

140296

---

## THE RUNAWAY RISK REDUCTION PROJECT ASSESSMENT REPORT

Marc Posner, Ph.D.

---

140296

U.S. Department of Justice  
National Institute of Justice

This document has been reproduced exactly as received from the person or organization originating it. Points of view or opinions stated in this document are those of the authors and do not necessarily represent the official position or policies of the National Institute of Justice.

Permission to reproduce this copyrighted material has been granted by

Public Domain/OJJDP

U.S. Department of Justice

to the National Criminal Justice Reference Service (NCJRS).

Further reproduction outside of the NCJRS system requires permission of the copyright owner.

Prepared by  
Education Development Center, Inc.  
55 Chapel Street  
Newton, MA 02160

Funded by  
The Office of Juvenile Justice and Delinquency Prevention  
United States Department of Justice  
Washington, D.C.

# **THE RUNAWAY RISK REDUCTION PROJECT ASSESSMENT REPORT**

Marc Posner, Ph.D.

Prepared by  
Education Development Center, Inc.  
55 Chapel Street  
Newton, MA 02160  
(617) 969-7100  
(800) 225-4276

Funded by  
The Office of Juvenile Justice and Delinquency Prevention  
United States Department of Justice  
Washington, D.C.

January 1992

This research is sponsored by the U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention under the Cooperative Agreement Award Number 89-JS-CX-K002. The findings and conclusions expressed in this publication are those of the authors and do not necessarily reflect the views of OJJDP.

## **STAFF**

### **Education Development Center, Inc.**

**Principal Investigator: Marc Posner**

**Project Director: Peggy Enright**

**Research Associate: Daphne Northrop**

**Administrative Assistants: Betty Chouinard, Peggy Goetz**

**Editor: Heidi LaFleche**

**Proofreader: Ruth Rappaport**

### **National Network for Runaway and Youth Services**

**Executive Director: Della Hughes**

**Director of Public Policy: Nexus Nichols**

**Director, Safe Choices Project: Jay Coburn**

**Director, Youth-Reaching-Youth Project: Patty Dietz**

## ACKNOWLEDGMENTS

While not wanting to begin this document with a cliché, it is unavoidable. The number of people who contributed to this report is, in fact, so large that it would be impossible to mention them all by name. Still, the staff of the RRRP would like to express their collective gratitude to

our project officer, Eugene Rhoden, Jr., along with Douglas Dodge and Richard Sutton at the Office of Juvenile Justice and Delinquency Prevention;

our colleagues at Education Development Center, most notably Nancy Ames, Joanne Brady, Stu Cohen, Charles Deutsch, Anne McAuliffe, and Debra Whitcomb;

our advisory panel: Roberta Cronin, Robert Deisher, Carl "Bill" Hammond, Mary Jane Rotheram-Borus, and James Walker;

participants at our meeting in Washington: Carol Behrer, Barry Davidson, Darlind Davis, Carlton Duncan, Marsha Gilmer, Therese Van Houten, and Ann Wallace;

staff and interns at EDC and the National Network who assisted in the program survey: Kim Carey, Susan Colwell, Linda Shih, Maryann Simulinas, and Gerri Smith;

those who gave of their time, either in person or by telephone, to provide us with advice, suggestions, feedback, and contacts, including Nancy Jackson, Virginia Price, Gregory Gazaway, Philip Oliver Diaz, Zile Amsel, and John Woodruff;

the many program administrators and practitioners who took time out from their busy day to speak to us during our site visits, and especially those individuals in each of the sites who helped schedule interviews, including Bruce Fisher, Dianne Flannery, Regina Huerter, Gabe Kruks, Jolene Swain Morgan, John Peel, Gary Sanford, Tom Sawyer, Harold Shirman, Alex Stevens, John Wardon, and Gary Yates;

all of those who took time to speak with us on the phone about our project during the two telephone surveys, including the directors and staff of the state and regional runaway networks, countless other experts and researchers, and agency administrators and staff;

the participants in our sessions at Symposium '90, Symposium '92, and the Sixth Annual National Resource Center for Youth Services Training Conference and the members of the Massachusetts Juvenile Justice Partnership Project Taskforce;

Daphne Northrop, who authored first drafts of sections of this report as well as the program descriptions included in the Appendix.

## TABLE OF CONTENTS

Introduction .....	1
I. Literature Review .....	3
Introduction .....	3
Runaways in America: A Historical Perspective .....	4
Limitations of the Research on Runaway Youth .....	7
Research Findings on Runaway Youth .....	13
A Profile of the Runaway Population .....	13
Why Youth Run .....	19
The Consequences of Running Away .....	25
Substance Abuse and AIDS .....	30
Services for Runaway Youth .....	41
Barriers to Programming .....	48
Conclusion .....	52
Bibliography .....	54
II. Program Survey .....	69
Introduction .....	69
Consultations with Experts .....	69
Telephone Interviews .....	74
III. Exemplary Programs .....	89
Introduction .....	89
Site Visit Reports .....	91
Introduction .....	91
Huckleberry House, Columbus, Ohio .....	91
The Bridge for Runaway Youth, Minneapolis, Minnesota .....	97
Urban Peak, Denver, Colorado .....	104
Counseling Unit, Baltimore County Police Department, Maryland .....	108
Programs in San Francisco, California .....	112
The High Risk Youth Program, Los Angeles, California .....	116

Other Exemplary Programs.....	125
Introduction .....	125
The Streetwork Project, New York, New York .....	125
Youth Services for Oklahoma County, Inc., Oklahoma City, Oklahoma.....	127
The Youthworks, Inc., Medford, Oregon.....	129
YouthCare, Seattle, Washington .....	130
Runaway and Homeless Youth Network of Allegheny County, Pittsburgh, Pennsylvania .....	132

IV. Conclusion .....	135
----------------------	-----

#### Appendices

A. Databases Used for Literature Review.....	139
B. Experts and Practitioners Consulted During Program Nomination Process.....	143
C. Users' Groups .....	151
D. List of Programs Surveyed.....	155
E. Interview Protocol .....	161
F. Standardized Site Visit Reports .....	169

## INTRODUCTION

The changes brought about by adolescence often cause conflicts within the family. Social roles and family relationships change. Adolescents struggle to develop their individuality. Parents face the task of relinquishing control over their children. Adolescence can be especially daunting for families plagued by mental illness, substance abuse, domestic violence, physical and/or sexual abuse, or merely an inability to communicate. In some cases, the pain inflicted upon an adolescent or the tension within the family becomes so great that youngsters run away from or are pushed out of their homes. While this may provide some relief for the youth and other members of the family, the life of a young person outside of the home often has its own horrors. At best, it can seriously damage adolescent development, self-esteem, and academic achievement. At worst, children who spend extended periods of time as part of the "street culture" can face sexual exploitation, malnourishment, chronic health problems, serious substance abuse, and AIDS.

The plight of runaway and homeless youth has not been ignored. There are many public and private agencies, staffed by dedicated practitioners, that attempt to lend what support they can to these young people, helping them survive while out of the home; helping them and their families achieve reconciliation and live together as a healthy, nurturing unit; and, in cases in which this is not possible, enabling them to become independent adults capable of living on their own. In recent years, the programs have found themselves trying to cope with new and dangerous threats to their clients' lives: increased drug use, escalating levels of street violence, and HIV.

The goal of the Runaway Risk Reduction Project (RRRP) is to produce materials that will enable practitioners in youth-serving agencies to reduce the risks of substance abuse and HIV infection among homeless, runaway, and exploited youth. It is a collaborative effort of Education Development Center, Inc. (EDC) and the National Network of Runaway and Youth Services

(NNRYS), supported by a grant from the Office of Juvenile Justice and Delinquency Prevention (OJJDP), United States Department of Justice. RRRP materials will reflect the most current research on runaway and homeless youth as well as findings of our investigations into exemplary and innovative programs and agencies around the country. Research has shown that individuals at high risk for behaviors such as substance abuse and high-risk sexual activity are often the products of "high-risk environments"—environments in which a lack of support systems and options impel people toward dangerous and sometimes even irrational behaviors. We have thus explored risk reduction for substance abuse and high-risk sexual activity within the context of the constellation of services and supports runaway youth require to come to terms with themselves, their families, and their place in society. This assessment report represents the results of that exploration. In addition to presenting an essential first step in our production of materials useful to practitioners in this field, we hope that this document will be a resource for those who need to better understand runaway and homeless youth and the programs that serve them.

This report is divided into three major sections. Section I is a comprehensive review of the literature on runaway youth from 1980 through the present. Sections II and III contain summaries of research by the Runaway Risk Reduction Project on programs that serve runaway and homeless youth. This research included

- interviews with over 40 academic experts and practitioners
- a survey of 43 programs for runaway and homeless youth
- site visits to six communities where agencies are involved in particularly notable efforts to provide appropriate and effective services to runaway and homeless youth

In addition to research summaries covering the issues that these programs face, short descriptions of 11 programs are included in Section III to give the reader a more detailed picture of how such programs function.



## I. LITERATURE REVIEW

### INTRODUCTION

This review summarizes the literature on runaway youth and the programs that serve them. It focuses on literature published since 1980, paying special attention to the critical and interrelated issues of HIV infection and substance abuse. Although it has been estimated that there are more than 100 million young people living "on the streets" worldwide (Tyler et al. 1986), this review is limited to the problem as it exists in the United States.

The primary method used to identify documents to include in this review was an extensive on-line literature search. A complete list of these databases can be found in Appendix A. Published and unpublished material was also identified and collected by

- soliciting citations and literature from experts contacted in the course of the program survey (described in Section II)
- obtaining relevant reports cited in postings on YOUTHNET, the telecommunications network run by the National Network for Runaway and Youth Services
- scanning program abstracts and summaries contained in compilations, such as the Office of Substance Abuse Prevention's "High-Risk Youth Program Demonstration Project Descriptions," the Office of Juvenile Justice and Delinquency Prevention's *OJJDP Sourcebook*, and the American Public Health Association's *Program and Abstract* book published in conjunction with its annual meeting; we contacted relevant projects to ascertain whether any written material was available

The literature review is divided topically. It includes

- a historical perspective on runaway youth
- a discussion of the research limitations
- a profile of runaway youth
- an analysis of why these youth leave home
- a discussion of the consequences of running away

- a discussion of the critical issues of substance abuse and AIDS
- a profile of the programs that serve runaway youth
- a discussion of the barriers to delivering services to this population

## RUNAWAYS IN AMERICA: A HISTORICAL PERSPECTIVE

Children and adolescents have always left home without their parents' permission. Boys in search of adventure or in rebellion against what they saw as an overly restrictive environment often left to join the military, to go to sea, or simply to seek their fortune. Many of the immigrants who settled America and pushed its frontiers westward were in their teens. Substantial numbers of teenagers left home during the Great Depression to search for work and to lessen the economic burden on their parents. However, the dangers such youth faced, the legitimacy of being an unsupervised minor, and the response of state and social service organizations changed over time. As Powers, Eckenrode, and Jaklitsch (1990) wrote

Unlike the youth who ran away from home during the 19th and early 20th centuries, who had a relatively easy time integrating into the community and securing work roles, today's youth face greater difficulties finding a place for themselves in the economic structure. The prolonged period of adolescence as a moratorium from adult responsibilities, such as work, has destroyed many of the legitimate economic roles into which young people could once fit. In order to survive, increasing numbers of street youth see no alternative but illegitimate economic activities, e.g., prostitution, robbery, the drug trade.

The first runaways to be perceived as a sociological phenomenon (and not merely incorrigible or adventurous individuals) were those who left home during the mid- and late 1960s. It was assumed that they left home in search of a lifestyle less constricting than that of their middle-class suburban families (Shane 1989). While this stereotype may be partially true, it also may reflect a naïveté we can no longer afford. A lack of sophisticated research from this period makes it difficult to tell what proportion of these youth were running away from dysfunctional homes (e.g., homes where they were physically, sexually, or emotionally abused or neglected). One 1968 study of male juvenile prostitutes hints at what later would become quite clear

regarding all kinds of runaways. Youth in this study reported high rates of family dysfunction, substance abuse, and suicidal ideation (Deisher, Eisner, and Sulzbacher 1969). And it was not until the 1970s that child abuse came to be recognized and studied as a serious social problem (Weisberg 1985).

The 1960s saw the growth of social services, including emergency shelters and free medical clinics specifically created for runaway youth. The first shelter for runaways was Huckleberry's, which opened in San Francisco in 1967. Many of the people who established shelters, drop-in centers, and free clinics during this period shared the countercultural attitudes of their clients and saw running away as an alternative lifestyle (Gordon 1981). By the early 1970s, however, life on the streets had become (or was recognized as) difficult and unhealthy, often involving substance abuse, malnutrition, sexual exploitation, and violence.

With this realization came a gradual transformation and professionalization of runaway services. Additional, and more professional, services began to be offered as programs realized that their clients needed more than "three hots and a cot" if they were to grow up to be functioning members of society (NNRYS 1991).

A dramatic rise in juvenile arrest rates (which exceeded that of adults as of 1976), along with a number of court decisions questioning the juvenile justice system on the basis of due process and emphasis on punishment rather than rehabilitation, culminated in the passing of the Juvenile Justice and Delinquency Prevention Act (JJDP) of 1974 (Handler and Zatz 1982). This act, for the first time, established a single federal agency to address the problem of juvenile delinquency, and to address it in ways consistent with a rehabilitative rather than a punitive philosophy. As amended, the act was able to advance such a philosophy at the state level by providing money for juvenile services to states, providing those states conformed to specific mandates.

One of these mandates was "deinstitutionalization," a prohibition on the incarceration of youth for behavior that is not a crime for adults (Kobin and Klein 1983). Such behaviors, which included running away from home, incorrigibility, and truancy, were called "status offenses." Most states included such offenses within their juvenile codes. The deinstitutionalization mandate was designed to resolve a number of dilemmas.

The first was the legal and ethical status of laws that provided for the incarceration of some members of society for behaviors that were not prohibited to others. Status offenses were often not clearly defined and enforcement of status offense laws was uneven and often arbitrary.

The second was the clash between the recognition that the behaviors labeled as status offenses posed more of a threat to the safety of the "offender" than to society and a juvenile justice system that treated runaway and truant youth as if they were dangerous individuals from whom society needed protection.

The third dilemma was the effect of the rapidly escalating crime rate on law enforcement agencies. In the words of the JJDPA, "The problem of locating, detaining, and returning runaway children should not be the responsibility of already overburdened police departments and criminal justice authorities" (JJDPA as amended).

The act was amended in 1980 to include (with some temporary exceptions) the removal of all juveniles (including those who have been charged with or convicted of delinquent or criminal offenses) from adult prisons. States not in compliance with the deinstitutionalization and jail-removal mandates could be denied federal juvenile justice funds.

Deinstitutionalization was accompanied by an increase in federal and state funds to provide services to status offenders. The Office of Juvenile Justice and Delinquency Prevention,

established within the United States Department of Justice by the act, continues to fund programs and conduct research to aid states and communities coming into compliance with the deinstitutionalization mandate (OJJDP 1990). Following the initial passage of the act, the federal government funded 66 shelters to serve runaway, homeless, and other at-risk youth (Mathis n.d.). The Administration for Children, Youth, and Families (ACYF), of the United States Department of Health and Human Services, currently supports more than 360 agencies serving runaways.

Although hard evidence is not available, many service providers believe that today's runaways have more numerous and difficult problems than runaways of the 1960s and 1970s (NNRYS 1985; Rothman and Thomas 1985; Office of Inspector General 1983). The intensification of these problems (and/or the discovery that many young people are running away from homes where neglect, substance abuse, and physical and sexual abuse are taking place) has led to a recognition of the need for comprehensive and appropriate services (Gordon 1981).

## LIMITATIONS OF THE RESEARCH ON RUNAWAY YOUTH

### Methodological Limitations

Research on runaway youth has been plagued by a lack of rigorous methodology that renders some conclusions suspect and makes comparison among studies extremely difficult (General Accounting Office [GAO] 1989b; Council on Scientific Affairs 1989; Jones 1988; Nye and Edelbrock 1980; Department of the Youth Authority n.d.). As Robertson (1989a) wrote,

The available literature on homeless adolescents [including runaways] has major limitations due to methodological biases. Most current data are neither comprehensive nor comparable since (1) they often come from program records and many youth may use multiple services, while others do not use services; (2) different definitions, language, methods, prohibit meaningful comparisons; (3) cross-sectional samples of homeless adolescents over-represent longer-term homeless adolescents in each site . . . ; (4) information from large urban areas is most prevalent . . . ; (5) the lack of rigorous sampling methods prevents generalizing beyond the adolescents studied; and (6) much information on homeless adolescents is based on surveys of service providers rather than adolescents themselves.

Even the most sophisticated researchers find it difficult to collect data on this population.

Runaways are difficult to identify and track (Rotheram-Borus and Koopman 1989b). Self-reports about their behavior, especially on touchy issues such as substance abuse and sexual activity, are often unreliable (Rotheram-Borus and Koopman 1989a; Sandberg et al. 1988). Data collected at shelters represents only those youth who go to them and is often collected by overworked staff who give information-gathering activities a relatively low priority (GAO 1989b).

The data collected by those programs receiving grants under the Runaway and Homeless Youth Act (ACYF 1990) and in a recent survey of the National Network of Runaway and Youth Services (1991) show lower rates of substance abuse, physical abuse, sexual abuse, as well as homosexuality, among their clientele than is reported in much of the research on this population. Both of these data collection efforts depend on staff reports of client self-reported behavior. The NNRYS survey realized that "because homosexuality is a considered a social taboo, few gay and lesbian youth will openly discuss their sexual orientation with service providers." Likewise, a high level of trust must be established before a youth will admit having been sexually or physically abused.

Most of the data on runaways has been collected on fairly small samples in shelters in major metropolitan areas. Studies by Stricof et al. (1991); Powers, Eckenrode, and Jaklitsch (1990); Palenski and Launer (1987); Shaffer and Caton (1984); and Rotheram-Borus et al. (various) were all done in New York City. Research by McCormack, Burgess, and Gaccione (1986); as well as

Burgess and Hartman (1989); Janus, Burgess, and McCormack (1987); and Janus, Burgess, and Hartman (1987) was done in Toronto. Studies by Robertson et al. (various) were done in Los Angeles. Even those studies done outside the major urban areas tend to be done in smaller urban locales such as Columbus, Ohio (Farber et al. 1984); Hartford, Connecticut (Adams, Gullotta, and Clancy 1985); Calgary, Alberta (Kufeldt and Nimmo 1987); Boston, Massachusetts (Hey 1988); and Portland, Oregon (Beatty and Carlson 1985; Ivers and Carlson 1987). Thus, rural areas and runaways who do not make use of services are underrepresented. One director of a rural runaway program claimed that while runaways in such areas seem to be "invisible," once services are offered it becomes apparent that such youth exist (Little Hoover Commission 1990). Studies in other states have also discovered significant numbers of runaway and homeless youth in rural areas (Northwest Network of Runaway and Youth Services 1990). A Government Accounting Office study found that "urban and rural states had nearly identical percentages of homeless youth" (GAO 1989b).

Few studies, and fewer programs, track runaways to see what becomes of them later in their lives. There has been only one study of adults who have run away during adolescence (Olson, Liebow, Mannino, and Shore 1980). It is generally agreed that the field is lacking the types of follow-up data that would provide information on the long-term consequences of running away as well as the effectiveness of existing runaway programs (Los Angeles County Task Force on Runaway and Homeless Youth 1988; Department of the Youth Authority n.d.; Greater Boston Adolescent Emergency Network 1985; NNRYS 1985).

### Problems with Definitions

Comparing studies on runaway youth is also complicated by the lack of standardized definitions in the field—a deficit largely caused by the complexity of the phenomenon itself. The Runaway and Homeless Youth Act (Title III of the Juvenile Justice and Delinquency Prevention Act as

amended) defines runaways as "juveniles who leave and remain away from home without parental permission." The words "and homeless" in the title of the act indicate the recognition that there are a substantial number of juveniles who have no homes to return to because their families are homeless, they can no longer locate their families, their parents no longer will permit them in the home, or the level of abuse or conflict in the family is so great that returning home is just not an option (Juvenile Justice and Delinquency Prevention Act of 1974, Revised and Amended, December 1988).

A substantial proportion of runaway youth leave home after a disagreement with their parents over curfews or grades, spend the night with a relative or friend, and return the next day. They are sometimes called "situational runaways" because they are running from a particular situation rather than a chronic problem. The National Incidence Study attempted to distinguish situational runaways from those in more serious trouble by creating two categories of runaways: "broad scope" and "policy focal." "Broad scope runaways" were defined as those younger than age 15 who were away from home without parental permission for one night and those age 15 and older who were gone for at least two nights. "Policy focal" runaways are youth who, in addition to meeting these criteria, were lacking a familiar and secure place to stay (Finkelhor, Hotaling, and Sedlak 1990).

In practice, however, youth who are running away from serious family conflict or abuse may, during their initial runaway episodes, be easily confused with "situational" or "policy focal" runaways. The fact that the National Incidence Study found that many runaways who spent time at a friend's or relative's home *and* in more dangerous locations during a runaway episode and that, in fact, some of the friends' or relatives' homes were judged to be "nonsecure," bears out the difficulty of discriminating between the seriousness of the youth's situation purely by the places to which the youth goes. And it needs to be remembered that these statistics do not include youth thrown out of their homes by their parents. Assessment of a youth's reasons for running is



key for the identification of opportunities for early intervention. In many cases, such intervention can resolve family conflicts with less effort and at lower cost than can be accomplished if the problems are left to fester and intensify.

However, many runaways are fleeing much more than minor disputes over grades or dating. Some researchers maintain that running away is a mechanism used to cope with a dysfunctional family: when the situation becomes intolerable, the youth leaves, allowing a "time-out" or "cooling off period" before returning home (Janus, McCormack, Burgess, and Hartman 1987). However functional such a cooling off period may be in the short-run, repeated runaway episodes can lead to a "career" as a runaway as the youth grows more adept at living out of the home (Palenski and Launer 1987). Research indicates that parents are less tolerant of problems with older youth and are less apt to be concerned about their absence (and more apt to refuse to let them come home) as they age (Levine, Metzendorf, and VanBoskirk 1986). Adolescent development, runaway experience, and increasing parental intolerance all contribute to the creation of such a "career" as a youth ages. Thus, a runaway may progress from being a "repeat" runaway (a youth who has left home more than once), to a "chronic" or "frequent" runaway (a youth who leaves home more often and for progressively longer periods of time), to a "street youth" (a youth who lives in a series of temporary living arrangements and spends much of his or her time living "on the street," normally in a series of transitory residences including friends' apartments, cheap hotels, shelters, abandoned buildings, and in some places, under highway overpasses or in city parks). There is evidence to suggest that as runaway episodes increase in duration and frequency, youngsters lose the sense of having a family to which they can return and develop an identity of being homeless (Rossi and Wright 1989; Shaffer and Caton 1984).

Another commonly used category is that of "throwaway" youth (or, in the terminology of the recent National Incidence Study of Missing Children, "throwaways"). These are defined as youth who "have left home because their parents have encouraged them to leave, have

abandoned them, or have subjected them to intolerable levels of abuse and neglect" (Nye and Edelbrock 1980). Some researchers distinguish "throwaways" (who are explicitly told to leave the home) from "push-outs" (who leave because of emotional, physical, or sexual abuse).

