AVAILABLE TO YOUTH.
5. INCREASE OPPORTUNITIES FOR FOSTER YOUTH TO CONTINUE TO NETWORK WITH ONE ANOTHER AFTER THEY AGE OUT OF THE SYSTEM.
6. OFFER CAMPS FOR YOUTH TO GET HANDS-ON EXPERIENCE EXPLORING DIFFERENT CAREERS.
7. OFFER MORE TRANSITIONAL LIVING PROGRAMS WITH APARTMENTS FOR YOUTH.

TNOYS Recommendations:

The larger research team also developed a series of policy recommendations after analyzing data from the interviews and focus groups and spending the past year working with the youth on our Youth Research Team. Those recommendations largely center around the Positive Youth Development (PYD) philosophy and emphasize the importance of four related concepts: (1) recognizing youths' strengths, (2) respecting youths' rights, (3) working in partnership with youth, and (4) preparing youth for the future.

Recognizing Youths' Strengths

A major theme from this research is that young people who are homeless and/or transitioning out of foster care have enormous strengths that enable them to cope with life's challenges and overcome potential barriers to success. Those strengths should be recognized through the provision of trauma-informed care, the promotion of peer support networks, and support for youths' interest in spirituality.

- 1.) ALL MENTAL HEALTH PROFESSIONALS WHO SERVE HOMELESS YOUTH AND/OR TRANSITIONING FOSTER YOUTH SHOULD BE TRAINED IN TRAUMA-INFORMED CARE.

The trauma-informed care framework calls on mental health professionals to consider that a young person's "problem" behaviors could in fact be a reasonable response to a traumatic experience or challenging situation rather than a deficit or weakness that needs to be fixed. It may encourage the identification of a youth's strengths and resources and promote reliance on these strengths and resources to supplement, or even reduce the need for, psychotropic medication or other interventions.

- 2.) POLICYMAKERS AND SERVICE PROVIDERS SHOULD PROMOTE THE DEVELOPMENT OF PEER SUPPORT NETWORKS FOR YOUTH.

One-quarter of the youth who were interviewed indicated that loneliness is a substantial challenge they face, and the development of peer networks for youth such as peer support groups and peer counseling or mentoring programs, could help alleviate loneliness, as well as other challenges these young people face. Many youth reported that all they need to stay mentally healthy is a person to talk to, but a large handful expressed feeling that many mental health professionals do not understand what they are going through. Forty-three percent of those who were interviewed said they would be interested in talking to a peer counselor if they had an opportunity to access one through a peer counseling program. Youth in several focus groups also expressed a strong interest in having a relationship with, or even serving as, a peer mentor. In addition, a large handful of youth demonstrated that they might make an excellent mentor through their feedback on what they would "do, say, offer, or suggest" to support the mental health of a young person.

- 3.) POLICYMAKERS AND SERVICE PROVIDERS SHOULD OFFER SUPPORT FOR YOUTHS' INTEREST IN SPIRITUALITY.

A consistent spiritual theme is found in the youths' responses to several of the interview questions including the advice they would offer a young person and what they need to stay mentally healthy. The expression of such a theme is supported by other research which has found that a high percentage of young people who are homeless have strong spiritual or religious interests.^{xxxiv} Providers serving these young people should make a concerted effort to recognize youths' spiritual needs and interests and explore with the youth the various ways that their spirituality can help them cope with life's challenges.

Respecting Youths' Rights

Like their peers who grow up in “typical” families, youth who are homeless or aging out of foster care should continue to have the same rights to be protected and adequately prepared for adulthood. The rights of homeless and transitioning foster youth should be respected through the development of a statewide plan for better meeting the needs of homeless youth, increased access to shelters and other services designed to prepare young people for independence, and opportunities for meaningful participation in decisions impacting their lives.

1.) STATE POLICYMAKERS SHOULD DEVELOP A PLAN FOR BETTER MEETING THE UNIQUE NEEDS OF NON-SYSTEMS YOUTH WHO ARE HOMELESS.

Despite the large number of homeless young people who are outside the foster care system in Texas and the many multi-faceted challenges they face, there is no state agency, service system, or program focused specifically on meeting their needs. Homeless youth outside the foster care system reported experiencing a significantly higher degree of challenges than youth who aged out of foster care, and many are victims of abuse by a family member, yet they are not eligible for the majority of the benefits that youth who age out of foster care are eligible to receive. An entity such as an interagency task force should be established to conduct a needs assessment and develop a plan for better supporting these vulnerable and largely neglected youth.

2.) SHELTER AND HOUSING SERVICES ARE INSUFFICIENT TO MEET THE NEEDS OF YOUTH AND SHOULD BE EXPANDED.

Youth have a right to be housed in an environment where they feel safe, yet young people participating in this project reported on numerous occasions that shelter policies and capacity limitations at transitional living programs left them feeling less than safe. Some youth reported that they were forced to seek services at adult homeless shelters because there was either no shelter for youth in their area or they were not aware of one. Other youth reported initially leaving home before their eighteenth birthday and being turned away from shelters because they did not have parental consent to stay. Concerns that youth expressed about adult shelters included the failure of many shelters to segregate men from women in sleeping quarters, cleanliness issues, being forced to leave during the day (but with no place to go), and being solicited for sex. Similarly, although youth who were living at transitional living programs reported that the service was invaluable, other youth reported that they were not able to get into a transitional living program because they were either not eligible or the wait list was too long.