In some cases, a substantial portion of residents of runaway shelters are not currently runaways *per se*, but have been placed in the shelter by other social services (with or without the permission of the parents) as a temporary measure until family difficulties can be worked out or a more permanent placement (such as a foster home) can be found. Such youth are sometimes referred to as "systems kids." They share many of the problems of runaways—including conflict with parents, physical and sexual abuse, substance abuse—and many have run away in the past (or may do so in the future) (Wigfall-Williams 1990; NNRYs 1985; Greater Boston Adolescent Emergency Network [GBAEN] 1985). The distinction between a "runaway" and a "systems kid" is often vague. Studies confirm that a large proportion of runaways have prior involvement with juvenile justice or child welfare agencies (Oleson n.d.; Ryan and Doyle 1986; Office of Inspector General 1983). Whether a child is perceived as a "runaway" or a "systems kid" may often simply be a function of whether he or she is placed in a program by an agency or is informally referred by the police or other youth.

The categories of chronic runaways, street youth, and throwaways are often overlapping and indistinct. However, all of these youth (and their families) are generally thought to need more serious intervention. In this document, the term "runaways," without qualification, will refer to the more serious categories of repeat and chronic runaways, throwaways, and self-defined homeless youth. "Street youth" will refer to those youngsters who have become part of the street culture, a culture usually involving transitory living arrangements, drug abuse, and often high-risk sexual activity, including prostitution. When distinctions among runaway youth need to be made (especially in summaries of research or program clientele), they will be made explicitly.

## RESEARCH FINDINGS ON RUNAWAY YOUTH

Despite the afore-mentioned problems with the research, a consensus has been reached on many issues. For example, although the estimated rates of physical and sexual abuse among runaway youth vary widely, most studies report that children who run away have been subjected to abuse at a rate significantly higher than in the population who have not run away. This is important information, even if a precise rate of abuse among runaways cannot be reached with great accuracy.

## A PROFILE OF THE RUNAWAY POPULATION

### Numbers and Rates

The Runaway and Homeless Youth Act (Title III of the Juvenile Justice and Delinquency Prevention Act of 1974, as amended) reported that "the exact nature of the problem is not well defined because national statistics on the size and profile of the runaway youth population are not tabulated." Little has changed in the intervening years. Runaways are notoriously difficult to count (Los Angeles County Task Force on Runaway and Homeless Youth 1988). Many runaway episodes are not reported (Finkelhor, Hotelling, and Sedlak 1990). Many runaways leave home more than once. It is often difficult to ascertain whether a study is counting runaways or runaway episodes (Robertson, Koegel, and Ferguson forthcoming; Robertson 1989b). The National Studies of the Incidence of Missing Children (which will be referred to as the "National Incidence Study" from this point on) concluded that there were about half a million runaways and 127,000 "throwaways" in the United States (Finkelhor, Hotelling, and Sedlak 1990). The United States Department of Health and Human Services estimates that a million youth run away

each year (ACYF 1990). Other estimates range from a high of two million (Department of the Youth Authority n.d.), to a low of 71,000 (GAO 1989b). (It should be noted that the latter figure is at the low end of a range with an upper end of 414,000.)

It is equally difficult to determine how many runaways are served by programs. Given the current membership of the National Network of Runaway and Youth Services, there are probably well over 1,000 programs that include services to runaway youth as part of their primary mission. No estimate of the total number of young people served by these programs could be found. The 343 basic center grantees receiving Runaway and Homeless Youth Act funds (along with five additional centers funded by the Administration for Native Americans) provided services to over 63,000 youth during fiscal year 1989. Another 70,000 youth were served by the federally funded National Runaway Switchboard (ACYF 1990). However, these programs submit data on a voluntary basis. Two-fifths of the basic center grantees do not submit any data. And much of the data that is provided is incomplete (ACYF 1990).

There is no evidence that the runaway rate has increased between 1975—the date of the first major national study of this phenomenon—and 1988—when data collection for the most recent nationwide study took place (Finkelhor, Hotaling, and Sedlak 1990). However, the characteristics of the young people being served by runaway programs have changed. In the 1960s and early 1970s, runaway programs served predominantly white, middle-class youth. Programs now find their clients more representative (in terms of race and socioeconomic status) of the communities in which they are located (Gordon 1981; Jones 1981; Berlin 1981).

### Age

The vast majority of runaways are teenagers (Finkelhor, Hotaling, and Sedlak 1990). Studies have found the median age of the runaway population to be from 14 to 16 (Robertson, Koegel,

and Ferguson forthcoming; NNRYS 1991; ACYF 1990; Robertson 1989b; Baggett and Donough 1988; Hey 1988; Powers, Eckenrode, and Jaklitsch 1988; Palenski and Launer 1987; Ryan and Doyle 1986; Farber et al. 1984; Shaffer and Caton 1984). Yet, this finding reveals little about the runaway population. Two-thirds of the young people who run away do not do so until they are at least age 13 (Shaffer and Caton 1984). Very young runaways are more apt to be reported by their parents to police, noticed and picked up by the police, or quickly turned over to child welfare by shelters and thus not included in residential program data. Additionally, federal funding requires that many of these programs exclude anyone over the age of 18 (NNRYS 1991). Covenant House, which provides services to children and adolescents up to age 21, reports that half of its clients are older than 18 (Testimony of Ronald Williams, Subcommittee on Human Resources 1988d). Studies in which youth were interviewed on the street, rather than in shelters, also revealed a higher median age (Victim Services Agency 1987; Deisher, Eisner, and Sulzbacher 1969).

### Gender

Studies show a somewhat higher proportion of female runaways. The statistically excess number of females ranges from a few percentage points to 10 percent, depending on the study (NNRYS 1991; ACYF 1990; Baggett and Donough 1988; Hey 1988; Wright 1990; Victim Services Agency 1987; Kufeldt and Nimmo 1987; Shaffer and Caton 1984). ACYF (1990) suggests that the number of female runaways is indicative of the fact that females are sexually abused in the home at a higher rate than males. Knauss and Nelson (1986) speculate that substantial numbers of female adolescents run away or are thrown out of their homes when they become pregnant. However plausible this may sound, there is little evidence to support this claim.

Others maintain that this excess in female runaways is a reporting phenomenon. Most studies of runaways have been done in shelters. Perhaps the general perception that unsupervised

adolescent females are at greater risk on the streets than are young males results in greater efforts to bring them into shelters, and/or the reluctance of some males to seek assistance in times of distress produces a shelter population that does not adequately reflect the gender composition of the runaway population (Finkelhor, Hotaling, and Sedlak 1990). This theory is somewhat substantiated by studies that show that males are, in fact, overrepresented among "street youth."

### Sexual Orientation

Estimates vary on the proportion of runaways who are gay or bisexual. Many shelters do not ask questions about sexual preference at intake. Many gay and lesbian adolescents realize that public disclosure can cause problems with other youth, program staff, and their parents, and thus seek to conceal their sexual preference. Another complicating factor is adolescent confusion about sexual identity. Many male street prostitutes, for example, claim they are engaging in same-sex sexual relations for the money and do not define themselves as "gay" (Weisberg 1985).

Stricof et al. (1991) reported that 20 percent of New York's runaway males identified themselves as gay, while a Victim Services Agency (1987) reported that 40 percent of the "street youth" in the Times Square area are self-identified as gay. A similar study in Hollywood revealed gay and bisexual self-identification to be about 16.5 percent (Yates et al. 1988). Hunter and Martin (1984) report that girls also leave home because of disagreements over (and the threat of violence based on) their sexual orientation.

### Ethnicity/Race

Most research claims that the ethnic and racial makeup of runaways reflects the ethnic and racial composition of the population (Robertson, Koegel, and Ferguson forthcoming; Robertson 1989b; Baggett and Donough 1988; Hey 1988; Vander Kooi and Roden 1983). Data collected from

basic center grantees revealed that youth seeking services at these shelters were 64.8 percent white, 19.5 percent African American, 9.4 percent Latino, 3.7 percent Asian or Pacific Islander, and 2.6 percent Native American or Alaskan Native (ACYF 1990). Several studies conducted in New York City found that 80 to 90 percent of those in shelters were African American or Latino (Palenski and Launer 1987; Victim Services Agency 1987). This overrepresentation is usually attributed to program utilization patterns (Powers, Eckenrode, and Jaklitsch 1988; Shaffer and Caton 1984).

### Socioeconomic Status

While much of the literature states that young people run from families of all income levels (GAO 1989b), a number of studies reveal an overrepresentation of youth from lower income families (NNRYS 1991; Janus, McCormack, Burgess, and Hartman 1987; McCormack, Burgess, and Gaccione 1986; Adams, Gullotta, and Clancy 1985). Only one study (Powers, Eckenrode, and Jaklitsch 1988) reported that a large number of runaways came from professional or middle-class homes. It is reasonable to speculate that wealthier families have options for dealing with family difficulties that are unavailable or unacceptable to families of lower income (e.g., expensive therapists or placing "problem children" in boarding schools, psychiatric hospitals, or drug treatment programs).

### Distance and Living Arrangements

There is almost universal agreement in the literature that the majority of runaways remain fairly close to home. Over half remain within 10 miles of home and about 75 percent remain within 50 miles of home (Finkelhor, Hotaling, and Sedlak 1990; ACYF 1990; Baggett and Donough 1988; Palenksi and Launer 1987; Victim Services Agency 1987; Kufeldt and Nimmo 1987; Levine. Metzendorf, and VanBoskirk 1986; Shaffer and Caton 1984; Office of the Inspector General

1983). There are exceptions to this rule. Los Angeles seems to attract a large share of non-local runaways (Robertson et al. 1990) as does San Francisco (Little Hoover Commission 1990).

The street is usually not the first place to which a youth runs. The National Incidence Study found that two-thirds of runaways went to the home of a friend or relative. Parents or guardians actually knew the whereabouts of runaways in about 39 percent of cases. Half returned home within two days of leaving (Finkelhor, Hotelling, and Sedlak 1990).

Studies of homeless people indicate that

Persons who can no longer afford their own homes or apartments first stay with relatives or friends, then go to hotel or motel rooms, and then go to shelters or missions. They stay outdoors only when they do not have enough money to go to shelters or missions, have exhausted the hospitality of relatives and friends, and are unable to get into a shelter or mission (McChesney 1987a, 1987b).

Many runaways follow a similar pattern and find a temporary place to live before they are forced to live on the streets or turn to an emergency shelter (Wiggins 1989). However, children and adolescents are less likely to be able to afford (or be allowed to rent) a hotel room than adults. Different subpopulations of runaways handle this transition differently. African American, Latino, and Native American youth may interject periods of living with various members of their extended families between periods spent on the streets or in shelters (Cross and Donough 1988; Baggett and Donough 1988). In rural areas, in which there is no street subculture or runaway shelter, runaways may move in with friends or with older adult males who have apartments or houses. This is especially true of adolescent girls who may find moving in with an older male to be a more acceptable option than living at home (Northwest Network of Runaway and Youth Services 1990; Baggett and Donough 1988).

Runaway youth often cycle through a series of short-term living arrangements, including living with relatives, boyfriends or girlfriends, older adults, foster homes, institutions, emergency shelters, abandoned buildings, etc. While not without shelter, these young people are



"homeless." Only a minority of runaways spend a substantial amount of time living "on the streets." One study of runaways in New York City found that, although 75 percent had been out of the home for at least two weeks, only 22 percent had ever lived on the streets (Rotheram-Borus and Koopman 1991). While most visible in places such as Times Square in New York City or along Santa Monica Boulevard in Los Angeles, these street youth can be found in most major cities. They are most likely to be engaged in prostitution and other high-risk sexual activities, most likely to engage in serious substance abuse, and most likely to suffer the negative health consequences of being truly homeless. They also tend to be the least likely to make use of shelters and other services (Robertson 1989b; Boyer 1988a; Ivers and Carlson 1987; Kufeldt and Nimmo 1987; Beatty and Carlson 1985).

## WHY YOUTH RUN

Although youth run away from home for many reasons, patterns can be found in the family backgrounds of those who run for other than purely "situational" reasons.

### Family Structure

Data collected from the basic center grantees reveals that 65 percent of the runaways interviewed cite their relationship with their parents as a primary reason for running away from home (ACYF 1990). About three-quarters of runaways questioned in one study reported that they did not get along with their families (Adams, Gullotta, and Clancy 1985). Other studies found that runaways felt neglected (Robertson 1989b), perceived their families as being angry and confrontational (Janus, McCormack, Burgess, and Hartman 1987), and felt their parents were unsupportive (Englander 1984). Runaways tend to have a negative perception of their parents and believe their parents have a negative perception of them (Adams, Gullotta, and Clancy

1985). This perception may have a basis in fact. Spillane-Grieco (1984a, 1984b) found that runaways and their parents tend to be less empathic toward one another than other children and their parents. Gutierrez and Reich (1981) found that runaways lacked involvement in, and identification with, their families.

Janus, McCormack, Burgess, and Hartman (1987) found that the families of runaways are more than likely to be run by rigid rules rather than by independent thinking, which can leave children with poor social and consequential thinking skills. Denoff (1987) claims that runaways are characterized by a pattern of "distorted thinking," specifically by the belief that an individual should retreat from—rather than confront and work through—difficult situations.

Youth from single-parent homes are overrepresented among runaways, as are those from families in which one of the two partners is not the biological parent. Studies show that less than one-third of all runaways lived in a home with both parents (Finkelhor, Hotaling, and Sedlak 1990; Shane 1989; GAO 1989b; ACYF 1990; Powers, Eckenrode, and Jaklitsch 1988; Hey 1988; Kufeldt and Nimmo 1987; Janus, McCormack, Burgess, and Hartman 1987; Levine, Metzendorf, and VanBoskirk 1986; McCormack, Burgess, and Gaccione 1986; Ryan and Doyle 1986; Weisberg 1985). Between one-fifth to one-quarter came from homes in which a stepparent was present (ACYF 1990; Finkelhor, Hotaling, and Sedlak 1990; Shane 1989; Kufeldt and Nimmo 1987; Janus, McCormack, Burgess, and Hartman 1987).

Shaffer and Caton (1984) and Johnson and Peck (1978) reported that children from larger families run away at a rate greater than those from single-child families. Almost 40 percent of the runaways in the Shaffer and Caton study had a sibling who had run away. They also found that almost a quarter of runaways were born to mothers aged 17 or younger.

A large proportion of runaways identify at least one of their parents as having some sort of psychological or social problem, including alcoholism, drug abuse, depression, attempted suicide, a history of violence, or a criminal record (Robertson, Koegel, and Ferguson forthcoming; Stiffman 1989; GAO 1989b; Hey 1988; Shaffer and Caton 1984).

### Neglect and Abuse

Researchers and practitioners agree that runaways have been neglected as well as physically and sexually abused while at home at rates far greater than those who do not run away (ACYF 1990; GAO 1989b; Stiffman 1989; Baggett and Donough 1988; Hey 1988; Powers, Eckenrode, and Jaklitsch 1988; Olson n.d.; Levine, Metzendorf, and VanBoskirk 1986; Office of the Inspector General 1983; Nilson 1981). Several studies found that between 60 and 75 percent of all runaways report being seriously physically abused at home (Robertson 1989b; Powers, Eckenrode, and Jaklitsch 1988; Janus, Burgess, and McCormack 1987; McCormack, Burgess, and Gaccione 1986; Farber et al. 1984). Others report lesser, but still significant amounts of physical abuse (NNRYS 1991; ACYF 1990; GAO 1989b; Stiffman 1989; Victim Services Agency 1987; Adams, Gullotta, and Clancy 1985).

Many researchers note that youth are often reluctant to admit that they have been sexually abused and thus studies may tend to underestimate the extent of this abuse.

Most of the research shows rates of sexual abuse among runaways to be in the 50- to 80-percent range (Rotheram-Borus, Koopman, and Bradley 1989; Testimony of Carol Thomas-Smede, Subcommittee on Human Resources 1988b; Janus, Burgess, and McCormack 1987; Victim Services Agency 1987; McCormack, Janus, and Burgess 1986; Shaffer and Caton 1984; Farber et al. 1984). A smaller number of studies found abuse to be in the 25- to 50-percent range (GAO 1989b; Powers, Eckenrode, and Jaklitsch 1988; McCormack, Burgess, and Gaccione 1986; Jones 1981).

The literature on child abuse demonstrates that young people in homes with stepparents are more likely to be abused than children living with two biological parents (McCormack, Burgess, and Gaccione 1986; Daly and Wilson 1985). Janus, McCormack, Burgess, and Hartman (1987) found that a high proportion of sexually abused runaways came from families in which a stepparent was present. The extent of physical and sexual abuse among runaways has led some researchers to claim that running away is, in fact, "a well-developed coping mechanism" (Gutierrez and Reich 1981). Kufeldt and Nimmo (1987) report that runaways who have been physically and sexually abused are more likely to leave home permanently than other runaways. Farber (1987) points out that a young person living at home who has been abused is generally recognized as a victim and is offered various forms of protection and treatment, while a runaway who has left home as a consequence of abuse is often perceived as a problem.

### Psychological Problems

Many runaways report psychological problems prior to running away. About one-quarter had undergone institutionalization or other serious psychiatric intervention (Hey 1988; Shaffer and Caton 1984). Significant numbers report behaviors such as suicide attempts, violence, vandalism, and other crimes (Robertson 1989b; Edelbrock 1980). This research does not indicate that running away is, in itself, the result of a psychological disorder, but may, in many cases, be correlated with it. Physical and sexual abuse can result in psychological disorders or in other "acting out" behavior (Powers and Jaklitsch 1989). And, although the literature on runaways has yet to discuss this phenomenon, some human service professionals claim that family problems resulting in tension between parent and child or acting out on the part of a child are blamed, often inappropriately, upon the child, who is then subjected to psychological treatment.

## Transitional Living Situations

Most of the research shows that runaways often move several times in the year before running away (GBAEN 1985; Shaffer and Caton 1984; Shelter Needs of Older Adolescents Committee 1984). This movement includes institutional placements as well as time spent living with friends and relatives.

About 40 or 50 percent of runaways have spent time in foster care or group homes (Robertson, Koegel, and Ferguson forthcoming; Robertson 1989b; Victim Services Agency 1987; Ryan and Doyle 1986; Shaffer and Caton 1984). The National Incidence Study found that almost 13,000 youth ran away from juvenile facilities each year. These youth tend to run farther than the average runaway (half leaving the state in which the facility was located) (Finkelhor, Hotaling, and Sedlak 1990).

A multidisciplinary conference on "Youth who run from residential placement: Working toward a solution" (Kaplan 1990) attempted to identify the reasons that youth so often flee residential placements. They suggested that this is the result of a number of factors, including

- the failure of social service agencies to establish a level of trust and a sense of being helped in their clients
- inadequate staffing, which makes it difficult for social service workers to get to know youth and respond to their needs in a timely manner
- feelings of isolation, disempowerment, and uncertainty caused by placements for indefinite periods (often marked by frequent transfers among placements)
- lack of family involvement once the youth is placed
- youth perception that placements are unsafe because they are mixed in with others who are different from themselves in terms of age, sex, race, and life experience
- lack of consequences: in many situations, nothing happens when a youth runs from a placement

A chilling footnote is that 40 percent of street youth who had spent time in a foster home or other residential placement reported that they had been assaulted, sexually abused, or otherwise physically victimized in that setting (Oleson n.d.).

### Program Responses

Programs are starting to view "the runaway incident as part of a pattern of victimization and an index of family difficulties . . . [and focus] on the family unit as the recipient of services, rather than just the individual youth in trouble" (OJJDP 1988). Family counseling is now one of the more widespread services offered by runaway programs (GAO 1989b).

Many in the field agree with Janus, Burgess, and McCormack (1987) that because of the high rates of physical and sexual abuse among this population, unsophisticated attempts to return runaways to their families without assessment and support services are not desirable. Rotheram-Borus, Koopman, and Bradley (1989) maintain that special screening for and attention to sexual abuse should be an integral part of every program.

It is widely recognized that some runaways simply cannot return home and that there are some homes to which runaways should not be returned. Thus, alternative placements such as group and transitional living programs are needed (GBAEN 1985; NNRYS 1985). Shane (1990) reports that the percentage of such youth among runaways is increasing, but his claim suffers from a lack of historical data to which contemporary information can be compared.

## THE CONSEQUENCES OF RUNNING AWAY

Although many runaways turn to the streets as an alternative to what they see as intolerable conditions at home, life on the streets is neither pleasant nor safe. The United States Conference of Mayors (1989) found that "unaccompanied youth" were, after the mentally ill and those who abuse drugs or alcohol, the population most in need of services.

### Lack of Shelter

Although Vander Kooi and Roden (1983) found that only 14 percent of the runaways they surveyed claimed to be living on the street (most claimed to be staying with friends), Robertson (1989b) found that more than 79 percent of the runaways in Los Angeles were sleeping in abandoned buildings and other insecure locations. Of course, sleeping arrangements may vary by climate and time of year. The fact that runaway episodes occur more frequently in the summer (Finkelhor, Hoteling, and Sedlak 1990) speaks to the difficulty of surviving out of the home. The psychological and physical consequences of the runaway lifestyle generally compound those psychological and medical problems that result from abuse and neglect in the home.

### Health

As Wright (1990) pointed out, "There is no aspect of homelessness that does not imperil physical health or complicate the delivery of adequate health services." Poor nutrition, inadequate sleep, and exposure to the elements result in a host of medical problems (Robertson et al. 1990; Sosin, Colson, and Grossman 1988; Alperstein, Rappaport, and Flanigan 1988). Hey (1988), in a survey of the health status of runaways in shelters, found that 80 percent had one or more of the following medical symptoms: general illness (fever, chills, vomiting, diarrhea, or sore throat);

trauma; sensory problems (blurred vision, etc); headache, nausea, stomachache, or abdominal pain; gynecological problems; or dental problems. Other studies have shown similar risk factors (Victim Services Agency 1987; Wright 1990) and symptoms (Manov and Lowther 1983; Shaffer and Caton 1984; Wright 1990).

### Violence

Life on the streets can be violent. Robertson (1989b) found in one study that 42 percent of runaways reported being assaulted, 18.4 percent robbed, and 12.5 percent sexually assaulted during the previous 12 months. Rotheram-Borus, Koopman, and Ehrhardt (1989) and Oleson (n.d.) revealed similar patterns of victimization. Rape rates were found to be especially high among female runaways and prostitutes of both sexes (Sandberg et al. 1988; Boyer 1988c; Shaffer and Caton 1984).

### Mental Health

The high level of psychological disorders found among runaway youth is not surprising given the conditions under which they left home, the conditions under which they live once out of the home, and their lack of familial and institutional support systems. Victim Services Agency (1987) found that one-third of its sample had a psychiatric history prior to involvement with their program. Wright (1990) estimated that one-fifth to one-quarter of homeless teenagers had psychiatric disorders. Research consistently finds that runaway youth have low self-esteem (ACYF 1990; Janus, Burgess, and McCormack 1987; Adams, Gullotta, and Clancy 1985; Englander 1984; Russell 1981; Nilson 1981). From 30 to 60 percent are depressed (NNRYS 1991; ACYF 1990; GAO 1989b; Hey 1988; Shaffer and Caton 1984). Some studies report very



high levels of serious psychological problems. Robertson (1989b) found the rates of major depression, conduct disorder, and post-traumatic stress syndrome to be three times as high among runaways as among youth who had not run away.

Government data estimates that from 11 to 13 percent of runaways are potentially suicidal (ACYF 1990; GAO 1989b). Other studies reveal a significantly higher percentage of runaway youth who had attempted suicide or were actively suicidal (NNRYS 1991; Robertson 1989b; Yates et al. 1988; Shaffer and Caton 1984). Adolescents who commit suicide are generally characterized by having poor mental health and impulse control, poor family relations and school performance, high stress levels, drug and alcohol use, previous suicide attempts and other mental health problems, and lack of primary health care (Slap et al. 1989). Many runaway youth fit this profile.

Runaways who were abused in the family are at even greater risk of serious psychological disturbances. The research on child abuse shows that emotional, physical, and sexual abuse leads to aggression, depression, low self-esteem, acting out, and developmental delays (Stiffman 1989; Shaffer and Caton 1984). Studies have found that sexual abuse can be correlated with anxiety and suicidal feelings (Janus, McCormack, Burgess, and Hartman 1987); substance abuse (Shaffer and Caton 1984; Roberts 1982); anxiety, guilt, and post-traumatic stress syndrome (Janus, McCormack, Burgess, and Hartman 1987); academic performance difficulties; sleeping disorders and self-destructive behavior (Farber et al. 1984); developmental delays (Bayer 1988e); as well as distrust, both of adults and other adolescents (Janus, McCormack, Burgess, and Hartman 1987; Janus, Burgess, and McCormack 1987).

## Criminal Behavior

Runaways are less likely to have a job than other youth their age. It is difficult for a teenager without a permanent address, and who may be obviously sick and/or in need of a shower and a change of clothes, to find employment (Yates et al. 1988). However, because they are not being supported by their parents, they are in need of money. Many turn to crime. In addition to prostitution and drug dealing, many steal and shoplift (Weisberg 1985; Shaffer and Caton 1984). It is no surprise that these activities (as well as the violence that is a large part of life on the streets) often bring runaways into contact with the police. Arrest rates among runaways range from 26 percent (Shaffer and Caton 1984) to 75 percent for hard-core street kids in New York City (Victim Services Agency 1987). In addition to prostitution, a fairly large proportion are arrested for crimes such as assault, burglary, and shoplifting.

Prostitution is especially damaging. Juvenile prostitutes neither make, nor are able to save, much money and are generally quite impoverished (Weisberg 1985). Male prostitutes find that the older they get, the less able they are to make a living by selling themselves (Deisher, Eisner, Sulzbacher 1969). Beatty and Carlson (1985) point out that "adolescent prostitutes normally are unable to acquire the needed social, educational, and occupational skills for success in legitimate ways, thus forcing a commitment to deviant lifestyles."

Prostitution is far too often thought of as a crime, rather than the continued victimization of a young man or woman who has been pushed into this life-style by poverty and abuse. Although not a major focus of this document, runaway youth who turn to prostitution are no less victims than are other runaway youth. These young people also need specialized services to help them overcome their involvement in this lifestyle as well as its often devastating physical and emotional consequences.

## Long-Term Consequences

Little is known about the long-term consequences of running away. Virtually no research exists on the ultimate effects of running away, either on the runaway or their family. Although running may encourage (or force) a family to confront previously ignored tensions or problems, it is difficult to believe that extended periods spent living on the streets and in transitional placements such as emergency shelters, foster homes, and juvenile detention centers will not have a detrimental effect on a youth's emotional and social development. And, in the age of AIDS, crack, and street violence, even a short period spent indulging in high-risk behaviors can have fatal consequences.

The information that is available about the future of runaways is not heartening. As might be expected, runaways frequently miss school and often drop out (GAO 1989b; Hey 1988; Yates et al. 1988). Runaways have been shown to have poor reading levels (Shaffer and Caton 1984) and low levels of other indicators of educational functioning (Rotheram et al. 1987). Young people who run away often do not relate well to school or their peers within a school. Adams, Gullotta, and Clancy (1985) found that a large proportion of runaways reported feeling isolated in school. This population is also characterized by high levels of grade retention, expulsion, and suspension (Robertson, Koegel, and Ferguson forthcoming; Levine, Metzendorf, and VanBoskirk 1986; Shaffer and Caton 1984).

One long-term study of children concluded that spending adolescence outside the family has a number of negative consequences.

How are . . . the functionally emancipated adolescents in our sample making it? In a word, poorly. Few have completed high school, and most are living in dismal economic and social conditions. There are some exceptions of course, but the overall picture is bleak for the present and the future. The jobs they hold are transitory or menial. They make near minimum wage. . . . They get into debts and relationships for which they are ill-prepared (Cairns 1989).

Olson, Liebow, Mannino, and Shore (1980) compared adults who had run away as adolescents with their non-runaway siblings 12 years later and found the ex-runaways to have higher levels of school incompleteness, unemployment, job dissatisfaction, debt, marital conflict, psychological problems, and arrests. Individuals who had run away on several occasions tended to have more (and deeper) problems than those who had run away only once. Given their history, they are not likely to make good parents, since variables such as physical and child abuse, poverty, academic failure, and teenage pregnancy often replicate themselves across generations.

Although little research has been done on the correlation of running away with adult homelessness, Susser, Struening, and Conover (1987) found that 15 percent of the adult homeless men they studied had run away from home for a week or longer (as children). A significant portion of the sample shared important characteristics with runaways, including out-of-the-home placements, mental disorders, school expulsion, delinquency, and conflicted family relationships. McChesney (1987a) studied homeless adults in Los Angeles and found that more than a quarter of her sample had run away from home for at least a week prior to age 18; she also found high rates of physical and sexual abuse and out-of-the-home placements in these adults' pasts.

## SUBSTANCE ABUSE AND AIDS

Although life on the streets is, by its very nature, detrimental to a youth's physical and emotional well-being, a high proportion of runaway youth, especially those youth who remain away from home for substantial periods of time, engage in activities that place them at extreme risk. These include the use and abuse of alcohol and drugs, unprotected sex (often with multiple partners), prostitution, and survival sex. All of these activities represent a danger to health and—in the age of AIDS—life itself.

## Alcohol and Drug Use

A large proportion of runaways abuse alcohol and drugs. According to basic center data, 28 percent of their clients at these centers use alcohol or drugs (ACYF 1990). Many studies reveal much higher rates, ranging from 33 to 86 percent (Stricof et al. 1991; NNRYS 1991; Hey 1988; Yates et al. 1988; Victim Services Agency 1987; Farber and Joseph 1985; Shaffer and Caton 1984). Much of this drug and alcohol use is heavy. Shaffer and Caton (1984) found that 30 percent of their sample used three or more types of drugs, and 18 percent got drunk at least once a week. Robertson (1989b; also see Robertson, Koegel, and Ferguson forthcoming) found that almost half of their sample met criteria for alcohol abuse and even those that did not drank fairly heavily. Baggett and Donough (1988) found one-third of their sample to have "serious" drug and/or alcohol problems. Comparisons of substance abuse rates reveal that runaways are far more likely to abuse alcohol and/or drugs than youth of a similar age who have not run away (Robertson, Koegel, and Ferguson forthcoming; McKirnan and Johnson 1986). Chronic runaways report more drug and alcohol use than youth who have run away only once or twice (Windle 1989).

Some of the alcohol abuse among this population apparently begins while the youth are still living at home (Robertson, Koegel, and Ferguson forthcoming; Shaffer and Caton 1984). Two studies concluded that male runaways are somewhat more likely to abuse alcohol or drugs than are females (Robertson, Koegel, and Ferguson forthcoming; Powers, Eckenrode, and Jaklitsch 1988).

Reports of the incidence of intravenous drug use (a risk factor for HIV infection) among this population varies widely from study to study. Stricof et al. (1991) found that less than 5 percent of the males in their sample used IV drugs while Yates et al. (1988) found a rate of 34.5 percent.

A study of "street youth" in Los Angeles found that 26 percent were using IV drugs, while 17 percent had sexual relations with IV-drug users (Robertson et al. 1990). Thomson (1988) reported that a large percentage of homeless youth in San Francisco, particularly those engaged in prostitution, use methamphetamine intravenously. Evidence also exists that substance abuse may be related to other risk behaviors including assaultive behavior (Robertson 1989b) and having multiple sex partners (Rotheram-Borus, Koopman, and Ehrhardt 1989).

Despite the prevalence of substance abuse among runaways, the GAO (1989b) reported that only a small percentage of these youth receive treatment services for this problem.

### Sexual Behavior

Although research results vary, most agree that at least three-quarters of runaways are sexually active (Rotheram-Borus and Koopman 1991; Robertson et al. 1990; Sandberg et al. 1988; Rotheram-Borus et al. n.d.[a] and n.d.[b]; Shaffer and Caton 1984; Manov and Lowther 1983).

At one level, this statistic reflects increased sexual activity among adolescents generally.

However, additional factors may lead runaways toward sexual activity. Even if economic forces do not impel them to engage in prostitution, runaway adolescents are unsupervised at a point in their lives when they are attempting to come to terms with their sexuality. Many runaways feel, and many actually are, rejected by their parents. In the words of Woodworth (1988), they often pay for "acceptance and love with their bodies." Vander Kooi and Roden (1983) point out that "some of them find themselves for the first time in the unique position of being wanted."

Rotheram-Borus, Koopman, and Bradley (1989) found that sexually abused runaway girls had sex with significantly more partners than runaway girls who had not been abused in the home.

This may be because sex is the only way in which they relate to men, or because they believe it is expected of them or is normal. Rotheram-Borus, Koopman, and Ehrhardt (1989) also report that alcohol-abusing runaways tend to have multiple sex partners at rates exceeding those of runaways who do not abuse alcohol.

### Sexually Transmitted Diseases

Only a minority of sexually active runaway youth appear to use any form of contraception (Shaffer and Caton 1984). Robertson (1989b) found that only about half of those who were sexually active had used condoms the last time they had sex. Rotheram-Borus, et al. (n.d.[b]) found that only about 13 percent of sexually active runaways consistently used condoms and that more than 37 percent of the males and 68 percent of the females had never used condoms. The lack of condom use, combined with a propensity for multiple partners, is reflected in the rate of sexually transmitted disease (STD) among runaways. Although Shaffer and Caton (1984) found that very few in their study reported having an STD, Deisher, Robinson, and Boyer (1982) point out that STDs in this population are largely undetected and untreated. Robertson (1989b) found that 20 percent of the sexually active runaways had a sexually transmitted disease. Wright (1989) found that homeless girls had a rate of STDs three times that of comparable groups in urban areas. Thomson (1988), in interviews with staff members in emergency shelters and medical clinics serving a runaway population, found that not only are STDs prevalent among this population, but that many runaways who present for such STDs return for additional treatment, indicating that contracting an STD does not motivate them to reduce their high-risk behaviors.

### Pregnancy

One indication of the rate of unprotected sex among runaways is their pregnancy rate. Statistics generated by studies of pregnancy among runaway and homeless girls vary greatly. Basic center data reported that 7.1 percent of their female clients were either pregnant or were suspected of being pregnant (ACYF 1990). Other studies imply that about one-third of runaway girls become pregnant (NNRYS 1991; Koopman et al. 1990; Wright 1990; Hemmerts and Luecke 1989; Robertson 1989b; Victims Services Agency 1987; Shaffer and Caton 1984).

Many of the medical problems experienced by runaways can endanger a fetus, including inadequate nutrition and medical care, substance abuse, and exposure (Council on Scientific Affairs 1989; Turner et al. 1989). Most adolescents are not developmentally or financially ready to properly care for a child. Many of them believe that a child will give their life meaning and provide them with someone who will truly love them and allow them to take on a rewarding and socially respected role—that of a mother. Such an option can be attractive to a young girl who has always seen herself as a failure (Perlman 1980). Becoming pregnant and being a teenage mother also provides an excuse to leave the streets while qualifying for social services and social welfare benefits (Manov and Lowther 1983).

### Survival Sex and Prostitution

Many runaways informally exchange sex for food, drugs, a place to stay, or the "protection" of someone older or stronger than themselves. They usually do not perceive of such an exchange as prostitution or as even being an exchange. Such behavior is generally referred to by researchers and program staff (but *not* by the youth) as "survival sex." Stricof et al. (1991) found that 29 percent of a sample of runaways in New York City admitted exchanging sex for food, shelter, drugs, or money. Robertson (1989b) found that 30 percent of her sample traded sex for food or shelter, and 11 percent for drugs. Baggett and Donough (1988) report that in rural areas, the lack of shelters and "informal living areas" (e.g., abandoned buildings) may cause runaway girls to move in with older men.

Although no statistical research exists, it can be expected that runaways' survival sex partners are also part of the street subculture and thus are subject to many of the risk factors for AIDS. There is some evidence to suggest that, in areas where a substantial percentage of runaway youth turn



to prostitution, an additional, and not inconsequential, percentage of runaway youth have recreational and/or survival sex with prostitutes, and thus increase their risk for HIV infection (Robertson et al. 1990).

Contrary to stereotypes perpetrated by the mass media, only a minority of runaway youth turn to prostitution. Still, the option of prostitution is always present for runaways living in large cities. Janus, Burgess, and McCormack (1987) found that in Toronto, 65.5 percent of female runaways and 43.6 percent of male runaways had been offered money for sex. One study found that a woman posing as a runaway in a bus station was propositioned by 135 different adults in a 12-hour period (Office of the Inspector General 1983).

Estimates of the proportion of runaway youth who become involved in prostitution range from 11 to 23 percent (Stricof et al. 1991; Hotaling and Finkelhor 1988; Paige 1988; Miller et al. 1980). This percentage increases dramatically in some urban areas, notably Los Angeles (Yates et al. 1988) and New York City (Robertson 1989b; Ryan and Doyle 1986), where prostitution rates of 26 percent and 30 to 35 percent, respectively, were found. One study of street youth in New York City found that 70 percent admitted prostituting themselves at one time or another (Victim Services Agency 1987).

As Hotaling and Finkelhor (1988) point out, the research on runaways and juvenile prostitution reveals that while only a minority of runaways turn to prostitution, most juvenile prostitutes are runaways (Weisberg 1985; Badgley et al. 1984; Silbert and Pines 1981; Newman and Caplan 1981; Gray 1973). Hotaling and Finkelhor (1988) also point out that the backgrounds of young people involved in prostitution are similar to those of runaways: they are products of single-parent families or reconstituted households in which substance abuse, neglect, and ineffective parenting are often present (ACYF 1990; Weisberg 1985; Urban and Rural Systems Associates [URSA] 1982; Silbert and Pines 1981). The research also tells us that it is those runaways who

were sexually abused at home that are most likely to turn to prostitution (Hotelling and Finkelhor 1988; Janus, Burgess, and McCormack 1987; URSA 1982; Silbert and Pines 1981). As Deisher, Robinson, and Boyer (1982) wrote

Experiences of rape, molestation, and incest, common among young prostitutes, result in a lessened sense of sexual self-respect and of control over one's body. Adolescents are often not believed when they report sexual abuse. They are often blamed and internalize responsibility for their involvement. This results in further emotional trauma and negative self-labeling. Feeling different from their peers, they may begin to withdraw socially. Once sexually abused, the young person's ability to prevent further exploitation is eroded. In this manner, they are prepared for entrance into prostitution.

The conflict that can result from parental or familial hostility toward a youth's sexual orientation can make existence within a "functional family" difficult. When added to the pressures exerted on a youth within a dysfunctional family, the stress can be overwhelming, and contribute not only to a youth's running away, but to high-risk behavior once out of the home.

A large percentage (70 to 80 percent) of male prostitutes identify themselves as gay (Marotta, Fisher, and Pincus 1982; James 1980). Anecdotal evidence suggests that young gay men turn to prostitution for a number of reasons in addition to economic survival. One review of literature on male juvenile prostitution suggests that many adolescent male prostitutes who identify as gay or bisexual come from family backgrounds that have contributed to psychological factors, such as low self-esteem. In the presence of situational factors such as trying to survive out of the home with no legitimate form of income, these psychological factors may render them particularly vulnerable to prostitution (Coleman 1989). Boyer (1988c) found that more than 36 percent of gay-identified prostitutes had been molested in the home and points out that in many areas, adult street prostitutes are the only readily visible role models many gay young men can find.

Weisberg (1985) found that 80 percent of juvenile prostitutes interacted with social service agencies prior to involvement in prostitution. This would seem to indicate that there is the potential to identify and intervene before these youth become involved in prostitution.

## HIV Infection

Substance abuse and high-risk sexual activity put many youth at risk for HIV infection. These youth, in fact, may represent the "next wave" of HIV infection (Kearon 1990). The Hetrick-Martin Institute for Lesbian and Gay Youth in New York City estimates that 10 to 15 percent of the street youth it tests are seropositive (Kolata 1989). A study in New York City found that over 5 percent of runaways at one shelter were seropositive ranging from 1.3 percent of the 15 year olds to 8.6 percent of the 20 year olds (Stricof et al. 1991). However, because many runaways do not have regular medical care or the opportunity or desire to be tested, HIV infection often is not evident until it develops into AIDS—a process that can take up to 10 years.

### Risk Factors for HIV Infection

Many runaways fall into one (or more) groups at high risk for HIV, including gay or bisexual males, persons with multiple sexual partners, persons who abuse drugs and/or alcohol, and female partners of high-risk males (especially IV drug users) (Hein 1989; Athey 1989; Giordano and Groat 1989; Rotheram-Borus, Koopman, and Bradley 1989; Rolf et al. 1989; DiClemente et al. 1989; Stiffman and Earls 1989). Several researchers have theorized that the use of crack among runaways will contribute to an increase in AIDS because it leads to prostitution and sex in exchange for drugs (Stricof et al. 1991; Fullilove et al. 1990; National AIDS Network 1989; Shedlin 1987). Rotheram-Borus, Koopman, and Bradley (1989) remind us that runaways have personal histories (including sexual abuse and emotional abuse) that contribute to high-risk behaviors. A study of adults who had been sexually abused as children revealed that

early sexual abuse is associated with behavioral outcomes that may be having devastating effects on the public health, particularly in relation to the HIV epidemic. In our study, sexually abused women and men were more likely to engage in sex work, to change sexual partners frequently, and to engage in sexual activities with casual acquaintances than people who were never sexually abused (Zierler et al. 1991).

The same study reported elevated levels of some types of substance abuse among this population. Several researchers have pointed out that the risk of contracting AIDS through sexual assault or incest is also a possibility that runaways, and programs that serve them, must face (Prothrow-Stith 1989; Burgess and Hartman 1989).

Thus far, prostitutes in the United States have not been found to have an elevated risk of HIV except when they or their sexual partners are IV drug users (Cohen et al. 1987). However, such an elevated risk may be only a matter of time. Prostitution generally involves multiple partners. One can assume the clients of prostitutes also have multiple partners, including other prostitutes. As Shedlin (1987) points out, prostitutes are unlikely to use condoms or avoid high-risk sexual activities (such as anal intercourse) because they may be afraid to displease their clients. Contraception use among prostitutes has been shown to be sporadic (Deisher et al. 1989). Some evidence shows that many clients of juvenile prostitutes are married men (Kolata 1989; Boyer 1988b) who could transmit the virus to their wives and unborn children. As Able-Peterson (1989) of the Streetwork Project in New York City wrote, "Our kids are probably passing AIDS back and forth among themselves as well as to their customers who are then bringing it back to their communities."

## HIV Prevention

While the GAO (1990) cited runaway programs as those agencies doing the most AIDS education for out-of-school youth, there are serious doubts about the overall effectiveness of many of these efforts. Preventive educational programs for HIV have not demonstrated much success among the general adolescent population (Huszti, Clapton, and Mason 1989). Woodworth (1988) cited four barriers to HIV prevention among the runaway population. The first is that reaching this population is difficult and costly. The second is that runaways often distrust adults and authority figures. The third is that adolescents generally do not believe they

are vulnerable. And the fourth is their lack of a future orientation. Adolescents are very present-oriented and can be relatively unconcerned about what impact their actions will have on their lives in what seems to be in the remote future. This attitude is reinforced by the runaway experience. Able-Peterson (1989) wrote

It is hard for these kids to think about preventing diseases that will strike them in three, four, five years. . . . The kids I see ask me how can I worry about something that will kill me in five years when I don't know if I am going to be alive in the morning. You know, getting in the wrong car with the wrong trick, taking drugs.

Rotheram-Borus and Koopman (1989b) noted the relative difficulty of reaching this population.

An AIDS prevention program for runaway youth can target a single, specific change, such as increasing condom use, or it can target comprehensive change to encourage a variety of strategies. . . . While targeting a specific change such as condom use makes sense in helping to protect a population at generally low risk, such as high school students, it is likely to be inadequate for protecting runaways engaging in multiple kinds of high-risk behavior.

Rotheram-Borus and Koopman (1989a) found a "high general knowledge of AIDS," but little personal fear of the disease among runaway youth. And, despite a high self-perception of their ability to behave safely, they demonstrated no actual competency in practicing risk-reducing behaviors (Rotheram-Borus, Koopman, and Bradley 1989). Hudson et al. (n.d.) evaluated a program in Dallas, with similar results. Wigfall-Williams (1990) reports that the following four myths about AIDS prevail among adolescents that must be countered when designing AIDS education for this population:

1. Love and hope are protection enough from HIV.
2. Birth control pills provide protection from HIV.
3. You can tell by looking at a person whether he or she is HIV-infected.
4. Young people don't get AIDS.

An invitational meeting of street outreach workers convened by the Center for Population Options in May 1989 recommended five guidelines for developing HIV programs for runaway and homeless youth:

1. An HIV education program must be part of a broader effort to address youths' hierarchy of needs.
2. The individual characteristics of street and homeless youth must be acknowledged and addressed through programmatic adaptations.
3. Finding a credible messenger is crucial. Street and homeless youth, many of whom have been victimized, may be unwilling to trust any outsider. . . . Peer programs may be an effective solution.
4. It is important to develop simple, straightforward HIV prevention messages that can be delivered through many different programs in limited amounts of time.
5. Service providers, as advocates for street and homeless youth, must recognize and communicate to the broader community the danger that HIV infection poses to these youth (Wigfall-Williams 1990).

Rotheram-Borus et al. (1991) reported that an experimental program in two New York City shelters successfully reduced sexual risk behaviors among runaways. They concluded that

First, adolescents do change their behaviors in response to an intensive intervention. . . . Second, these data indicate that programs designed to prevent HIV infection need to provide more than the two or three sessions currently being implemented.

Little has been written on the advisability of testing runaway and homeless youth for HIV infection. Rotheram-Borus and Koopman (forthcoming) have raised concerns that a positive diagnosis could lead to suicide among this population.

First, adolescent thinking is characterized by cognitive impulsivity and a sense of invulnerability. Death is often not seen as permanent, even to adolescents. Suicidal adolescents typically view death as a reversible event and perceive suicide as a means of getting even with others . . . Second, youths living under stressful conditions such as homelessness may be particularly vulnerable to depression and suicide attempts when burdened with further stress . . . Third, an increased rate of suicide among AIDS patients has been noted.