Some youth expressed feelings of frustration, saying that most housing services they were aware of are for specific populations such as domestic violence victims, people with disabilities, or teen mothers. A handful reported that jails and prisons are the only form of housing available for healthy, able-bodied men. Several youth voiced concerns that there are no housing services that cater to men trying to leave abusive relationships or LGBTQ youth. Additionally, youth who age out of foster care may have access to an array of resources that are not available to homeless youth outside that system.

3.) PROFESSIONALS WHO WORK WITH YOUTH SHOULD OFFER THEM MORE OPPORTUNITIES FOR MEANINGFUL PARTICIPATION IN DECISIONS THAT IMPACT THEIR OWN LIVES.

Youth should be offered opportunities for meaningful participation in the making of all major decisions influencing their daily lives including decisions about placement for foster youth, treatment for youth with mental health conditions, and more. A major complaint presented by foster youth during the course of their interviews was that they did not have a positive relationship with their former foster family. Allowing youth to exercise more control over their placements, perhaps by screening potential foster parents, might make the relationship a more positive one that is more likely to succeed. Additionally, only half of those who have ever been diagnosed with a mental health condition reported agreeing with the diagnosis and only 59% reported having an opportunity to give their

input about treatment. Youth who are able to participate in treatment decisions are not only going to be more prepared for adulthood; they may also have a more positive attitude about the experience and be more inclined to accept the diagnosis and follow through with treatment.

Working in Partnership with Youth

It is important that adults work in partnership with youth to ensure that programs and services are effectively meeting youths' needs.

- 1.) POLICYMAKERS SHOULD OFFER YOUTH MORE OPPORTUNITIES FOR MEANINGFUL PARTICIPATION IN PUBLIC POLICY DECISIONS THAT IMPACT HOMELESS AND TRANSITIONING YOUTH.

This project highlights the capacity of homeless and transitioning youth to offer meaningful insights about their needs. Youth should be offered opportunities to work in partnership with adults to establish policy affecting homeless and transitioning at the local, state, and federal levels. This does not mean merely inviting one or two token youth to serve on a task force or advisory board; rather, it means structuring those types of institutions in a manner that allows current and/or former recipients of services to provide ongoing input in a way that is fully engaging for young people and has meaning for them.

- 2.) SERVICE PROVIDERS SHOULD CREATE MORE OPPORTUNITIES FOR LEADERSHIP ROLES FOR YOUTH CLIENTS.

Similarly, service providers should create leadership roles for youth who have received services to represent the interests of youth when policy decisions are made at the organizational level. Some examples of avenues for meaningful youth participation include youth councils or youth advisory boards, youth involvement with program planning and evaluation, designing and conducting satisfaction surveys, and peer support activities or other service roles. Youth can also be provided opportunities to select, plan, and carry out community service projects that are of service to the broader community.

Preparing Youth for the Future

Lastly, it is important that youth be prepared for the future and equipped to reach their potential.

- 1.) MENTAL HEALTH AWARENESS EDUCATION SHOULD BE AVAILABLE TO YOUTH.

Roughly 40% of youth defined “mental health” with a negative connotation, suggesting that their understanding of the subject is quite different from that of professional caregivers. Furthermore, many youth who had been prescribed a medication expressed concern about possible side effects. It is important that young people be educated on what good mental health means, how to take care of their own mental health, how to know when they should seek help from a professional, and how to access a professional before they are on their own. For youth in foster care, mental health awareness education could be incorporated into the Preparation for Adult Living (PAL) program.

- 2.) ADDITIONAL TRAINING IN FINANCIAL LITERACY AND OPPORTUNITIES TO GAIN EXPERIENCE WITH MONEY MANAGEMENT SKILLS SHOULD BE AVAILABLE TO YOUTH.

Just under half of youth reported having a bank account at the time of their interview. This is significant because youth who do not have bank accounts may have a difficult time paying bills and a difficult time saving money and may be charged fees to cash their paychecks each month. In addition, youth reported that they need and desire training in topics such as budgeting and other money management skills. An Individual Development Account (IDA) program or other matched savings program should be developed and implemented to serve these youth. Such a program would help youth build assets which could be used to offset educational expenses or purchase vehicles as needed. In addition, IDAs have been proven to have positive social and psychological benefits that are independent of the effects of income.^{xxxv}

Conclusion

The challenges that strained or severed family relations and homelessness can present for young people transitioning to adulthood are intuitive. Whereas most young people rely on the support of parents or other caregivers to help them ease into self-sufficiency over many years, young people who are homeless and on their own and youth who age out of foster care must make the transition with urgency, often without support or a safety net. Some of the most severe challenges these young people face include anger, anxiety/nervousness, depression, difficulty sleeping, and relationship conflicts. Luckily, homeless youth and transitioning foster youth have many strengths and supports they can draw on to cope with these challenges. Youth demonstrated through this project that they desire to be involved in decision making that affects their own lives and policymaking that influences the lives of other youth. They also demonstrated a capacity to make extremely valuable contributions to both processes. In order to better support youth, policymakers and service providers should (1) recognize youths' strengths, (2) respect youths' rights, (3) work in partnership with youth, and (4) prepare youth for the future.

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