An increase in the number of runaways who are HIV-positive or develop AIDS will certainly have a profound impact on runaway programs. Most programs do not directly provide medical

care to their clients. Jones, Judkins, and Timbers (1989) point out that placement of children with AIDS raises a number of medical, emotional, and institutional problems. An increase in the number of HIV-infected runaway youth may make placement, and even family reunification, even more difficult.

## SERVICES FOR RUNAWAY YOUTH

Most of the funds available to service providers for runaway and homeless youth (under the Runaway and Homeless Youth Act, Title III of JJDPA) are administered by the Family and Youth Services Bureau (FYSB) of the Administration for Children, Youth, and Families (ACYF) of the Office of Human Services Development (OHSD), at the United States Department of Health and Human Services. The federal government currently provides about \$25 million to 343 basic center grantees under provisions of the Runaway and Homeless Youth Act. It also supports 10 regional networks for programs serving runaway and homeless youth. Since FY 1990, FYSB has provided just under \$10 million a year for 45 transitional living programs. These programs, in the words of the Transitional Living Grant Program for Homeless Youth, seek to "promote a transition to self-sufficient living and prevent long-term dependence on social services." FYSB also administers a substantial number of grants under the Drug Abuse Prevention for Runaway and Homeless Youth and the Youth Gang Drug Education and Prevention Program, as well as a smaller number of research and demonstration projects aimed at improving the state of the art of both the research on runaway and homeless youth and the programs that serve them.

Additional federal monies available to services for runaway and homeless youth include those authorized under the Stewart B. McKinney Homeless Assistance Act, the Job Training Partnership Act, the Adolescent Family Life Program, the Family Planning Services and

Population Research Act, as well as programs administered by the Centers for Disease Control, the Office for Substance Abuse Prevention, and the Office of Juvenile Justice and Delinquency Prevention (NNRYS 1991).

### Law Enforcement

Little (1981) found that the law enforcement agencies (as well as individual officers) generally responded to deinstitutionalization in one of two ways. Some continued to investigate runaway cases as they always had done: as a quasi-criminal investigation in which a perpetrator (the runaway) was investigated, pursued, and caught. Successful disposition of a runaway case was seen as delivering the perpetrator into the hands of the relevant authorities (either the parents or the courts).

Others took deinstitutionalization as a mandate for limiting their contact with runaway youth. They used it to justify a reallocation of resources to delinquent and criminal offenders and/or they maintained that it removed their authority over runaways. The latter is true only in states that have decriminalized status offenses. In many states, law enforcement agencies have the right to take a status offender into custody (a situation analogous to protective custody).

However, these youth cannot be held in a secure detention facility without violating the JJDP. Lack of appropriate facilities in which to place runaways has been cited as one reason why police are reluctant to take them into custody (Working Group on Runaways 1988).

There are other reasons why police give a low priority to runaway cases. One is simply that in today's world of rising crime and declining resources, the police are under pressure to respond to those crimes that evoke the greatest public outrage. Responding to runaways can also be frustrating, as an officer is faced with a youth who often does not want to go home and parents who do not want him or her. Processing paperwork and arranging the transportation of a



runaway to his or her home or the nearest available appropriate facility can use up valuable police time (Los Angeles County Task Force on Runaway and Homeless Youth 1988).

Runaways who are not returned to their parents or placed in foster care often run away again (Sickmund 1989). In the words of one detective, many officers

... view picking up runaways as a wasted effort. It takes a good four hours of an officer's time to process a juvenile runaway, and the kids are sometimes back out on the street before the officers finish their report (Office of Juvenile Justice and Delinquency Prevention [OJJDP] n.d.).

### The Juvenile Courts

Despite the deinstitutionalization mandates, substantial numbers of status offenders are still referred to the courts in many states. Sixty-five percent of runaway cases that are referred to courts are referred by law enforcement authorities. And runaways still represent one out of five minors held in secure detention facilities (Sickmund 1989).

Judges, too, become frustrated over recidivism among runaways. In many situations, judges have little power over status offenders short of committing the child to the custody of already overburdened departments of social services. Courts often lack the power to enforce their rulings in the cases of status offenders and "sometimes resort to empty threats or bluffs which in term undermine respect on the part of the child or the family for the court and the social service system" (Massachusetts Bar Association Commission on the Unmet Legal Needs of Children 1988).

Some judges have taken to citing youth for contempt if they violate a division of social service plan or other casework plan that has resulted from a court referral. This allows the incarceration of the youth in a secure facility (Massachusetts Bar Association Commission on the Unmet Legal Needs of Children 1988). Such a tactic violates the spirit (and possibly the letter) of the JJDP.

There is concern among the judiciary about the lack of judicial authority over status offenders and other youth at risk. In the words of one report,

There are a few children . . . who simply will not or cannot seek help on a voluntary basis, or will continue a course of self-destructive behavior unless and until forceful intervention occurs.

Society does have an obligation to these youths. It simply is not acceptable to allow many of them to destroy their lives and the lives of others with whom they may interact solely because we can't figure out how to help them if they don't ask for it, don't want help, or cannot find it. There is a vital role for the juvenile court where these children are concerned (Metropolitan Court Judges Committee 1990).

The same report recommended that provisions be made for the secure detention of "those children at substantial risk who will not voluntarily utilize community service systems or whose needs are beyond the capability of that system to provide." It recommended a "gatekeeper" system that would allow a court to assume jurisdiction on behalf of a child for whom all other resources have "been exhausted or have been ineffective" in order to provide these children (and their families) with appropriate services, even if the youth (and/or family) would not have participated in these services voluntarily (Metropolitan Court Judges Committee 1990).

### Runaway Programs

Most programs for runaway youth are community-based nonprofit organizations (or part of community youth-service or multiservice agencies). A small number are public, municipal, or tribal agencies. A typical program averages five major public or private sources of funding in addition to federal Runaway and Homeless Youth Act monies. Many programs use volunteers and solicit donations (National Network of Runaway and Youth Services 1985).

Services to runaway and homeless youth can take many forms including emergency shelters, group homes, independent living programs, residential independent living programs, free medical clinics or vans, crisis hotlines, host homes, drop-in centers, and street outreach programs. These programs usually have two major long-term goals:

- protecting the youth from dangers on the street (ultimately, by removing the youth from the street)
- returning the youth to a place in mainstream society (ACYF 1990; Shaffer and Caton 1984; Bliesner 1981)

While family reunification is still a major goal of most programs, they realize that this usually requires family counseling. In some cases reunification cannot, or should not, take place. In those cases, alternative placements such as group homes, foster care, or independent living programs should be provided (Janus, McCormack, Burgess, and Hartman 1987; Shaffer and Caton 1984).

Runaway programs are faced with a population that needs both comprehensive and specialized services. Runaway youth, and especially those that have spent long periods on the street or out of the home, need a variety of remedial services, including psychological counseling, medical assessment and treatment, drug rehabilitation, remedial education, and vocational training. At the same time, many of these services require high levels of staff knowledge and specialization if they are to alleviate the youth's problems. It is difficult for any one program to provide all of these services. Thus, collaboration, networking, and case management (using other specialized services available through state and private agencies) are often recommended as a way of maximizing scarce resources and improving services to this population (Rotheram-Borus and Koopman 1989b; Moore 1988; Allie 1981; Department of the Youth Authority n.d.).

A survey by the National Network of Runaway and Youth Services (1991) revealed that programs provide an average of 14 different services, either directly or through collaborative efforts with other agencies. These include shelter care, counseling, outreach, education, employment training, transportation, health services, drug and alcohol counseling, independent living programs, and crisis intervention. Basic center data and NNRYYS data reveal that

(individual and/or group) counseling is the most common service (NNRYS 1991; ACYF 1988; ACYF 1984). Although some programs provide health care, the majority refer their clients to other agencies for medical evaluation and treatment (Hey 1988). While not widespread, there is a growing recognition that formal academic education is an important part of reintegrating runaways into mainstream society. Some communities have instituted schools or tutoring programs designed specifically for runaway and homeless adolescents (McCall 1990; Zeldin and Bogart 1990).

### Utilization of Services

According to basic center grantee data, 21.2 percent of clients are referred by child welfare services, 15.5 percent by law enforcement, 14.4 percent by parents, 12.5 percent by juvenile justice authorities, and 14.7 percent are self-referrals (ACYF 1990). Hotlines are relatively insignificant as a means of referral. Powers, Eckenrode, and Jaklitsch (1988) maintain that girls are more likely to seek services than boys. Alcohol abusers (who also often abuse other drugs) are less likely to seek help than others, despite the fact that they often spend a longer period out of the home (Robertson 1989b; Robertson, Koegel, and Ferguson forthcoming).

Pennbridge, Yates, David, and Mackenzie (1990) suggest that there are differences between runaways served by shelters and those served by outreach agencies and drop-in centers. The population served by outreach programs and drop-in centers tend to be older, male, more geographically diverse (i.e., more of these youth are from outside the immediate area), and less suitable for immediate family reunification.

Substantial numbers of runaway youth do not make use of services, sometimes because of reluctance to use them and in other cases because of their absence or inaccessibility. Estimates

of the number of runaway youth who actually make use of programs range from 20 to 33 percent (Testimony of Carol Thomas-Smedes, Subcommittee on Human Resources 1988b; NNRYS 1985; Shaffer and Caton 1984).

According to basic center grantee data, about half of the runaways who make use of basic center services return to their homes, with a smaller percentage going to relatives, friends, foster or group homes, or other institutions (ACYF 1990). These statistics support the National Network of Runaway and Youth Services (1985) findings that the average positive termination/placement rate of programs they surveyed was 57 percent; that is, youth were either reunited with their families or placed in foster or group homes, nonsecure detention programs, or independent living situations. However, since long-term follow-up by either programs or research projects is virtually nonexistent, and since we know that a large proportion of runaways repeat their runaway behavior, there is no way of knowing how many of these young people leave home again (or have left and returned home on previous occasions). The GAO (1989b) estimated that at least 30 percent of youth leaving programs go to unstable placements or to no placement at all. Other programs and studies report higher rates of youth returning to the street (Boyer 1988g; Testimony of Hilda Avent, Subcommittee on Human Resources 1988b).

Programs funded by the Runaway and Homeless Youth Act are required to provide aftercare (GAO 1989b). However, aftercare services can include referrals to agencies within the child welfare system. Many agencies have developed strong aftercare counseling components. Many also refer youth and families to community mental health centers or family service agencies. However, in practice, many of the young people who seek shelter (or are placed) in emergency shelters are placed there by these very same child welfare agencies. Thus, it is difficult to tell, purely from the data, if a return of the child to the family or referral to a social service agency

(such as a state welfare agency foster home) represents a "success" or is simply another step in a series of transitional living situations, which will eventually find the client back on the streets or in an emergency shelter.

Preliminary findings from follow-up study of youth who had received services in agencies funded under the basic grant program found some encouraging results. Eighty percent of runaways interviewed six to 24 months after receiving services in a shelter reported that their family relations were better. Sixty percent reported that their employment situation was better, and 63 percent that their mental health was better. Suicide attempts declined by 70 percent. Weekly use of alcohol also declined. Sexual abuse declined by 50 percent and physical abuse by 80 percent (ACYF 1990). These findings seem to indicate that the services provided by programs for runaway and homeless youth do make a difference. However, the fact that a substantial proportion of these youth reported no difference in their lives (e.g., 50 percent of those who self-reported for sexual abuse reported that the abuse continued after being returned to the home) indicates that much work remains to be done.

## BARRIERS TO PROGRAMMING

### Staff Salaries

There is widespread agreement that the salaries and benefits provided by programs for runaway youth need to be improved to attract and retain staff (Testimony of David Fair and Jane Yackshaw, Subcommittee on Human Resources 1988c; Testimony of Carol Thomas-Smede, Department of the Youth Authority n.d.). Treanor (1988) reported that youth service workers earn an average of one-half what a public school teacher does and—unlike teachers—usually work year-round and are on call weekends and evenings. He also estimated that salaries in this

field have not kept up with inflation so that, between 1975 and 1987, youth service workers lost 10 percent in buying power, and social workers with M.S.W. degrees lost more than 15 percent.

The Los Angeles County Task Force on Runaway and Homeless Youth (1988) found that the staff of emergency shelters for runaways were paid an average of \$6,000 less than equivalent market positions and that this resulted in low rates of staff retention. Boyer (1988f) has suggested that the limited opportunity for career growth and promotion in runaway programs, as well as a clash between overambitious expectations and actual levels of success, lead to staff burnout and low retention rates.

A substantial majority of the respondents to a survey conducted by the National Network of Runaway and Youth Services (1985) agreed that staff continuity could be improved by providing better salaries and benefits, hiring more staff to cut down on individual workloads, and providing more staff training, especially on issues such as sexual abuse, drugs and alcohol, school failure, and medical needs.

#### Age and Time Limitations

Other programmatic barriers to providing efficient services for runaway and homeless youth cited in the literature include a mandatory cutoff of services at age 18 by funding sources (including the federal government). This restriction often denies services to those who need it, makes it difficult to provide service continuity to older youth, and complicates the job of outreach workers and others directly interacting with youth (Subcommittee on Human Resources 1988b; Testimony of Ronald Williams, Subcommittee on Human Resources 1988d). [However, it should be noted that most practitioners maintain that youth older than 18 should not be included in programs serving 13 through 18 year olds.] Federally mandated rules limiting the length of time a youth can stay at a shelter to 14 days (Robertson, Koegel, and Ferguson

forthcoming; Robertson 1989b) and the fact that runaways do not enter programs as a cohort and stay for varying lengths of time before they leave or are placed, make consistent programming difficult (Hey 1988).

### Problems of Rural Programs

Programs in rural areas have additional problems. The scarcity of programs and lack of public transportation make it difficult for youth to reach a program and for programs to refer youngsters to specialized services such as drug treatment programs (Testimony of Carol Thomas-Smede, Subcommittee on Human Resources 1988b; National Network of Runaway and Youth Services 1985). Some rural programs are based on urban models that are not appropriate to their environment or population (Libertoff 1981).

### Heterogeneous Population

Further difficulties in providing effective services for runaway and homeless youth spring from the nature of the population itself. The runaway population is extremely heterogeneous. As Edelbrock (1980) wrote,

A major difficulty in designing research and services specifically for runaways is that they are an extremely heterogeneous group. This heterogeneity owes largely to the fact that this population is defined by a single behavioral act (running away) which may have stemmed from any number of individual characteristics . . .

Few agencies accept both street youth and youth who have only run away once or twice and have not yet been integrated into the street culture. Few recommend mixing these two populations in one shelter (Office of Inspector General 1983; Refling n.d.).

Some youth are actively excluded because they are difficult to serve, may disrupt the program, or require very specialized services. Many shelters will not admit people on alcohol and drugs



(Robertson 1989b; Robertson, Koegel, and Ferguson forthcoming). Some programs do not want to accept pregnant teenagers or teenage mothers (Knauss and Nelson 1987). One manual for operating an emergency shelter (Moore 1988) states,

Typically, shelters find it necessary to deny admission to young people with extreme emotional illnesses, physical disabilities, violent tendencies, or suicidal behavior. In addition, when considering a youth for admission, consider the current population of the shelter, and avoid accepting extremes in age, substance abuse history, and street experience.

While such policies may certainly facilitate the operation of a shelter and even improve services for the majority of the youth using that program, this philosophy can end up denying assistance to precisely those youth who need it most.

As with attempting to provide services to runaway youth of all ages, the problem of providing appropriate services to a diverse population is complicated by cost. Few agencies can afford to develop special programs for every type of runaway youth (such as those who are drug dependent, have histories of violence, or are pregnant). The dilemma some programs must face is whether it is better to mix populations at the expense of efficient service delivery or exclude some youth from their programs. While not a cure-all, efficient referrals to specialized programs in other agencies can go a long way toward resolving this dilemma.

### Reluctance to Use Services

Runaways often do not seek help because they do not believe that they need it or do not believe it will do them any good. One study found that 81 percent of a sample who met the criteria for alcohol abuse did not believe that they were in need of treatment for alcohol programs (Robertson, Koegel, and Ferguson forthcoming). Runaways, especially abused runaways, often mistrust adults and authority, which may prevent them from seeking services or from trusting those who offer such services (Woodworth 1988; McCormack, Janus, and Burgess 1986). They are afraid of being sent home, arrested, or institutionalized (Manov and Lowther 1983). Pregnant

girls or teenage mothers often believe that the state will try to take their child away from them (Knauss and Nelson 1987). While some runaways are socially isolated, others find a community of sorts on the street (Fest 1988). This community may include surrogate parents, including pimps and other exploiters, who may discourage youth from contact with services, because it is not in their interest to have the youth leave the street.

Runaways, especially those who have been sexually abused, often find it difficult to begin to take responsibility for their own life and health (Janus, Burgess, and McCormack 1987). They often do not believe that they have the potential to leave the streets (Boyer 1988e). Given their lifestyle, they often are unable to follow even simple medical regimens such as "eat right and get plenty of sleep" (Manov and Lowther 1983).

## CONCLUSION

It is often difficult to rigorously compare data generated by the research on runaway and homeless youth. Researchers in this field have yet to agree on common definitions of the population, which itself, has changed over time. Many studies have methodological limitations because of the difficulty of accessing and tracking runaways. Still, there are some consistent findings that allow us to make some important generalizations about this population.

We know that a sizable proportion of the youth who run away from home do so because of serious family dysfunction. Many leave home because of physical, sexual, or emotional abuse or long-term neglect. Runaway youth often live in a series of transitional and unstable environments, including the homes of friends or relatives, institutional placements, emergency shelters, as well as bus stations, parks, and abandoned buildings. While running away may provide a needed respite from a dysfunctional and confrontational family situation, such episodes

expose youth to many serious risks including violence, HIV infection, sexual exploitation, substance abuse, and a host of emotional and medical problems. While little is known about the long-term consequences of running away, the prognosis is not good.

There are a substantial number of agencies that offer services to runaway and homeless youth, including food, shelter, medical care, counseling, and support for family reunification, long-term placement, or independent living. The federal government has consistently supported these agencies since 1974 through basic center grants, as well as special grant programs directed at issues such as transitional living, substance abuse, and alternatives to secure detention. However, many characteristics of runaway youth (including estrangement from their families and transitory living situations) make providing appropriate and effective services to them an especially difficult challenge.

Additional research has much to contribute to meeting this challenge. Research about rural runaways is virtually nonexistent. The issue of sexual preference and how it contributes to tension within a family needs to be further explored. The relationship among runaways, "systems kids," and other "high-risk" youth needs to be explicated in order to define these populations more clearly. Work is also needed on programming models that are especially effective with subgroups of this population, such as first-time runaways, sexually abused youth, and the homeless. And, finally, more research is needed on the long-term consequences of running away, as well as the long-term effects of runaway programs on the lives of the youth whom they serve.

## BIBLIOGRAPHY

- Able-Peterson, T. (1989). "Excerpts from address." Journal of Adolescent Health Care, 10:3S, 8-9.
- Adams, G., Gullotta, T., and Clancy, M. (1985, Fall). "Homeless adolescents: A descriptive study of similarities and differences between runaways and throwaways." Adolescence, 20:79, 715-724.
- Administration for Children, Youth, and Families (ACYF). (1990). Annual report to the Congress on the runaway and homeless youth program, fiscal year 1989. Washington, DC: U.S. Department of Health and Human Services.
- Allie, J. (1981). "Advocacy: Strengthening individual power." In J. Gordan and M. Beyer (Eds.), Reaching troubled youth: Runaways and community mental health. Rockville, MD: National Institute of Mental Health.
- Alperstein, G., Rappaport, G., and Flanigan, J. (1988, September). "Health problems of homeless children in New York City." American Journal of Public Health, 78:9, 1232-1233.
- Athey, J. (1989, October). "Emotionally disturbed adolescents and AIDS: An introduction." In J. Woodruff, D. Doherty, and J. Athey (Eds.), Troubled adolescents and HIV infection: Issues in prevention and treatment. Washington, DC: CASSP Technical Assistance Center, Georgetown University Child Development Center.
- Badgley, R., et al. (1984). Sexual offenses against children and youth. Volume II. Ottawa: Canadian Government Publishing Center.
- Baggett, G. and Donough, B. (1988, December). "Oregon Runaway and Homeless Youth Project." Ashland, OR: Northwest Network of Runaway and Youth Services.
- Beatty, J. and Carlson, H. (1985, August). "Street kids: Children in danger." Paper presented at the annual convention of the American Psychological Association, Los Angeles.
- Berlin, J. (1981). "Long-term placement at Huckleberry's." In J. Gordon and M. Beyer (Eds.), Reaching troubled youth: Runaways and community mental health. Rockville, MD: National Institute of Mental Health.
- Beyer, M. (1981.) "Mental health-related training in runaway programs: A national perspective." In J. Gordon and M. Beyer (Eds.), Reaching troubled youth: Runaways and community mental health. Rockville, MD: National Institute of Mental Health.
- Beyer, M. (1980). "Continuing care for runaways." Journal of Family Issues, 1:2, 300-301.
- Bliesner, J. (1981). "Community networks: A service strategy for urban runaways and their families." In J. Gordon and M. Beyer (Eds.), Reaching troubled youth: Runaways and community mental health. Rockville, MD: National Institute of Mental Health.
- Boyer, D. (Ed.) (1988a). In and out of street life: A reader on interventions with street youth. Portland, OR: Tri-county Youth Services Consortium.

Boyer, D. (1988b). "The street: A description of the lifestyle." In D. Boyer (Ed.), In and out of street life: A reader on interventions with street youth. Portland, OR: Tri-county Youth Services Consortium.

Boyer, D. (1988c). "Identity development in adolescent male homosexual prostitutes." In D. Boyer (Ed.), In and out of street life: A reader on interventions with street youth. Portland, OR: Tri-county Youth Services Consortium.

Boyer, D. (1988d). "Service attributes." In D. Boyer (Ed.), In and out of street life: A reader on interventions with street youth. Portland, OR: Tri-county Youth Services Consortium.

Boyer, D. (1988e). "A developmental approach to street youth programs." In D. Boyer (Ed.), In and out of street life: A reader on interventions with street youth. Portland, OR: Tri-county Youth Services Consortium.

Boyer, D. (1988f). "The context of service delivery." In D. Boyer (Ed.), In and out of street life: A reader on interventions with street youth. Portland, OR: Tri-county Youth Services Consortium.

Boyer, D. (1988g). "Leaving the street: The exit process." In D. Boyer (Ed.), In and out of street life: A reader on interventions with street youth. Portland, OR: Tri-county Youth Services Consortium.

Bradley, J. and Rotheram-Borus, M. (1990). Evaluation of imminent danger for suicide. Tulsa, OK: National Resource Center for Youth Services.

Brennan, T. (1980, June). "Mapping the diversity among runaways: A descriptive multivariate analysis of selected social psychological background conditions." Journal of Family Issues, 1:2, 189-209.

Brennan, T. (1978). The social psychology of runaways. Lexington, MA: Heath and Company.

Burgess, J. and Hartman, C. (1989, October). "AIDS and the sexually abused adolescent." In J. Woodruff, D. Doherty, and J. Athey (Eds.), Troubled adolescents and HIV infection: Issues in prevention and treatment. Washington, DC: CASSP Technical Assistance Center, Georgetown University Child Development Center.

Cairns, B. (1989, April). "Emancipation, abdication, and running away: A longitudinal perspective." Paper presented at the Biennial Meeting of the Society for Research in Child Development, Kansas City, MO.

Cohen, J., Wofsy, C., Gill, P., Aguilar, S., and others. (1987, March). "Antibody to human immunodeficiency virus in female prostitutes." Morbidity and Mortality Weekly Report, 36:11, 157-161.

Coleman, E. (1989). "The development of male prostitution activity among gay and bisexual adolescents." Journal of Homosexuality, 17:1-2, 131-149.

Council on Scientific Affairs. (1989, September). "Health care needs of homeless and runaway youths." Journal of the American Medical Association, 262:10, 1358-1361.

Cross, J. and Donough, R. (1988). "Minority street youth." In D. Boyer (Ed.), In and out of street life: A reader on interventions with street youth. Portland, OR: Tri-county Youth Services Consortium.

Daly, M. and Wilson, M. (1985). "Child abuse and other risks of not living with both parents." Ethology and Sociobiology, 6:4, 197-210.

Dea, M. (1988). "Street youth health care needs." In D. Boyer (Ed.), In and out of street life: A reader on interventions with street youth. Portland, OR: Tri-county Youth Services Consortium.

Deisher, R. (1988). "Introduction to medical care of street youth." In D. Boyer (Ed.), In and out of street life: A reader on interventions with street youth. Portland, OR: Tri-county Youth Services Consortium.

Deisher, R. and Boyer, D. (1988). "Street youth: A challenge to social services." In D. Boyer (Ed.), In and out of street life: A reader on interventions with street youth. Portland, OR: Tri-county Youth Services Consortium.

Deisher, R., Eisner, V., and Sulzbacher, S. (1969, June). "The young male prostitute." Pediatrics, 43:6, 936-941.

Deisher, R., Farrow, J., Hope, K., and Litchfield, C. (1989, October). "The pregnant adolescent prostitute." American Journal of the Diseases of Children, 143, 1162-1165.

Deisher, R., Robinson, G., and Boyer, D. (1982, October). "The adolescent female and male prostitute." Pediatric Annals, 11:10, 819-825.

Denoff, M. (1987, May). "Irrational beliefs as predictors of adolescent drug abuse and running away." Journal of Clinical Psychology, 43:3, 412-423.

Department of the Youth Authority. (n.d.). Runaway and homeless youth. Sacramento, CA: Office of Criminal Justice Planning.

DiClemente, R., Poton, L., Harley, D., and McKenna, S. (1989, October). "Prevalence of HIV-related high-risk sexual and drug-related behaviors among psychiatrically hospitalized adolescents: Preliminary results." In J. Woodruff, D. Doherty, and J. Athey (Eds.), Troubled adolescents and HIV infection: Issues in prevention and treatment. Washington, DC: CASSP Technical Assistance Center, Georgetown University Child Development Center.

Edelbrock, C. (1980, June). "Running away from home: Incidence and correlates among children and youth referred for mental health services." Journal of Family Issues, 1:2, 210-228.

Emergency Shelter Operational Standards and Practices Committee. (n.d.). Shelter care manual. Tulsa, OK: Oklahoma Association of Youth Services.

Englander, S. (1984). "Some self-reported correlates of runaway behavior in adolescent females." Journal of Counseling and Clinical Psychology, 52:3, 484-485.

Farber, E. (1987). "The adolescent who runs." In B. S. Brown and A. R. Mills (Eds.), Youth at high risk for substance abuse. Rockville, MD: National Institute on Drug Abuse.

Farber, E., Kinast, C., McCoard, W., and Faulkner, D. (1984). "Violence in families of adolescent runaways." Child Abuse and Neglect, 8, 295-299.

Farber, E. and Joseph, J. (1985). "The maltreated adolescent: Patterns of physical abuse." Child Abuse and Neglect, 9, 201-206.

Fest, J. (1988). "Street culture and service delivery." In D. Boyer (Ed.), In and out of street life: A reader on interventions with street youth. Portland, OR: Tri-county Youth Services Consortium.

Finkelhor, D., Hotaling, G., and Sedlak, A. (1990, May). Missing, abducted, runaway, and throwaway children in America: First report: Numbers and characteristics: National incidence studies. Washington, DC: Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, United States Department of Justice.

Freeman, M. (1980, June). "Decriminalization: A report from Washington State." Journal of Family Issues, 1:2, 302-303.

Fullilove, R., et al. (1990, February). "Risk of sexually transmitted disease among Black adolescent crack users in Oakland and San Francisco, California." Journal of the American Medical Association, 263:6, 851-855.

General Accounting Office. (1990, May). AIDS education: Programs for out-of-school youth slowly evolving. Washington, DC: General Accounting Office.

General Accounting Office. (1989a, June). Children and youths. Washington, DC: author.

General Accounting Office. (1989b, December). Homelessness: Homeless and runaway youth receiving services at federally funded shelters. Washington, DC: author.

Giordano, P. and Groat, H. (1989, October). "AIDS among adolescent subgroups: Inferences from research and theory on delinquency and sexuality." In J. Woodruff, D. Doherty, and J. Athey (Eds.), Troubled adolescents and HIV infection: Issues in prevention and treatment. Washington, DC: CASSP Technical Assistance Center, Georgetown University Child Development Center.

Gordon, J. (1981). "Running away: Reaction or revolution?" In J. Gordon and M. Beyer (Eds.), Reaching troubled youth: Runaways and community mental health. Rockville, MD: National Institute of Mental Health.

Gray, D. (1973). "Turning-out: A study of teenage prostitution." Urban Life and Culture, 1:4, 401-425.

Greater Boston Adolescent Emergency Network. (1985, September). "Ride a painted pony on a spinning wheel ride . . ." Boston: Massachusetts Committee for Children and Youth.

Gutierrez, S. and Reich, J. (1981, February). "A developmental perspective on runaway behavior: Its relation to child abuse." Child Welfare, 62:2, 89-93.

Handler, J. and Zatz, J. (1982). Neither angels nor thieves: Studies in deinstitutionalization of status offenders. Washington, DC: National Academy Press.

Hein, K. (1989). "AIDS in adolescence: Exploring the challenge." Journal of Adolescent Health Care, 10:3S, 10-35.

Hemmings, K. and Luecke, M. (1989). "Sheltering homeless youth: A guide to Illinois laws and programs." Chicago: Chicago Law Enforcement Study Group.

Hey, L. (1988). Health status and health care in greater Boston adolescent emergency shelters: New opportunities for health providers to join the team. Unpublished.

Hines, V. (1988). 1988 North American directory of programs for runaways, homeless youth, and missing children. Washington, DC: American Youth Work Center.

Hotaling, G. and Finkelhor, D. (1988, October). The sexual exploitation of missing children: A research review. Washington, DC: Office of Juvenile Justice and Delinquency Prevention, Department of Justice.

Hudson, R., Petty, B., Freeman, A., Haley, C., and Krepcho, M. (n.d.) "Adolescent runaways' behavioral risk factors, knowledge about AIDS and attitudes about condom use." Dallas: Dallas County Health Department.

Hunter, J. and Martin, A. (1984). "A comparison of the presenting problems of homosexually and non-homosexually oriented young people at a student run health service." New York: Hetrick-Martin Institute.

Hutchins, L. (1981). "Prevention efforts and runaway centers: A national accounting." In J. Gordon and M. Beyer (Eds.), Reaching troubled youth: Runaways and community mental health. Rockville, MD: National Institute of Mental Health.

Hushti, H., Clapton, J., and Mason, P. (1989, December). "Acquired Immunodeficiency Syndrome educational program: Effects on adolescents' knowledge and attitudes." Pediatrics, 84:6, 986-994.

Ivers, K. and Carlson, H. (1987, August). "Needs assessment of female street kids: Children in danger." Paper presented at the annual convention of the American Psychological Association, New York.

James, J. (1982). Entrance into juvenile male prostitution. Washington, DC: National Institute of Mental Health.

James, J. (1980). Entrance into juvenile female prostitution. Washington, DC: National Institute of Mental Health.

Janus, M., Burgess, A., and McCormack, A. (1987, Summer). "Histories of sexual abuse in adolescent male runaways." Adolescence, 22:86, 405-417.

Janus, M., McCormack, A., Burgess, A., and Hartman, C. (1987). Adolescent runaways: Causes and consequences. Lexington, MA: Lexington Books/D.C. Heath.

Jennings, S. (1990). "Devising effective strategies to promote AIDS awareness and understanding among the employees and clients of a shelter for runaway and troubled youth ages twelve through fourteen years." Ph.D. Practicum, Nova University, Florida.

Johnson, N. and Peck, R. (1978, September). "Sibship composition and the adolescent runaway phenomenon." Journal of Youth and Adolescence, 7:3, 301-305.

Jones, I. (1981). "An urban alternative service for youth." In J. Gordon and M. Beyer (Eds.), Reaching troubled youth: Runaways and community mental health. Rockville, MD: National Institute of Mental Health.



Jones, L. (1988, Spring). "A typology of adolescent runaways." Child and Adolescent Social Work, 5:1, 16-29.

Jones, R., Judkins, B., and Timbers G. (1989, October). "Adolescents with AIDS in foster care: A case report." In J. Woodruff, D. Doherty, and J. Athey (Eds.), Troubled adolescents and HIV infection: Issues in prevention and treatment. Washington, DC: CASSP Technical Assistance Center, Georgetown University Child Development Center.

Juvenile Justice and Delinquency Prevention Act of 1974. As amended. (Public Law 93-415; 88 Stat. 1109).

Kaplan, L. (1991). "Youth who run from residential placement: Working toward a solution." Danvers, MA: Community Program Innovations.

Kearon, W. (1990). "Deinstitutionalization, street children, and the coming AIDS epidemic in the adolescent population." Juvenile and Family Court Journal, 9-18.

Knauss, J. and Nelson, K. (1987, March). "Homeless in Chicago: The special case of pregnant teenagers and young parents." Paper presented at the annual Children's Defense Fund national conference, Washington, DC.

Kobrin, S. and Klein, W. (1983). Community treatment of juvenile offenders: The DSO experiments. Beverly Hills: Sage.

Kolata, G. (1989, October 8). "AIDS is spreading among teen-agers, a new trend alarming to experts." New York Times.

Koopman, C., et al. (1990, Spring). "Assessment of knowledge of AIDS and attitudes toward AIDS prevention among adolescents." AIDS Education and Prevention, 2:1, 58-69.

Krisberg, B., Austin, J., and Steele, P. (1989, November). Unlocking juvenile corrections: Evaluating the Massachusetts Department of Youth Services. San Francisco: National Council on Crime and Delinquency.

Kueffler, D. (1988). "Case management with street youth." In D. Boyer (Ed.), In and out of street life: A reader on interventions with street youth. Portland, OR: Tri-county Youth Services Consortium.

Kufeldt, K. and Nimmo, M. (1987). "Youth on the street: Abuse and neglect in the eighties." Child Abuse and Neglect, 11, 531-543.

Levine, R., Metzendorf, D., and VanBoskirk, K. (1986). "Runaway and throwaway youth: A case for early intervention with truants." Social Work in Education, 93-106.

Libertoff, K. (1981). "Perspective on services for rural youth." In J. Gordon and M. Beyer (Eds.), Reaching troubled youth: Runaways and community mental health. Rockville, MD: National Institute of Mental Health.

Libertoff, K. (1980, June). "The runaway child in America: A social history." Journal of Family Issues, 1:2, 151-164.

Little, M. (1981). "Police and runaway perceptions of the Runaway Act." Ph.D. dissertation, University of Southern California.

Little Hoover Commission. (1990, April). "Runaway/homeless youths: California's efforts to recycle society's throwaways." Sacramento, CA: Commission on California State Government Organization & Economy.

Los Angeles County Task Force on Runaway and Homeless Youth. (1988, December). "Report and recommendations of Los Angeles County Task Force on Runaway and Homeless Youth." Los Angeles: author.

Maloney, D., Surber, R., Fixsen, D., and Phillips, E. (1980, June). "The teaching-family model: Working with runaways." Journal of Family Issues, 1:2, 304-307.

Mann, C. (1980, June). "Legal and judicial battles affecting runaways." Journal of Family Issues, 1:2, 229-248.

Manov, A. and Lowther, L. (1983, June). "A health care approach for hard-to-reach adolescent runaways." Nursing Clinics of North America, 18:2, 333-342.

Marotta, T., Fisher, B., and Pincus, M. (1982, September). Adolescent male prostitution, pornography, and other forms of sexual exploitation. Urban and Rural Systems Associates. Report submitted to the Youth Development Bureau, Department of Health and Human Services.

Mathis, D. (n.d.). "National perspective." In Runaway and homeless youth. Sacramento, CA: Department of the Youth Authority, Office of Criminal Justice Planning.

Maxon, C., Little, M., and Klein, M. (1988, January). "Police response to runaway and missing children: A conceptual framework for research and policy." Crime and Delinquency, 34:1, 84-102.

McCall, K. (1990). "Educating homeless children and youth: A sample of programs, policies, and procedures." Cambridge, MA: Center for Law and Education.

McChesney, K. (1987a, June). Characteristics of the residents of two inner-city emergency shelters for the homeless. Los Angeles: Social Science Research Institute.

McChesney, K. (1987b). Women without: Homeless mothers and their children. Dissertation. Los Angeles: University of Southern California.

McCormack, A., Burgess, A., and Gaccione, P. (1986, Fall). "Influence of family structure and financial stability on physical and sexual abuse among a runaway population." International Journal of Sociology of the Family, 16, 251-262.

McCormack, A., Janus, M., and Burgess, A. (1986). "Runaway youths and sexual victimization: Gender differences in an adolescent runaway population." Child Abuse and Neglect, 10, 387-395.

McKirman, D. and Johnson, T. (1986). "Alcohol and drug use among 'street' adolescents." Addictive Behaviors, 11, 201-205.

Metropolitan Court Judges Committee. (1990). A new approach to runaway, truant, substance abusing, and beyond control children. Reno, NV: National Council of Juvenile and Family Court Judges.

Miller, D., Miller, D., Hoffman, F., and Duggan, R. (1980). Runaways: Illegal aliens in their own land: Implications for service. New York: JF Bergin Publishers.

Moore, A. (1988). Off the street: The basics of starting an emergency shelter. Tulsa, OK: National Resource Center for Youth Services.

Morris, P. (n.d.). "Judicial perspective." In Runaway and homeless youth. Sacramento, CA: Department of the Youth Authority, Office of Criminal Justice Planning.

National AIDS Network. (1989, August-September). "HIV infection among adolescents: Falling between the cracks of services and prevention." National AIDS Network Multi-Cultural NOTES on AIDS Education and Service, 2:6.

National Network of Runaway and Youth Services, Inc. (1991). To whom do they belong? Runaway, homeless, and other youth in high-risk situations in the 1990s. Washington, DC: author.

National Network of Runaway and Youth Services, Inc. (1985, July). To whom do they belong? A profile of America's runaway and homeless youth and the programs that help them. Washington, DC: author.

Newman, F. and Caplan, P. (1981). "Juvenile female prostitution as a gender consistent response to early deprivation." International Journal of Women's Studies, 5:2, 128-137.

Nilson, P. (1981). "Psychological profiles of runaway children and adolescents." In Self destructive behaviors in children and adolescents. New York: Van Nostrand Reinhold Co.

Northwest Network of Runaway and Youth Services. (1990). "Oregon Girls' Advocacy Project: Final report." Portland, OR: Oregon Juvenile Justice Advisory Committee.

Nye, F. (1980, June). "A theoretical perspective on running away." Journal of Family Issues, 1:2, 274-299.

Nye, F. and Edelbrock, C. (1980, June). "Concluding comments." Journal of Family Issues, 1:2, 311-312.

Office of Inspector General. (1983). "Runaway and homeless youth: National program inspection." Seattle, WA: U.S. Department of Health and Human Services, Region 10.

Office of Juvenile Justice and Delinquency Prevention. (1990, May-June). "OJJDP helps states remove juveniles from adult jails and lockups." NIJ Reports, 220, 5-8.

Office of Juvenile Justice and Delinquency Prevention. (1988, September). "Projecto Esperanza: Community-based help for at-risk Hispanic youth." Juvenile Justice Bulletin.

Office of Juvenile Justice and Delinquency Prevention. (n.d.). "Runaway children and the Juvenile Justice and Delinquency Prevention Act: What is the impact?" Juvenile Justice Bulletin.

Oleson, J. (n.d.). "Treating street youth: Some observations." Juvenile Justice and Delinquency Prevention Profile.

Olson, L., Liebow, E., Mannino, F., and Shore, M. (1980, June). "Runaway children twelve years later: A follow-up." Journal of Family Issues, 1:2, 165-188.

Orten, J. and Soll, S. (1980, June). "Runaway children: A treatment typology." Journal of Family Issues, 1:2, 249-261.

Palenski, J. and Launer, H. (1987, Summer). "The 'process' of running away: A redefinition." Adolescence, 22:86, 347-362.

Pennbridge, J., Yates, G., David, T., and Mackenzie, R. (1990, March). "Runaway and homeless youth in Los Angeles County, California." Journal of Adolescent Health Care, 11, 159-165.

Perlman, S. (1980, June). "Pregnancy and parenting among runaway girls." Journal of Family Issues, 1:2, 262-273.

Powers, J and Jaklitsch, J. (1989). Understanding survivors of abuse. Lexington, MA: Lexington Books.

Powers, J., Eckenrode, J., and Jaklitsch, B. (1990). "Maltreatment among runaway and homeless youth." Child Abuse and Neglect, 14, 87-98.

Price, B. (1989). "Characteristics and needs of Boston street youth: One agency's response." Children and Youth Service Review, 11, 75-90.

Prothrow-Stith, D. (1989). "Excerpts from address." Journal of Adolescent Health Care, 10:3S, 5-7.

Refling, M. (n.d.). "The Orion Multi-Service Center: Seattle's drop-in center for street youth." Juvenile Justice and Delinquency Prevention Profile.

Roberts, A. (1982, Summer). "Adolescent runaways in suburbia: A new typology." Adolescence, 17:66, 387-396.

Robertson, M., Greenblatt, M., Koegel, P., and Mundy, P. (1990, August). "Characteristics and circumstances of homeless adolescents in Hollywood." Paper presented at the annual meeting of the American Psychology Association, Boston.

Robertson, M. (1989a, April). "Homeless youth: An overview of recent literature." Paper presented to the National Conference on Homeless Children and Youth, Washington, DC.

Robertson, M. (1989b, June). Homeless youth in Hollywood: Patterns of alcohol use: A report to the National Institute on Alcohol Abuse and Alcoholism. Berkeley: Alcohol Research Group.

Robertson, M., Koegel, P., and Ferguson, L. (Forthcoming). "Alcohol use and abuse among homeless adolescents in Hollywood." Contemporary drug problems.

Rolf, J., et al. (1989, October). "Issues in AIDS prevention among juvenile offenders." In J. Woodruff, D. Doherty, and J. Athey (Eds.), Troubled adolescents and HIV infection: Issues in prevention and treatment. Washington, DC: CASSP Technical Assistance Center, Georgetown University Child Development Center.

Rossi, P. and Wright, J. (1989, January). "The urban homeless: A portrait of urban dislocation." Annals. American Academy of Political and Social Science, 501, 132-142.

Rotheram-Borus, M. and Bradley, J. (Forthcoming). "Prevention of HIV infection among adolescents." In S. Blumenthal, A. Eichler, and G. Weissman (Eds.), Women and AIDS: Promoting health behaviors. Washington, DC: American Psychiatric Press.

Rotheram-Borus, M., and Koopman, C. (1991, February). "Sexual risk behaviors, AIDS knowledge, and beliefs about AIDS among runaways." American Journal of Public Health, 81:2, 208-210.

Rotheram-Borus, M. and Koopman, C. (Forthcoming). "Protecting children's rights in AIDS research." In B. Stanley, R. Thompson, and J. Sieber (Eds.), Ethical and legal issues in research with children.

Rotheram-Borus, M. and Koopman, C. (1989a, Winter). "Adolescent AIDS Awareness for runaway and gay youth: A preliminary report of the Triple A Project." Multicultural Inquiry and Research on AIDS, 3:1.

Rotheram-Borus, M. and Koopman, C. (1989b, January). "Research on AIDS prevention among Runaways: The state of the art and recommendations for the future." Paper presented at the National Institute of Child Health and Human Development Technical Review and Research Planning Meeting on Adolescents and HIV Infection. Bethesda, MD.

Rotheram-Borus, M., Koopman, C., and Bradley, J. (1989, October). "Barriers to successful AIDS prevention programs with runaway youth." In J. Woodruff, D. Doherty, and J. Athey (Eds.), Troubled adolescents and HIV infection: Issues in prevention and treatment. Washington, DC: CASSP Technical Assistance Center, Georgetown University Child Development Center.

Rotheram-Borus, M., Koopman, C., and Ehrhardt, A. (1989, October). "Social supports and life events among runaway and gay youth." Paper presented at the Annual Meeting of the American Academy of Child and Adolescent Psychiatry, New York.

Rotheram-Borus, M., et al. (1991, September 4). "Reducing HIV sexual risk behaviors among runaway adolescents." Journal of the American Medical Association, 266:9, 1237-1241.

Rotheram-Borus, M., et al. (n.d.-a). "AIDS knowledge, attitudes, and sexual behaviors of sex offenders and runaways." New York: HIV Center for Clinical and Behavioral Studies, New York State Psychiatric Institute, Columbia-Presbyterian Medical Center.

Rotheram-Borus, M., et al. (n.d.-b). "The relationship of knowledge and attitudes towards AIDS to safe sex practices among runaway and gay adolescents." New York: HIV Center for Clinical and Behavioral Studies, New York State Psychiatric Institute, Columbia-Presbyterian Medical Center.

Rothman, J. (1989, March). "Intervention research: Application to runaway and homeless youths." Social Work Research and Abstracts, 25:1, 13-18.

Rothman, J., et al. (1987, August). "An interim evaluation of the Runaway Adolescent Pilot Program: Executive summary." Los Angeles: Center for Child and Family Policy Studies, UCLA School of Social Welfare.

Rothman, J. and Thomas, D. (1985). Focus on runaway and homeless youth: Status offenders in Los Angeles: A study and policy recommendations. Los Angeles: School of Social Welfare, Bush Program in Child and Family Policy, University of California and the Department of Children's Services.

Russell, D. (1981). "On running away." In C. Wells and J. Stuart (Eds.), Self destructive behaviors in children and adolescents. New York: Van Nostrand Reinhold Co.

Ryan, J. and Doyle, A. (1986). Operation Outreach: A study of runaway children in New York City. New York: City of New York Police Department.

Sandberg, D., et al. (1988). "Methodological issues in assessing AIDS prevention programs." Journal of Adolescent Research, 3:3-4, 314-418.

Scott, R. (1988, June). "Coordinating services for runaway youth: The case of New York City." Journal of Family Issues, 1:2, 308-310.

Shaffer, D. and Caton, C. (1984, January). Runaway and homeless youth in New York City: A report to the Ittleson Foundation. New York: New York State Psychiatric Institute.

Shane, P. (1989, April). "Changing patterns among homeless and runaway youth." American Journal of Orthopsychiatry, 59:2, 208-214.

Shedlin, M. (1987). "If you wanna kiss, go home to your wife: Sexual meanings for the prostitute and implications for AIDS prevention activities." Paper presented at the Annual Meeting of the American Anthropological Association, Chicago.

Shelter Needs of Older Adolescents Committee. (1984, November). "Homeless older adolescent needs in Albany County." Albany, NY: Council of Community Services of Northeastern New York, Inc.

Sickmund, M. (1989). Runaways in juvenile courts. Pittsburgh: National Center for Juvenile Justice.

Silbert, M. and Pines, A. (1981). "Sexual child abuse as an antecedent to prostitution." Child Abuse and Neglect, 5:4, 407-411.

Slap, G., Vorters, D., Chaudhuri, S., and Centor, R. (1989, November). "Risk factors for attempted suicide during adolescence." Pediatrics, 84:5, 762-772.

Sosin, M., Colson, P., and Grossman, S. (1988). Homelessness in Chicago: Poverty and pathology, social institutions and social change. Chicago: Chicago Community Trust.

Spillane-Grieco, E. (1984a, Spring). "Characteristics of a helpful relationship: A study of emphatic understanding and positive regard between runaways and their parents." Adolescence, 19:73, 63-75.

Spillane-Grieco, E. (1984b, March-April). "Feelings and perceptions of parents of runaways." Child Welfare, 63:2, 159-166.

Steinhart, D. (n.d.). "Legislative history and update." In Runaway and homeless youth. Sacramento, CA: Department of the Youth Authority, Department of Criminal Justice Planning.

Stiffman, A. (1989). "Physical and sexual abuse in runaway youths." Child Abuse and Neglect, 13, 417-426.

Stiffman, A. and Earls, F. (1989). "High-risk youths who use health clinics: A profile of a population accessible for AIDS-related interventions." In J. Woodruff, D. Doherty, and J. Athey (Eds.), Troubled adolescents and HIV infection: Issues in prevention and treatment. Washington, DC: CASSP Technical Assistance Center, Georgetown University Child Development Center.

Stricof, R., Kennedy, J., Nattell, T., Weisfuse, I., and Novick, L. (1991, May). "HIV seroprevalence in a facility for runaway and homeless adolescents." American Journal of Public Health, 81: Supplement, 50-53.

Subcommittee on Human Resources. (1988a, December). "The Juvenile Justice and Delinquency Prevention Act of 1974 (Public Law 93-415) 42 U.S.C. 5601 et seq. Washington, DC: Committee on Education and Labor, United States House of Representatives (Revised working copy), United States Government Printing Office.

Subcommittee on Human Resources. (1988b, January). "Reauthorization of the Juvenile Justice and Delinquency Prevention Act: Runway and homeless youth." Hearings held in Washington, DC: Committee on Education and Labor, United States House of Representatives, United States Government Printing Office.

Subcommittee on Human Resources. (1988c, March). "Reauthorization of the Juvenile Justice and Delinquency Prevention Act: Runaway and homeless youth." Hearings held in Akron, Ohio. Washington, DC: Committee on Education and Labor, United States House of Representatives, United States Government Printing Office.

Subcommittee on Human Resources. (1988d, February). "Hearing on HR 1801, To reauthorize the Juvenile Justice and Delinquency Prevention Act." Hearings held in Washington, DC: Committee on Education and Labor, United States House of Representatives, United States Government Printing Office.

Subcommittee on Human Resources. (1988e, December). "HR 1801, To reauthorize the Juvenile Justice and Delinquency Prevention Act." Hearings held in Des Moines, Iowa. Washington, DC: Committee on Education and Labor, United States House of Representatives, United States Government Printing Office.

Susser, E., Struening, E., and Conover, S. (1987, December). "Childhood experiences of homeless men." American Journal of Psychiatry, 144:12, 1599-1601.

Sussex, B. (1988). "Positive approaches to working with gay and lesbian street youth." In D. Boyer (Ed.), In and out of street life: A reader on interventions with street youth. Portland, OR: Tri-county Youth Services Consortium.

Thomson, J. (1988, September). "Risk factors and behaviors in high risk runaway and homeless youths in San Francisco." San Francisco: Office of Policy and Clinical Support, Public Health Service Regional Office.

Treanor, W. (1988, September). Barriers to developing comprehensive and effective youth services. Washington, DC: William T. Grant Foundation Commission on Work, Family, and Citizenship.

Turner, D., et al. (1988). "Pregnancy and street youth." In D. Boyer (Ed.), In and out of street life: A reader on interventions with street youth. Portland, OR: Tri-county Youth Services Consortium.

Tyler, F., Tyler, S., Echeverry, J., and Zea, M. (1986, August). "A preventive psychosocial approach for working with street children." Paper presented at the Annual Convention of the American Psychological Association, Washington, DC.

United States Conference of Mayors. (1989, December). A status report on hunger and homelessness in America's cities. Washington, DC: United States Conference of Mayors.

United States House of Representatives. (1988, October). "Explanation of the provisions of Subtitle F of Title VII of HR 5210 of the Juvenile Justice and Delinquency Prevention Amendments of 1988." Congressional Record, H11218 ff.

Urban and Rural Systems Associates. (1982). Juvenile prostitution: A resource manual. San Francisco: author.

Vander Kooi, R. and Roden, V. (1983, November). "Youths without homes: A survey of Chicago street youths and their agencies." Chicago: Chicago Community Trust.

Victim Services Agency. (1987, July). "The Streetwork Project and AIDS." New York: Victim Services Agency/Travelers Aid Services.

Vitaliano, P., James, J., and Boyer, D. (1981, November). "Sexuality of deviant females: Adolescent and adult correlates." Social Work.

Weisberg, D. (1985). Children of the night. Lexington, MA: Lexington Books.

Wells, M. and Sandhu, H. (1986, November). "The juvenile runaway: A historical perspective." Free Inquiry in Creative Sociology, 4:2, 143-147.

Wigfall-Williams, W. (1990). Out of the shadows: Building an agenda and strategies for preventing HIV infection and AIDS among street and homeless youth. Washington, DC: Center for Population Options.

Wiggans, A. (1989). "Youth work and homelessness in England." Children and Youth Services Review, 11:9, 5-30.

Windle, M. (1989). "Substance use and abuse among adolescent runaways: A four-year follow-up study." Journal of Youth and Adolescence, 18:4, 331-344.

Woodworth, R. (1988). "Runaways, homeless, and incarcerated youth." In Marcia Quackenbush and Mary Nelson with Kay Clark (Eds.), The AIDS challenge: Prevention education for young people. Santa Cruz, CA: Network Publications.

Wright, J. (1990, Spring). "Health and the homeless teenager: Evidence from the National Health Care for the Homeless Program." Journal of Health and Health Policy.

Wurscher, J. (1988). "Street youth and street drugs." In D. Boyer (Ed.), In and out of street life: A reader on interventions with street youth. Portland, OR: Tri-county Youth Services Consortium.

Yates, G., MacKenzie, R., Pennbridge, J., and Cohen, E. (1988, July). "A risk profile comparison of runaway and non-runaway youth." American Journal of Public Health, 78-37, 820-821.



Young, R., Godfrey, W., Matthews, B., and Adams, G. (1983). "Runaways: A review of the negative consequences." Family Relations, 32:275-281.

Zeldin, S. and Bogart, J. (1990). "Education and community support for homeless children and youth: Profiles of 15 innovative and promising approaches." Washington, DC: Policy Studies Associates, Inc.

Zierler, S., Feingold, L., Laufer, D., Velentgas, P., Kantrowitz-Gordon, I., and Mayer, K. (1991). "Adult survivors of childhood sexual abuse and subsequent risk of HIV infection." AJPH, 81:5, 572-575.

## II. PROGRAM SURVEY

### INTRODUCTION

The Runaway Risk Reduction Project (RRRP) draws on two major sources of information. The first, published and unpublished literature about runaway and homeless youth and the programs that serve them, was described in Section I, the Literature Review. The second source, described here in Section II, involved an in-depth examination of programs that serve this population in effective and innovative ways. We identified more than 100 programs through consultations with experts across the nation and conducted telephone interviews with the executive directors of 43. Six programs were selected for site visits in order to provide more detailed information about their operations.

### CONSULTATIONS WITH EXPERTS

#### Methodology

Because there is no system of accreditation for programs serving runaway and homeless youth that would indicate the quality of care they provide, we conducted an ad hoc survey of experts and practitioners to identify a sample of exemplary programs. These experts included

- our collaborators at the Office of Juvenile Justice and Delinquency Prevention (OJJDP) and the National Network of Runaway and Youth Services, convened in an RRRP planning meeting in October 1990
- a panel of experts in the field of runaway, homeless, and sexually exploited youth made up of individuals identified by project staff at Education Development Center, Inc. (EDC), OJJDP, and the National Network of Runaway and Youth Services, convened in Washington D.C. in February 1990

- approximately 45 academic experts and practitioners, including directors of state and regional networks of programs serving runaway and homeless youth

Respondents were asked to identify programs engaged in exemplary services to runaway and homeless youth, describe the notable aspects of these programs, and identify a contact person within each. We attempted to question people and elicit responses in ways that would result in a pool of programs representing all regions of the country; rural, suburban, and urban areas; diverse ethnic populations; and the various disciplines that interact with runaway and homeless youth.

EDC and the National Network also convened three users' groups during the first year of the project. These groups were composed of individuals representing the intended users of the RRRP's final products: staff from programs serving runaway and homeless youth, and from law enforcement, social service, and juvenile justice agencies. Lists of the experts and practitioners consulted during this nomination process can be found in Appendix B. Descriptions of the users' groups can be found in Appendix C.

#### Consultation with Experts: Summary of Results

The primary purpose of our consultations with experts was to identify a pool of programs representing innovative or effective models of delivering services to runaway and homeless youth. But we also used the opportunity to elicit their perspectives on the problems facing these youth, the programs that serve them, and the types of resources or information that would be useful to these programs in improving their services.

#### Visibility

As might be expected, the directors of the state and regional networks were more familiar with the programs in their states or regions than in the nation as a whole. Some regions seem to have better, older, and more well-known services for runaways than others. A number of programs in

Los Angeles, San Francisco, Boston, and New York have gained national reputations for being effective, well-managed, and explicitly grappling with the emerging issues of sexuality and sexual preference, substance abuse, and HIV infection. While most of our respondents were willing to recommend social service programs for runaway and homeless youth, few knew much about law enforcement agencies active in this field. Experience has since taught us that such programs can often be identified by the directors of the State Juvenile Justice Advisory Groups (SAGs). SAGs oversee state efforts to come into compliance with the JJDPa (and particularly those sections dealing with status offenders and the removal of juveniles from adult detention facilities). They disperse federal "compliance" monies and provide technical assistance to local agencies that are developing systems to fulfill the JJDPa mandate.

#### Definitions

These experts, like the field itself, are still trying to come to terms with defining those youth that runaway programs should serve. Some of our respondents emphasized that there are many different types of runaway youth (first-time runners, repeat runaways, throwaways, street youth, and homeless youth), all of which require somewhat different and specialized services. Others maintained that runaways are simply a subgroup of a larger population of "high-risk" or "at-risk" youth. Some questioned the distinction between status offenders and delinquent youth. Others maintained that there is, in fact, an important distinction among runaway youth, high-risk youth who remain in their homes, and "systems kids" who, legally, are the wards of state juvenile justice or youth service agencies. We anticipate that this discussion of whom should be served by agencies for runaways, as well as the relationship among these agencies, juvenile justice agencies, and state child protective agencies, is going to be an important one.

## Substance Abuse

While overcoming drug dependence is seen as one of the first steps in any long-term solution of a youth's problems, it was generally agreed that shelters and other programs cannot and should not be drug treatment facilities. Experts and practitioners agreed that detoxification should not take place in a shelter, where the medical and psychological support services for addicted youth undergoing withdrawal are not available. Coordination of services with specialized agencies are thus essential if addicted and drug dependent youth are going to receive the help they need. However, the availability of affordable or no-cost slots in drug treatment programs is a major problem in most areas.

## HIV

Respondents cited increased staff knowledge and awareness as primary program needs relevant to the prevention of HIV infection. Staff need to be made aware of, and learn to recognize, signs of those behaviors that put their clients at risk for such infection. Basic HIV education for program staff is still needed in many areas. Staff cannot be expected to educate youth about this complicated and emotional issue when they themselves still have misconceptions and unresolved concerns.

Several respondents pointed out that attitudinal change was necessary if effective HIV services were to become a standard component of programs for runaway youth. Despite all the evidence that HIV infection is still spreading among high-risk populations in most areas of the country, there is still a great deal of denial among both the staff and the clientele of runaway programs about the threat that HIV and AIDS presents to people outside of major urban areas.

Furthermore, staff are often uncomfortable discussing sexuality and homosexuality. Even if this discomfort does not prevent them from raising these issues with their clients, it decreases the

quality and effectiveness of the interaction. Respondents said that staff training on sexuality and sensitivity toward gay and lesbian youth is critical to HIV prevention activities. Several also pointed out that HIV and AIDS, like substance abuse, may be present in the families of runaways and contribute to the environment that has caused them to leave home.

Many programs are beginning to grapple with the issue of HIV testing. Questions of whether, or which, runaways should be tested, and who should be informed of the results, are complicated by state and municipal laws concerning confidentiality or mandatory reporting of the results.

### Staff and Training

One frequently expressed comment was that "good people make good programs." How to attract and retain such good people in the face of low pay, declining resources, and a clientele that appears to becoming increasingly troubled and more dangerous to both themselves and others is a major problem.

There is a fair amount of disagreement over what type of staff training is most effective. Some of our respondents claimed that sending people to trainings was too expensive and programs are best served by training and technical assistance materials that can be bought and used directly "off the shelf." Others questioned the value of such materials, claiming they just aren't effective or simply wouldn't get used. Some championed a "trainer of trainers" model in which a staff member is sent to a training and then trains others in the program. Others maintained that staff who have been to such sessions either can't find the time or lack the ability and/or confidence to train others upon their return. Thus, it was claimed, on-site training and technical assistance by professional trainers is preferable to the "trainer of trainers" model.

## Other Issues

Respondents pointed out that many programs do not have the time or resources to evaluate, or even document, their activities. This was confirmed by our survey interviews, which revealed that outcome evaluations are rare.

Others reported that many programs fail to provide adequate outreach to street youth. Street youth—frequently the most chronic, alienated, and troubled runaways—often will not come into a program without a period of trust-building and prodding by an experienced street worker. However, there is little motivation to initiate such outreach if a program already has more clients than it can effectively handle.

Rural programs face particular challenges in providing cost-effective services since they are often dealing with a population scattered over a large geographic area. Often such areas lack the specialized resources found in cities, such as drug treatment or transitional living programs. The lack of public transportation makes it difficult for youth in need to get to a program. The large catchment areas of these programs makes it time-consuming for program staff to do outreach and make home visits.

## TELEPHONE INTERVIEWS

### Methodology

About 100 programs were nominated as exemplary. Some respondents nominated those agencies with which they were most familiar, regardless of overall quality. A small number of city- or county-wide collaborative youth care systems were recommended.

Most of the nominated programs were either individual agencies specifically targeting runaway youth, or multiservice family- or youth-serving agencies that include a component for runaway youth. Most were shelters, that is, short-term living facilities that provided room and board as well as specialized counseling services. Others were drop-in centers to which youth could come for counseling, food, medical care, and other services, but which had no living quarters. In some instances, the two were combined into one program (although usually in separate facilities) and/or included a street outreach program. In street outreach, counselors spend time in areas frequented by runaways and juvenile prostitutes, educating them about HIV as well as motivating them to make use of a shelter, drop-in center, medical clinic, or other resources.

Approximately half of the nominated programs were selected for telephone interviews. These programs are listed in Appendix D. Selection was based on either the number of recommendations or specific program features (e.g., peer education, street outreach, HIV education, or the use of volunteers). We attempted to select a diverse group of programs that represent different regions of the country; include urban, rural, and suburban communities; serve a diverse ethnic and/or racial population; and provide good examples of interagency collaboration and resource coordination.

A letter was sent to the executive director of each agency describing our project and the purpose and nature of the proposed interview. We asked that the designated interviewee be familiar with all program components and operations as well as the program's history. We also asked that program staff send us any helpful background documentation (annual reports, program descriptions, evaluation reports, etc.).

Interviews were conducted according to a standardized protocol developed by RRRP staff. The primary purpose of the protocol was to obtain a description of the program, the types of youth it



serves, what services it provides, its goals, and an indication of how well it meets these goals. We also asked questions about issues such as staff and volunteer screening and training; collaborative efforts with other social service, criminal justice, or law enforcement agencies; and HIV testing. A copy of the interview protocol is included as Appendix E.

A few of our interviews could not be completed because of difficulty in convincing busy executive directors to schedule lengthy telephone interviews or designate other staff members to do so. Occasionally a program was dropped from the list if, upon calling, we found that it did not fit our criteria. For the most part, we found program executive directors and other program staff to be generous with their time and willing to discuss candidly their programs, successes, and in some cases, failures.

#### Telephone Interviews: Summary of Results

Although the primary purpose of the program survey was to choose the programs to detail in this report, enough useful information was collected that we felt readers might benefit from a summary of this data.

Project staff conducted interviews with representatives (primarily executive directors) from 43 programs. Eight of these programs were excluded from the statistical analysis presented in this section. We eliminated four agencies that were not runaway programs per se but provided training and volunteers to runaway agencies: one police department that did not include a runaway unit, two networks, and one program so small that its inclusion in a sample this size would have rendered the statistics inaccurate. Thus, the data below represents a sample of 35 programs.

Twenty-six of the programs are basic center grantees. One is a former basic center grant recipient. Two are programs operated by police departments and funded entirely through departmental budgets. Excluding these two police programs, the annual budgets of programs average \$590,000, with a low of \$45,000 and a high of \$2 million. While many runaway programs are fairly small (and often underfunded for the job they are attempting to do), there are a substantial number of programs around the country with budgets that would have been barely imaginable even 10 years ago. To group the very large (and/or well-funded) programs together with the typical ones can create an artificial sense of what an "average" program looks like. To neglect this distinction would be to create a picture of a midsize program which, in fact, is representative of neither group. Nine programs have budgets exceeding \$750,000, with an average of \$1.1 million. The programs with budgets below \$750,000 average \$324,800. These budget figures may be somewhat inaccurate. It is often difficult to separate a runaway program's budget from that of a parent agency. Some programs have sizable demonstration grants, which inflate their budgets for the grants' duration.

It was difficult to determine if programs were located in urban, rural, or suburban areas. Programs in very small cities surrounded by rural areas would claim to be urban, while programs in more densely populated and larger municipalities adjacent to a major city would claim to be suburban. It is safe to say that this sample contains far more programs located in suburban and urban areas than in rural areas.

### Clientele

#### Numbers and Origin

An average of 621 youth are served by each program every year. The numbers vary widely between the smaller and larger programs. The programs with budgets over \$750,000 average

1,102 clients; those with budgets under \$750,000 average 398 clients. Youth served only through hotlines or school presentations were excluded from these figures. In one case we excluded 12,000 street outreach contacts, only including those clients who developed an ongoing relationship with the program.

Our survey confirmed that most runaways remain fairly close to home. Midsize cities surrounded by suburban or rural areas seem to draw from those areas. Most of the clients in larger city programs come from the city itself.

### Race

Overall, 54 percent of the youth served by these programs are Caucasian. The second largest group served are African Americans. Generally, the racial and ethnic composition of a program's clientele reflects the local population. Some programs in large cities such as Chicago and New York have a very high percentage of African Americans. Programs in the Southwest and parts of Florida have higher percentages of Latinos. Programs near reservations have higher percentages of Native Americans. The most ethnically diverse population was found in Hawaii.

### Age

The clients' average age is 15 years. Programs serving chronic runaways and "street youth" tend to have a higher average age. Most programs have a maximum age of either 17 or 18 for shelter care, although the upper age limit is sometimes extended to 20 or 21 for selected nonresidential services such as counseling, aftercare, or independent living programs. These ages are often mandated by the state's legal age of emancipation and/or by the funder. Many practitioners said these age restrictions deny older youth critical services. Often the only alternative for older runaways are programs for the adult homeless, where runaways might be uncomfortable.

Services for younger children are another problem: most practitioners feel it is difficult to provide appropriate services for children 13 and younger in agencies where most clients are teenagers. Program staff also worry about the safety of young children surrounded by older, "street-hardened" youth. Thus, many programs try to move children 13 or younger out as quickly as possible, either by returning them to their homes or referring them to state child protective agencies.

### Sexual Preference

While the research reveals that a substantial percentage of runaways have left home because of overt or covert conflicts about sexual preference, only 17 programs indicated that they consider the sexual preference of their clients' relevant information. Two programs said that "this was not important" to them. Some programs maintained that they rarely or never saw gay or lesbian youth. Of the programs that provided figures on sexual preference, the average percentage of gay and lesbian clients was 6.4 percent. This figure should be considered extremely tenuous. Many youth who will eventually identify themselves as gay or lesbian may not do so as teenagers. Many who have self-identified will not do so openly for fear of a negative reaction from other clients, staff, their parents, or agencies and institutions that may share this information.

### Substance Abuse

Most programs report that a fairly substantial percentage of their clients use substances, especially alcohol and marijuana. A variety of other drugs are popular in different areas of the country. Crack and IV-drug use are apparently restricted to a few cities. Other types of substances abused by runaways include inhalants, amphetamines, huffing (sniffing car exhaust or

gasoline), and PCP. Most programs that work with chronic runaways or street youth report that they use multiple drugs, often "whatever is available." Availability is often based on random distribution patterns rather than consumer choice.

A number of respondents also used the term "self-medication" in referring to substance abuse by runaway youth. These respondents felt that the life of the chronic runaway or homeless youth (and especially the juvenile prostitute) is so unbearable that the only way it can be faced is through the haze of a drugged consciousness. Some claim that this abuse stops once the child leaves the street environment.

Respondents also noted that the substance abuse rate of runaways must be viewed in the context of the substance abuse rate of others their age. Furthermore, substance abuse among the parents of runaways was often as common, if not more so, as it was among the youth themselves.

### Prostitution

Twenty-five programs provided an estimate of the proportion of their clients who had engaged in prostitution. This proportion averages 12.4 percent. This figure is probably not very reliable, given that many program personnel deny that prostitution is a problem in their community. Some programs were aware that many of their clients, while not prostitutes per se, were engaging in survival sex.

### Sexual Abuse

Twenty programs were willing to place a percentage on the number of clients who had been sexually abused. This proportion averaged 38 percent. Three other programs reported that this proportion was "substantial," "high," or "a lot." One reported that virtually all of its female

clients had been abused. Several respondents believed that the percentage of sexually abused clients is increasing. The percentage of sexually abused youth seems to be higher in transitional living programs than in general shelter populations. This may be a reporting phenomenon, since youth often do not report sexual abuse during the course of a short-term shelter relationship. It also may be that runaways who have been sexually abused are less able to reconcile with their parents than others (and thus are more likely to end up in transitional living programs).

## Services

### Program Types

Twenty-two of the agencies operate residential shelters, with an average of 17 beds each. The average length of time a client is allowed to stay in these shelters is 16 days. Most shelters allow a two-week residential stay and several allow one-month stays. A few allow longer stays while a handful insist on very short-term stays. Most provide substantial extensions under some circumstances.

Twelve agencies make use of foster or host homes, with an average of 11 homes each. A foster home is a situation in which a family is certified and paid by the state to care for children and youth, usually on a long-term basis. Volunteer host homes are recruited by private agencies to care for youth on a short-term basis, often without reimbursement. Each home usually is certified for one or two beds. A few agencies have substantial networks of 25 to 40 homes.

### Other Services

Fourteen agencies either include a transitional or independent living program or have one located within their parent agency. Eighteen include street outreach programs. Twenty-seven have 24-

hour crisis telephone lines. In some cases these are traditional crisis call lines, which provide both referrals and on-line counseling. In others, a staff member can be paged via beeper so a youth can be picked up and transported to the program at any time of the day or night. Some agencies have arrangements for referrals from other hotlines (including the National Runaway Hotline, state hotlines, and hotlines run by other agencies in the area).

## Counseling

All of the agencies provide both individual and group counseling, and all but four provide family counseling. About half provide counseling on issues of sexuality and sexual abuse, while others refer clients to other agencies for such counseling. Counseling done while a youth is in residence or participating in a drop-in program is usually free. Aftercare counseling or support groups are also often provided at no cost. Family counseling done as part of aftercare is sometimes free or subject to a sliding fee, based on ability to pay. This also holds true for many of the community mental health centers or family service agencies that runaway programs use as referrals.

## Education

Education is accomplished in a variety of ways. Many agencies attempt to keep youth enrolled in their home schools. Some operate (or provide referrals to) general equivalency diploma (GED) programs, especially for older youth and those who have dropped out of school. A few agencies provide in-house "one-room schoolhouses." A few others take youth to facilities run by the local school district or a local alternative school. Some provide one-on-one tutoring.

Agencies that have independent living programs usually provide vocational education through subcontracts with another agency, school, or community college. Agencies that conduct vocational education themselves are rare, although a number have job preparedness programs

that teach youth how to fill out applications, conduct themselves in mock job interviews, obtain necessary documentation such as social security numbers, and improve their appearance and work habits.

### Substance Abuse

Since so many runaway and homeless youth already abuse substances to some extent, the line between treatment and prevention is difficult to draw. Most agencies provide an in-house substance education/prevention program, sometimes using staff from another agency. Some provide referrals to detoxification or drug abuse treatment programs as well as to local 12-step groups, while others run such programs themselves.

While all agencies will serve youth who have substance abuse problems, many will not serve addicted youth. Respondents pointed out that agencies of this type are not set up for detoxifying addicted youth, which is labor-intensive and requires medical backup. Most agencies have strict rules against using drugs or drinking on the premises. Some will allow youth who are obviously under the influence into their facilities if they are not disruptive; others will not.

### HIV and AIDS

Thirty-three agencies include activities directed at HIV prevention. The modalities include integration of comprehensive HIV prevention information into regular counseling sessions, specialized sessions on HIV, videos and films on HIV, or implementation of a comprehensive HIV curriculum. In some communities, representatives from other agencies provide HIV prevention education. Most street outreach programs include HIV prevention activities, including education and provision of condoms and bleach for needles. A few teach juvenile prostitutes how to maximize use of condoms. One runs a needle exchange program for IV-drug users.



Fourteen agencies have written HIV testing policies. Eleven do not. In the remaining cases it was unclear whether they had a written policy. These policies often concerned confidentiality, pre- and post-test counseling, and nondiscrimination against clients or staff who were seropositive.

Thirteen agencies reported having no specific services for clients who were seropositive or had AIDS. Others provide services including counseling, support groups, referrals, and linkages for medical care. Very few programs reported dealing with many youth who were infected or had full-blown cases of AIDS.

#### Follow-up and Aftercare

Follow-up activities can range from informal follow-up on the part of the counselor or caseworker to a formal series of telephone calls to check upon the client's whereabouts or well-being at regular intervals (typically 30 and 60 days, sometimes 90 and up to 120) after leaving the program. Some residential programs provide short-term counseling to youth and/or their families after they have left. A few offer support groups for ex-residents.

#### Outcomes

The lack of consistent follow-up makes outcome data unreliable. Most agencies report that the majority of their clients go home after leaving their programs. Of agencies reporting the percentage of clients who go home, the average is 61 percent. However, there is no way of knowing how many of these clients stay home, or for how long. Most programs that provide aftercare feel that clients who participate in a structured aftercare program are more likely to remain home or in a placement than those who do not. Several programs that deal with chronic runners and older street youth and that operate or are affiliated with transitional living programs

place 25 to 60 percent of their clients in such programs. Other reported placements include homes of relatives or friends, foster homes, and mental health institutions. Of programs reporting that some children return to the street, the average is 15.5 percent.

### Operational Features

#### Staff

The average agency for runaway and homeless youth has 19 staff members. For agencies with budgets under \$750,000, the average staff size is 13. For those with budgets over \$750,000, the average is 37. It is difficult to compare numbers of personnel because some agencies make extensive use of volunteers while others use services and/or personnel provided by other agencies.

A direct-service staff member stays with an agency for an average of 2.3 years, although executive directors seem to stay with programs quite a bit longer. It is not unusual for an executive director to have been with an agency since its founding or, in some cases, since its transformation from an informal "safe house" to a more professional social service agency. Several agencies reported that the way to retain staff is to provide opportunities for promotion to more specialized, interesting positions with higher pay. The way to create such positions is to add specialized program components. Regular in-service training is also seen as important in preventing burnout.

Most agencies train staff in three ways: (1) an orientation period, (2) training sessions by outside providers, and (3) regular in-service training. Seasoned staff members, or a training coordinator, often serve as mentors to new staff during an initial training period. Hiring "good" people (often

defined as "people with specialized degrees") is seen as the key to building a quality staff. Some agencies maintain that personal qualities such as dedication, flexibility, and communication skills are more important than an advanced degree.

## **Volunteers**

Most agencies also use volunteers, with an average of eight volunteers working at any one time. Some make extensive use of volunteers and could not survive without them. Most programs have an intensive screening procedure for staff and volunteers, including multiple interviews and police checks. Some use college interns (normally psychology undergraduates, M.S.W. candidates, or others in the social service disciplines) who might be given therapy and client responsibilities not provided to average volunteers.

Some agencies have rules prohibiting volunteer contact with youth in the absence of staff. Some allow volunteers to co-facilitate therapy groups. Some only use volunteers in nontherapy situations. With the exception of counseling and unsupervised contact with clients, volunteers perform many of the same (nonmanagerial) functions as staff. Volunteer duties can include hotlines, reception, recreation, tutoring, food preparation, mentoring, peer counseling, newsletters, and fundraising. Most agencies that use volunteers have a formal orientation and training period. Those that allow significant client contact often have mentoring or supervised probationary periods. A few use VISTA volunteers to supplement their staff.

## **Relations with Law Enforcement and Juvenile Justice Agencies**

Seven agencies receive referrals from police departments. Five report that officers bring children to the shelter. In two agencies, staff receive copies of all missing children reports filed in the county.

A few shelters have formal arrangements with the police to remove youth who may be creating a disturbance. Three ask the police to do warrant checks on residents.

Five agencies are designated by their counties as holding facilities for status offenders, and sometimes other juvenile offenders and Division of Youth Service (DYS) clients. Some staff feel that providing services for juvenile offenders and DYS clients impinges upon their primary mission of providing services for runaways, and that other state agencies should provide services to youth already in their caseload. Others do not share that concern, perceiving their mission as one of assisting at-risk youth whether or not they have actually been intercepted during a runaway episode. In sparsely populated rural areas, such contractual arrangements are useful in filling beds and providing funds not otherwise available.

#### Evaluations

Seventeen of the agencies claimed to have been evaluated. Most were process evaluations delineating expenditures, youth served, and other operational information. Few contained any information relevant to outcome. The general lack of program evaluation seems to result from a combination of a lack of resources and the difficulty of tracking this population.

### III. EXEMPLARY PROGRAMS

#### INTRODUCTION

We chose 11 agencies to describe in more detail in this report. Of these 11, six were visited. We did not choose these agencies because they were the "best" of the 45 programs surveyed (although they were certainly among the "best"), but because they, as a group, fulfilled two criteria important to our project. First, we wanted programs from which others could learn and which could provide models for the development and improvement of services to runaway and homeless youth. Second, we wanted to represent a range of model program structures and options, populations served, and communities in which the programs operated.

Thus, some of our agencies were selected because they provided admirable examples of interagency collaboration. Others were selected because they emphasized family support and reunification, and others because they worked with street youth for whom such reunification is, in most cases, not an option. Some were selected because they served multiethnic urban populations and others because they served rural regions in which cost-effective service delivery is always a challenge. Some did an especially fine job of providing one or more services, such as HIV or substance abuse prevention, family therapy, or aftercare. Two were county-wide youth care systems in which a number of youth-serving agencies have come together to provide comprehensive coordinated services for runaway and homeless youth. Some excellent agencies were not included simply because we already had described a similar program.

At each of the six sites visited, RRRP staff interviewed personnel representing all facets of the programs, including executive directors, counselors, hotline operators, volunteers, and outreach

workers. Clientele and staff from collaborating agencies were also interviewed. Project staff observed programs to see how philosophy and policy translate into practice.

Because of the diversity of the sites selected for visits and the variety of staff, client, and collaborator interviews conducted at each site, no formal interview protocol was developed.

However, each visit was structured to produce certain base information:

- program history
- program philosophy and goals for clients
- program structure (what services are provided by the program and how these services are related to one another)
- clients (what types of youth and/or families are served by the program and from what type of community are they drawn)
- case flow of the typical youth (or types of youth) who use the program
  - How does the program find its clients (or vice versa)?
  - In what types of activities do clients participate while they are in the program?
  - What kinds of aftercare and follow-up activities are available?
- program operation (i.e., how program activities are structured on a daily, weekly, and monthly basis)
  - When do the clients wake up, eat, do chores, engage in therapy or recreation?
  - When and how often do the staff meet and for what purposes?
  - How often do staff and administrators meet with personnel from other agencies?
- program effectiveness
  - What goals are set with the clients?
  - How successful is the program at meeting these goals?
  - What types of evaluation data exist?
- management issues

We also explored programmatic issues such as staff and volunteer recruitment, screening, training, and retention; interagency collaboration, coordination, and networking; and community relations. In addition, we investigated areas of special interest including HIV and substance abuse prevention, the problems specific to gay and lesbian youth, family reunification, outreach, and sexual and physical abuse.

## SITE VISIT REPORTS

### Introduction

The six sites chosen for visits came highly recommended and represent models that could be useful to others. Two are agencies with long-standing, excellent reputations: Huckleberry House in Columbus, Ohio, and The Bridge in Minneapolis, Minnesota. Urban Peak in Denver is a relatively new agency that shows what a community can accomplish when it recognizes that it has a runaway problem and seeks to do something about it. The Counseling Unit of the Baltimore County Police Department serves youth from a primarily suburban and rural county (the city of Baltimore is not part of Baltimore County). In San Francisco, services have evolved to reflect emerging issues such as HIV infection. Los Angeles is home to the most comprehensive and coordinated systems for runaway youth in the country, the High Risk Youth Program.

### Huckleberry House, Columbus, Ohio

Huckleberry House was established in 1970 as an outreach and counseling center for street youth attracted to the neighborhood surrounding Ohio State University's Columbus campus. It has since become an agency with a staff of 40 who are assisted by about as many volunteers, college interns, and high school students who are used in a peer counseling program.

### Clientele

Huckleberry House accepts both first-time and repeat runaways as well as youth who are intoxicated or under the influence of drugs. A typical "Huck House" client lives within 15 miles of the agency and has been gone from home less than 24 hours. About a quarter of the clients

have not run away from home, but are seeking crisis services. While some agencies will not serve youth still living at home, Huckleberry House maintains that by serving "potential runaways," they can help spare youth the danger and trauma of even one night away from home.

Eighteen percent of Huckleberry House clients are 13 or younger. Almost 40 percent are first-time runners. About a quarter are from minority families, primarily African American. One-third have been involved with child protective services. Half score high to medium for suicide on the assessment tool used at intake. Half have substance abuse problems. Staff estimate that approximately two-thirds have been abused.

#### Access and Intake

An important aspect of the Huckleberry House philosophy is access. Huckleberry House provides 24-hour access for both crisis calls and walk-ins, as well as referrals to other agencies and services for youth and their families. Services will be extended to any youth, including those typically excluded from other programs (e.g., those who are on drugs or are potentially violent).

About 60 percent of Huckleberry House's clients come on their own or are referred by relatives or friends. About 30 percent are referred by welfare agencies. Huckleberry House also sponsors a Safe Place program involving the fire department and several local fast food franchises. Each participant in the Safe Place program displays a large sign indicating that they will call Huckleberry House to arrange transportation to the facility for any youth who requests it.

The first order of business when a young person comes to Huckleberry House is to make him or her feel welcome and comfortable. The youth is asked why he or she has come to Huckleberry House and given a tour of the facilities. This welcoming session includes the "house rap" in which the following key aspects of the program are explained:



- Information given by the youth is confidential; it will only be shared with staff and will not be passed along to parents. Parents and police will not be called without the youth's consent, but staff must tell both parents and police that the child is there if they call and ask. The youth will be informed if this happens.
- Huckleberry House is voluntary. Youth can come and go on their own but they are encouraged to inform the staff about their plans.
- Staying at Huckleberry House involves an active process of working on problems. A youth must be working with a counselor (and, if appropriate, their family) while in residence.
- Counseling is also available to nonresidents.
- Huckleberry House is an active community. Staying there means abiding by certain rules. These include
  - helping with chores
  - attending group meetings
  - continuing with school and work if possible
  - no drugs, sex, alcohol, or weapons on premises
  - curfew

Youth are not expected to adhere to the regular house schedule during the intake and orientation period. If they are attending school, staff will request that they be excused. This gives the youth time to become acclimated and the crisis counselor time to create a strong and positive connection. After the welcome, youth are given an intake interview, which includes a full assessment and case history, including a screening for child abuse, substance abuse, and suicide. Youth at risk for suicide are closely supervised during their stay and referred for hospitalization if necessary. The intake worker also helps the youth prepare for, and complete, a telephone call to his or her family. In this call, the youth and the family discuss options. Some clients go home or to other living arrangements after this call and do not use other Huckleberry House services.

### Crisis and Stabilization Program

About three-quarters of the youth seen by Huckleberry House spend at least one night there. The average length of stay is four days. A youth who opts to stay is assigned a crisis counselor. The crisis counselor meets with the youth and the youth's family, both individually and jointly,

several times during the three to five days the typical client remains in the shelter. The counselor seeks to help the family resolve issues that sparked the runaway episode, open lines of communication within the family, make decisions about future options, and provide linkages to other services if necessary. During this period, the youth also continues at work or school, and if possible, he or she meets with other staff and volunteers (including peer counselors) as necessary and participates in groups that focus on problem solving, social skills, and house issues. Other groups focus on substance abuse and HIV prevention. Once a week an HIV education specialist from the local community health center (affectionately known as "the banana lady") holds a session for clients in which she seeks to provide youth with information about HIV as well as practical steps they can take to avoid being infected.

#### Substance Abuse Prevention

The fact that Huckleberry House allows youth under the influence of drugs or alcohol onto their premises and into their shelter distinguishes them from the majority of programs for runaway and homeless youth. Huckleberry House maintains that a commitment to serving youth in crisis means that they must take youth as they come, even if that means they are intoxicated. On a practical level this means that "if they show up and can't talk or think straight, you stay with them until they can." Huckleberry House rules do say that once a youth chooses to stay in the shelter, he or she cannot use or possess drugs. However, youth who break this rule are not excluded from the program. Rather, a staff member will sit down with the individual, discuss the violation of the rule, and contract with the youth on ways such rule breaking can be avoided in the future. Huckleberry House staff also believe that, in the case of substance abuse, these contracts have to be manageable. Youth cannot necessarily be expected to fulfill a contract to just "not use drugs or alcohol." Rather, staff might, for example, encourage a youth to think about the way he or she felt before taking drugs or drinking, and contract with them to speak with a counselor the next time they feel that way.

This approach toward substance abuse is indicative of the Huckleberry House philosophy of empowerment. They seek to help the youth work on an agenda, to make choices, and to be responsible for the consequences of these choices. Substance abuse is seen as a support (although a dysfunctional one) youth use to deal with their lives. It cannot be treated without replacing it with some other support, such as self-esteem, negotiation skills, and positive relationships. Thus, merely contracting with youth to not use drugs is ineffective unless some support (such as a willingness to talk with the youth) is offered in its place.

### Aftercare

An exit interview prepares the client for returning to the family or entering another living option. The youth is encouraged to return to Huckleberry House if he or she feels unable to remain in the placement, be it the family or some alternative. If aftercare is recommended, an aftercare counselor participates in the exit interview to encourage families to participate. The aftercare program, known as Parents and Teenagers (PAT), provides individual, family, marital, and group counseling at no cost to clients, as well as case management. About half the youth who stay in the shelter participate in the aftercare program. Those who do not are usually already involved in counseling elsewhere. PAT also takes referrals from the community for children at risk of running away.

During the first aftercare session, the youth and family identify their goals and sign a contract concerning the aftercare process. A session to evaluate progress is usually held four to six weeks later. At this session, the youth and family decide if they will continue in aftercare and, if so, whether their goals need to be revised. The length of the aftercare process is tailored to each family. PAT also runs other types of support groups in which family members can participate, including teen groups and substance abuse groups.

## Follow-up

Termination can occur because a youth and his or her family have reached their goals or because a youth drops out of the program. A call is made 60 to 90 days after termination to see how the family is doing and to re-involve the family (or refer to other services) if appropriate. Eighty-three percent of clients placed by Huckleberry House were found to still be in the placement at the 90-day follow-up check.

## Home-based services

Huckleberry House's home-based services program began when staff noted that those youth who scored highest on the Severity of Problem intake instrument were receiving the lowest level of services. The home-based services program was designed to take services to youth and their families who were desperately in need of them, but are unable or unwilling to participate in Huckleberry House's on-site programs. The typical family receiving home-based services has a long-term multigenerational history of dysfunction, abuse, and isolation. These are often poor, single-parent families with a pronounced lack of trust in social service agencies and nonexistent or dysfunctional support networks.

Services provided by the home-based services program include counseling, tutoring in budgeting and parenting skills, and help in housecleaning and child care. The intensive home-based service period typically lasts from three to four months. After this period the counselor assigned to the family terminates his or her role as the primary service provider and acts as a case manager, helping the family obtain services from other agencies and organizations.

## Evaluation

The Franklin County Board of Alcohol, Drug Abuse, and Mental Health, which funds Huckleberry House's aftercare program, requires monthly data reports from all of its grantees. By the tenth working day of each month, reports are produced on the previous month's statistics, as well as year-to-date totals and comparisons with the previous year. This reporting requirement led Huckleberry House to establish an unusually strong evaluation program. The information generated by this system is used by staff to evaluate and improve their performance by focusing on outcomes. The outcome statistics in the evaluation report are based upon a comparison of functioning and severity levels at intake and termination. Functioning and severity levels are measured by two self-administered instruments, the Severity of Problem (SOP) scale and the Family Satisfaction Scale. Other data used in evaluating the program's performance include the number of youth who drop out of the program and the number of youth who return, and remain, at home.

### The Bridge for Runaway Youth, Minneapolis, Minnesota

Since its founding in Minneapolis as a "hippie safe house" in 1970, The Bridge for Runaway Youth has grown into a short-term shelter and crisis intervention center that serves more than 6,000 youth each year. More than 1,000 of these young people spend time in The Bridge's residential shelter. The Bridge provides counseling to over 700 families.

### Philosophy and Goals

The Bridge is a short-term shelter and crisis management facility whose major goal is family reunification. The average stay is five days. The Bridge's program objectives, as stated in its annual report, are to

- remove youth from the streets and meet their immediate needs for food and shelter
- stabilize youth emotionally

- identify major personal and family problems and encourage the resolution of family conflict
- break the cycle of family physical, sexual, and emotional abuse
- teach skills that will help the youth to develop constructive and realistic options
- reunite youth and families
- involve youth and parents in family and group counseling to reduce interpersonal conflict, improve family functions, and strengthen family relations

Unlike some other programs, The Bridge is willing to work with virtually any family on reunification, providing that the staff is satisfied that no further physical or sexual abuse will take place.

#### Population and Access

Many of the youth involved with The Bridge first contact the agency through its 24-hour crisis hotline. Others are referred by police officers, outreach workers, or other agencies. A significant number of youth are brought to The Bridge by their parents. Unlike agencies that limit their clientele to youth who have physically run away from or have been forced out of their homes, The Bridge encourages youth who need to leave their families (or families who can no longer tolerate a youth's presence in the home) to come directly to the center and avoid the dangers they will face during even a short time on the streets. This strategy is especially appropriate in the age of AIDS where even one unprotected sexual encounter can have fatal consequences.

Not all the youth who come to The Bridge enter the residential program. When a youth or family calls or comes to The Bridge, an assessment is made to decide if the youth should stay at the shelter or whether he or she can go home and return the next day for a family counseling session. Many can.

The youth in The Bridge's residential program are there voluntarily and with the permission of their families or legal guardians, who are contacted by telephone when a child enters the shelter. Those whose parents refuse to allow them to stay, and who are in danger of physical or sexual abuse at home, are placed in a foster or group home by the Department of Children's Services. The Bridge does not take court-ordered placements.

The Bridge is willing to work with youth who abuse substances or have histories of violent behavior if they agree to abstain from these behaviors while in the shelter. Some youth are excluded from the program. Youth thought to be imminently suicidal are taken to a hospital. The staff at The Bridge, like those at many other agencies, believes that it is ineffective to mix youth who have been integrated into the street culture with those who have not. Street youth are not good candidates for family reunification and often cannot tolerate a structured environment and obey rules. Given the agency's location in a suburban neighborhood, and their reluctance to use shelters, few street youth come to The Bridge. Those who do, and who are judged inappropriate for The Bridge, are sheltered on a separate floor from the other youth until they can be placed in a more appropriate program.

Although the vast majority of clients at The Bridge are not living on the streets, many still have serious problems. Forty-nine percent have been physically abused, and 26 percent have been sexually abused. Thirty-six percent abuse alcohol or other drugs. Most are sexually active. Many are the children of parents who abuse substances.

### The Residential Program

The Bridge maintains that sheltering a youth for an extended period allows both the youth and the family to avoid confronting their problems and the difficulties inherent in reconciliation. By limiting shelter care to a five-day stay, The Bridge tries to foster the idea that the family will be

living together again shortly, so all members need to work on making that tolerable. However, contact between parents and youth is discouraged while the young person is in the shelter. This provides a "time-out" and allows the crisis that precipitated the youth's leaving home to de-escalate.

Youth in the residential program wake up at about 6:30 a.m., take showers, make their beds, have breakfast, and assist the staff in housework. All youth in the program are expected to do chores, including meal preparation and cleanup. Then comes "care plans," a concrete problem-solving exercise in which the client, with the assistance of the staff, establishes short-term objectives and then develops and implements a plan for meeting those objectives.

After lunch, the residents participate in "themes" and activities. Themes are experiential learning groups focused on topics such as HIV, communication, and substance abuse. Activities are group recreational opportunities that help build group cohesion and establish trust among the residents, staff, and volunteers.

Daily group therapy is held after dinner. Because of the rapid turnover of residents, The Bridge has developed a model of interactional process therapy in which a group goes through all the traditional stages of therapy (beginning, trust-building, interaction, separation, and closure) in one session. After the group therapy comes wind-down time, snacks, and lights-out at 10:30 p.m.

The Bridge describes its residential program as a "total therapeutic milieu" in which all activities, including household chores and recreation, contribute to de-escalating the crisis and preparing the youth for family reunification and participation in the aftercare program. Parents are encouraged to speak with staff about their child's progress and are expected to attend a three-hour parent orientation. This orientation includes an explanation of how The Bridge operates and



information on adolescent and family development. It seeks to help parents understand that they are facing a family problem, not just a problem with their son or daughter. Referrals for appropriate services, such as substance abuse treatment for parents or youth, are also provided.

## HIV Prevention

The latest statistics show the rate of HIV infection in the Minneapolis-St. Paul area to be 7.8 cases per 100,000, an increase of over 1.3 cases per 100,000 from the previous year. Despite the fact that this rate is well below that of other urban areas, The Bridge has not allowed itself to be deceived as to the very real threat that HIV poses for its clients. Most are sexually active. Some have already had children. The great majority of those who are sexually active are not using any form of birth control and many have sex while under the influence of alcohol or drugs. Some have been involved in prostitution.

The Bridge's staff and volunteers are kept up to date on the latest developments concerning HIV, substance abuse, risk behaviors, and intervention strategies through an ongoing inservice program as well as training offered through the Metropolitan Training Cooperative. They try to bring this knowledge to their clients in many forms: through private interactions, during group and individual counseling, and in activities explicitly addressing these issues.

The most explicit of their education efforts is the "AIDS, Sex, and Drugs" theme learning group, which is held weekly by staff and volunteers. This theme tries to establish the link between irresponsible behavior and the use of drugs and alcohol (which can lead to irresponsible behavior) and its consequences. Although the theme activities at The Bridge change over time, the "AIDS, Sex, and Drugs" theme currently takes the form of a question-and-answer session, in which all participants (including the staff and volunteers) write down questions and put them in a box. The questions are then drawn one at a time and discussed. Staff and volunteers include

questions that give them an opportunity to address the basic content about HIV and substance abuse they feel is essential. They claim that it is important to be graphic about the ways in which people can become infected with HIV, since, while most of the youth seem to be aware of HIV and how it is transmitted on an abstract level (possibly as a result of health education programs in the schools), they often do not connect this information with specific kinds of sexual behavior.

Staff and volunteers at The Bridge are aware that some of their clients are gay and lesbian. They are also aware that these youth are often hesitant to share this information with others, as it might cause conflicts with other clients, their parents, or their schoolmates. Thus, issues of gay and lesbian sexuality and the risk of HIV infection are included in the "AIDS, Sex, and Drugs" theme even if no one in the group is explicitly gay or lesbian. Staff seek to let their clients know that they are open to discussing issues of sexuality and sexual orientation in private. A special aftercare group for gay and lesbian youth is available. And both staff and volunteers are quick to enforce the rules that homophobic language (along with ethnic and racial slurs) will not be tolerated in the program.

Issues related to HIV infection and the behaviors that can lead to it are also covered in other themes on sexuality and substance abuse. The theme on sexuality includes discussion of sexual and physical abuse. Two additional themes on substance abuse are offered. One is informational and discusses drugs and their effects. The other is on alcoholic family systems, the effects these systems have on youth, and what youth can do to survive in such a system. All of the content in these themes are reinforced in individual interactions with clients when appropriate.

Staff at The Bridge claims that substance abuse is more common among the parents of its clients than the clients themselves. In addition to the support services they offer youth to deal with such a situation, they refer substance abusing parents to treatment programs, as intervening in parental substance abuse is often critical to successful family reunification as well as to ending physical

or sexual abuse, reducing family tensions and acting-out on the part of adolescents, and breaking the intergenerational cycles of substance abuse and risk behavior that exist in far too many families.

### Aftercare and Nonresidential Services

At the end of a youth's stay at The Bridge, the client and the client's family have an "exit meeting" with a family counselor. If appropriate, the counselor will attempt to get the family involved in The Bridge's short-term family therapy program; the fee for this program is based on a family's ability to pay. Most families are charged only five or 10 dollars per session. Youth can also attend specialized aftercare groups, including a six-week support group on re-entering the family, a group for gay and lesbian youth, and a long-term support group for youth whose parents refuse to participate in family therapy and who need to learn how to cope with a dysfunctional family until they are old enough for independent living. Youth and their families who have not participated in the residential program can also participate in most of the aftercare programs.

### Outcomes

The staff at The Bridge prides itself on the number of clients who go home and stay there. However, they also understand that they aren't going to solve all of a family's problems with 15 weeks of therapy. Counselors contract with the family to stop any physical, sexual, or emotional abuse that is taking place in the home, gain the family's commitment to staying together, teach the family to communicate and negotiate differences, and encourage them to "buy into" the therapeutic process so they will get additional help if and when they need and are ready for it.

## Urban Peak, Denver, Colorado

Urban Peak was founded in 1988 by a Denver neighborhood organization called the Capitol Hill United Neighborhood Improvement Fund (CHUN-IF), in response to a large and visible population of street youth and juvenile prostitutes in the area. Although initially funded through a grant from the Colorado Juvenile Justice Council, Urban Peak now receives funding from a broad spectrum of private and public organizations, and is the recipient of in-kind contributions and pro bono services from a wide selection of community, religious, and professional organizations.

### Clientele

Many of Urban Peak's clients are engaged in prostitution and/or have fairly serious problems with substance abuse. They are often estranged from their families. Many have serious emotional or medical problems. They are often malnourished and live on the streets, in abandoned buildings, or in shared, inexpensive apartments. They generally do not make use of shelters (of which there are several in Denver) or are excluded from these programs because of their substance abuse or perceived capacity for violence. Forty percent of Urban Peak's clientele are youth of color (African American, Latino, and Asian) and about 25 to 30 percent identify themselves as gay.

### Services

Urban Peak seeks to assist young people in finding alternatives to living on the street. Many of their clients come in of their own accord or are brought in by other youth, attracted by food, recreation, and a warm, safe place to spend the day without the demands of shelter residence.

Urban Peak also runs an aggressive street outreach program in which teams of workers (including staff, volunteers, and peer outreach workers) approach youth on the streets and provide referrals, bus tokens, condoms, and advice. They try to establish trust and convince youth to come into the drop-in program. This activity is partially funded by Colorado Off Streets Off Drugs (COSOD), a collaborative effort funded by the United States Department of Health and Human Services.

Urban Peak provides individual and group counseling, as well as specialized groups that focus on sexuality, family alcoholism, surviving incest or rape, and self-esteem. A support group called The Peak Experience is available for those seriously attempting to turn their lives around and succeed at independent living.

One of the prime "draws" of Urban Peak is its free meal program. Urban Peak serves six meals a week, often using food and volunteer labor donated by local restaurants, church groups, and fraternal organizations. It also operates a food distribution program, which distributes free groceries to youth once a week, providing they have signed up for this service in advance and have not failed to pick up their groceries on any previous occasions.

Urban Peak sponsors an on-site medical clinic two days a week, using staff provided by the Stout Street Clinic, a local health center for the homeless. Urban Peak also operates a transitional living program partially funded by Youth 2000, a public/private partnership targeted to at-risk youth. Program components include

- outpatient drug treatment subcontracted through the University of Colorado Health Science Center's Addiction, Research, and Treatment Services (ARTS). Periodic urine tests are required to ensure that the participants are drug free.
- educational programs leading to a high school or general equivalency diploma subcontracted through New Pride, a local nonprofit agency. New Pride also operates a six-week vocational education and job placement program.

- subsidized apartments for those in the independent living program. These apartments are found with the assistance of local realtors. Urban Peak partially subsidizes the apartments for the first three months (providing up to \$200 the first month, 75 percent of the first month's subsidy the second month, and 25 percent of the first month's subsidy the third month). Urban Peak also provides clothes, furniture, and groceries to youth participating in this program. Requirements for receiving such a subsidy include participation in the drug treatment and/or educational programs if appropriate.

Urban Peak will work with youth for as long as necessary to get them into stable independent living situations or back with their families. Urban Peak hires some of its clients for use as peer leaders (who do intakes), outreach workers, receptionists, and custodians. These positions are fairly short-term (approximately nine months) so that the experience can be available to other clients.

Urban Peak also organizes recreational activities such as card games and group excursions to football games and concerts.

## Outcomes

Urban Peak staff realize that they will not be able to show the success rates of programs that serve youth who have not yet been integrated into the street culture. A significant portion of Urban Peak's clientele appear and disappear over the course of their "street careers." About a third of the youth who have made use of the program in its first two years ended up being classified as "status unknown." They may have gone back to live with their families, made a transition to a more stable lifestyle, left the area, or gone to jail. They may still be on the streets and may reappear at Urban Peak at some point in the future. Of those who can be tracked, 38 percent eventually reunite with their families, 28 percent go on to independent living, 4 percent end up in jail, and 15 percent remain on the street.

## Staff and Volunteers

One of Urban Peak's more notable features is its extensive use of volunteers. Some of these volunteers are paid by ACTION (the federal agency now overseeing the VISTA program). Others are interns from local colleges. But the majority of volunteers are simply people who want to help. Volunteers facilitate groups, prepare meals, do street outreach, take the youth to do laundry, publish *The Peak Experience* (Urban Peak's newsletter), lead recreational activities, and engage in fundraising. Volunteers from the Colorado Mental Health Association do clinical consultations with staff twice a week. Urban Peak has a staff volunteer coordinator who recruits, screens, trains, and coordinates volunteers.

Urban Peak also takes steps to minimize burnout, a common problem in programs serving street youth, given the low pay, long hours, and frustration at the number of clients who seem to slip back into the street life and their old risk behaviors time and time again. Weekly process groups, as well as an annual retreat, help staff come to terms with the frustrations they face in their jobs. The outreach and counseling staffs also have weekly meetings for information sharing and case management—especially critical to programs serving clients who still live on the streets. Urban Peak also holds a weekly community meeting in which staff, volunteers, clients, and parents get together, discuss issues relating to the agency's mission and activities, and offer support to one another. These sessions are also a forum for expression of public appreciation in which various members of the Urban Peak community are honored for their contributions to the program or, in the case of clients, their personal progress. At these meetings, people are awarded paper stars for achievements ranging from helping to prepare a meal to terminating cocaine use. Such tokens may seem insignificant, but can go a long way to providing positive reinforcement to an adolescent feeling his or her way back from the street life or a mother or father trying hard to break old habits and learn positive parenting methods.

### Counseling Unit, Baltimore County Police Department, Maryland

The Baltimore County Police Department has been in the forefront of efforts to integrate community problem solving and primary crime prevention into their overall mission. Their dedication to "community policing," as this approach is often called, led to the creation of their Crime Prevention Bureau, which in turn administratively houses the Youth Services Division. The Youth Services Division operates diversionary programs for first-time offenders, a Drug Abuse Resistance Education unit, the Police Athletic League, a school outreach program, and the Counseling Unit (CU). The CU employs civilian counselors who attempt to intervene with at-risk youth, including runaways and their families, in a way that will succeed in deterring these youth from criminal behavior.

#### Runaways in Baltimore County

Baltimore County surrounds, but does not include, the city of Baltimore. Most of the county is suburban, although some sections that border the city of Baltimore are urban. The outlying area is rural. The population of the county is primarily Caucasian, although there is a concentration of African American families in the western part. There are no private agencies serving runaways per se in Baltimore County.

Baltimore County does not have a "street scene." There are no geographic centers of prostitution or drug trafficking. According to both law enforcement and youth service personnel, there is very little juvenile prostitution or survival sex occurring within the county, although they do report some bartering of sex for drugs. The small number of youth who enter street life gravitate to the city of Baltimore or to more distant cities.



Still, youth who run away in Baltimore County do have serious problems. Many come from highly dysfunctional families. Many have been physically or sexually abused. While HIV is not yet a perceived problem in the county, counselors at several agencies report that most of the adolescents they see are sexually active and very few use condoms. As in other places, many of these youth abuse substances or have substance-abusing parents.

Counselors report that they have had very few cases in which youth admit having left home because of disagreements over sexual preference; they also report that gay youth (and adults) in the county are not as open about their sexual preference as they might be in a larger urban area with a more visible gay community. Thus, in Baltimore County (as in many other places throughout the country), the role of sexual preference in family conflict often goes unexplored.

## History

During the mid-1980s, members of the Counseling Unit came to realize that the first contact that many juvenile offenders had with the police department was the result of a runaway or incorrigible child report. In light of this realization, the CU decided to take their crime prevention activities a step further and institute a program for status offenders. In 1985, it applied for, and received, a state grant to create the Family Crisis Response Team (FCRT).

## Operations

The FCRT was designed to identify, assess, and refer for services youth who had run away from home. When a parent reports a child missing, a police officer goes to the home to collect the information needed to file a missing child report. For the first 48 hours, responsibility for the case rests with the local district officers. After a youth has been missing for 48 hours, the case is turned over to the Missing Child Unit for investigation. (More immediate attention is given to

cases in which abduction is suspected or when an extremely young child is missing.)

Approximately 80 percent of missing children in Baltimore County return home of their own accord. Ten percent are found by district officers and 10 percent by the Missing Child Unit.

When the police are notified that a missing youth has returned home, an officer goes to the youth's home to interview him or her and close the missing child report. A copy is given to the FCRT, which then phones the parents and invites them and their child to the Youth Services Division or to one of the district police stations for a voluntary assessment.

Assessments are usually done within five to seven days after the initial contact. The counselor tries to determine if the runaway episode was provoked by a simple misunderstanding, a problem that might be resolved in family therapy, or if the situation warrants referral and more intensive treatment. Suspected child abuse is brought to the attention of the police department's child abuse unit and the Division of Social Services. The CU also maintains records (currently being computerized) on runaways so they can identify repeat runners who may be in need of more intensive intervention.

### Youth Service Bureaus

If a counselor feels that counseling is appropriate, he or she will refer the family to one of Baltimore County's four Youth Service Bureaus (YSBs). Youth Service Bureaus are private, nonprofit counseling centers mandated by state law to provide a number of basic services: formal and informal counseling, information, referrals, crisis intervention, suicide prevention, substance abuse counseling, and treatment. YSBs also provide parenting education, pregnancy prevention programs, youth employment programs, and GED programs. Most services are free. Those that are not, such as treatment for substance abuse, are billed according to a sliding scale. YSBs subsist on state funding and money raised through private donations and special grants. In

exchange for a subcontract (which most YSBs use to supplement their counseling staff), the YSBs give priority to families referred by the FCRT. Without such an arrangement, the families of runaways are placed on the regular waiting list and lose the opportunity to capitalize on the crisis for a therapeutic intervention.

The Youth Service Bureaus usually request that a family call to make an appointment, believing that a refusal to do so indicates that the family did not have the minimum level of commitment and concern necessary for effective therapy. At the YSB, a second assessment involving the youth and other members of his or her family is conducted. In some cases, when the counselor feels that the youth may have psychological difficulties requiring more intensive treatment than a YSB can provide, a referral is made to a clinical psychologist, also under subcontract with the FCRT, for a psychological evaluation. In other cases, the YSB counselor might refer the family to other community agencies, such as mental health centers or substance abuse treatment programs.

Each of the YSBs has a somewhat different *modus operandi*. Some have structured multifamily therapy groups; others offer individual family therapy. However, the YSBs share some common practices and philosophies. They all use the first session to explore family history and problems, they all act as mandatory reporters who must inform the Division of Social Services (DSS) of suspected child abuse, and they all believe that the family, and not just the youth, has to be the focus of any therapeutic intervention.

### Current Operations

In 1989, the Family Crisis Response Team's funding was eliminated as part of statewide cost-cutting measures. While the Counseling Unit remained, they received no money to continue the subcontracts with either the YSBs or the clinical psychologist. The Counseling Unit decided to

attempt to continue their runaway program in a slightly different form. Under the new procedure, the CU itself provides family counseling for 10 to 15 sessions for appropriate clients. If necessary, they will refer the family to outside agencies, including YSBs and community mental health centers, for longer-term therapy. However, because the Counseling Unit no longer funds positions at the YSBs, the agencies no longer give priority to their clients.

## Outcomes

The FCRT was started during a period when the runaway rate, as measured by missing child reports, was increasing at a faster rate than the county's population. This runaway rate decreased by 16 percent during the first year of FCRT operations and an additional 2 percent the second year. During the period between the dissolution of the FCRT and the integration of these activities into the CU itself, the rate once again started to increase.

## Programs in San Francisco, California

San Francisco streets are home to between 1,000 and 1,500 runaways. Services for runaway youth are offered by a number of organizations, including Youth Advocates, Inc.; Larkin Street Youth Center; Hospitality House; and Diamond Street shelter. Coleman Youth Advocates, an independent lobbying/advocacy group, raises issues of concern to runaways and the programs that serve them. The direct service organizations have informal collaborative relationships and often cooperatively decide who will apply for available grant money.

While each agency prospers individually, they occasionally share resources, training, and personnel. Our site visit focused on two direct service providers: Youth Advocates, Inc., and Larkin Street.

## Youth Advocates, Inc.

Youth Advocates, Inc., has been providing services to youth and their families for 20 years. It was launched in 1967 in the Haight-Ashbury District to provide temporary shelter, food, clothing, and counseling to the hundreds of youth then living on the streets. Two years later, Youth Advocates established Huckleberry House, the nation's first community-based shelter program for homeless and runaway youth (not to be confused with the Ohio program of the same name). From 1969 through 1984, it primarily served white, out-of-county youth. Today, most of Youth Advocates' clients are youth of color who come from within the county. (Larkin Street Youth Center, described further on, serves mostly white, gay, out-of-county youth.) Over the years, a number of complementary services and programs have been added to the organization.

Overview of Operation. Youth Advocates operates a variety of programs in San Francisco and Marin Counties, including Sojourner House, Page Street Counseling Center, Nine Grove Lane, Novato Counseling Program, and Huckleberry House. It employs 50 full-time staff and operates on a budget of over \$1.7 million, 80 percent of which comes from government grants and contracts. The balance is raised from private individuals and foundations, including the United Way. In 1989, Youth Advocates contracted with the state to establish the "community-based status offender system," a diversionary program for all status offenders in the county. The status offender cottage of the Youth Guidance Center was closed when this contract went into effect.

In a recent year, Youth Advocates' programs provided services for over 7,000 teenagers and their families. These included

- 2,828 nights of crisis housing
- 2,505 nights of foster care
- 88,108 hours of counseling
- drug abuse prevention services for 2,500 youth

Services are voluntary, confidential, and free of charge. For continuing assistance, families are charged according to a sliding scale.

Youth Advocates' population is 50 percent self-referred runaways and 50 percent "systems kids." The median client age is 14.5. Most clients are girls. Few are IV-drug users or prostitutes.

HIV Testing. The HIV testing program was launched in 1990 both to assuage youths' and parents' fears and to serve as a gateway to other medical and social interventions. Youth Advocates expects to test approximately 100 young people each year.

Huckleberry House. Huckleberry House targets teens between ages 12 and 18 who are in crisis, at risk, homeless, or in contact with police and probation. It emphasizes crisis intervention, stabilization, and family reunification, when possible. The six-bed facility provides a stable environment, safe housing, food, clothing, medical care, and recreational activities. Most clients go home within 48 hours, although shelter will be provided for up to five days. Clients unable or unwilling to return home are assisted in finding stable living situations. Huckleberry House also operates a 24-hour hotline and the Aftercare Counseling Unit, a major component of the Status Offender Contract with San Francisco County that attempts to reduce the number of youth who are placed outside the home.

Huckleberry House sees about 800 clients each year. Thirty percent of the children at Huckleberry House have alcohol or drug abuse problems, 50 percent have considered or attempted suicide in the past three months, and 70 percent report physical or sexual abuse in the past six months.

Other Youth Advocates Programs. Sojourner House, which opened in April 1989, is a six-bed, 24-hour program providing shelter and counseling for youth who are awaiting long-term placement by the Juvenile Court. The house has an on-site classroom staffed by a San Francisco Unified School District teacher, so that residents do not miss school while they are waiting for placement.

Youth Advocates also operates 9 Grove Lane and Novato Counseling Center in Marin County. At 9 Grove Lane, stays (averaging five days) are seen as a "breather" before reunification efforts begin. Parents are contacted immediately after their child arrives, and counseling sessions are scheduled. These programs do not accept youth who are drug or alcohol-dependent, or who are suicidal or psychotic. The two organizations jointly operate the Teen Groups—weekly meetings of structured activities including group discussion, dinner preparation, and meals.

Teen ASAP (AIDS Support and Prevention) is designed to impact HIV transmission among homeless youth. Building on an existing Huckleberry House education project, the Teen ASAP project offers peer counseling and minority outreach. Its goals are to offer information and risk reduction measures to youngsters, and to develop new ways to reach teenagers who are at high risk.

#### Larkin Street Youth Center

Larkin Street Youth Center is a private, community-based organization that opened in 1981. Many of its clients are gay and lesbian youth who have been attracted to San Francisco because of its reputation for tolerating alternative lifestyles. Larkin Street provides a safe, drug-free environment and the services necessary to help youth come to positive decisions about the direction of their lives.

The typical Larkin Street client has a ninth-grade education. Many have histories of abuse and/or neglect. One-third have attempted suicide. A substantial percentage have engaged in prostitution.

Services provided at Larkin Street include both short- and long-term counseling, food vouchers (redeemable at a local fast food restaurant), GED tutoring by a San Francisco Unified School District teacher, and free medical care including confidential HIV testing with appropriate counseling and support services. The program recently acquired a medical van; plans for creating a 15-bed extended housing program are underway.

Larkin Street's case management program (which includes 50 to 60 percent of its clients) reports a 66-percent success rate in removing youth from the street.

#### The High Risk Youth Program, Los Angeles, California

The High Risk Youth Program (HRYP) is a coordinated system of care for runaway and homeless youth in Los Angeles County. The components of this system, which represent more than 30 public and private agencies, are held together by subcontracts, collaborative agreements, and cooperative activities coordinated through the Division of Adolescent Medicine of Children's Hospital Los Angeles (CHLA). Funding comes from a number of state, federal, and private sources.

The HRYP places special emphasis on services to the homeless street youth of the Wilshire-Hollywood section of Los Angeles, an area in which drug abuse and prostitution are common. These youth are at extremely high risk for HIV infection. They often have complicated



psychosocial problems that make intervention especially challenging. The data on youth who participate in the HRYP medical clinic reflect the serious problems of its clients: 38 percent live on the streets, 84 percent have used drugs or alcohol and 34.5 percent have used drugs intravenously, 22 percent report being sexually abused in the home and 26 percent say they have engaged in survival sex, and 85 percent are diagnosed as depressed and 9 percent as actively suicidal (Yates et al 1988).

### Components of the High Risk Youth Program

Through a series of grants, subcontracts, and collaborative arrangements, the Division of Adolescent Medicine brought together a large number of public and private agencies to provide the runaway and homeless youth of Los Angeles County with a wide range of essential services.

### The High Risk Youth Program Clinic

The core of the HRYP is a free medical clinic held twice a week at the facilities of the Los Angeles Free Clinic. Youth are referred to the clinic by one of the many youth shelters, drop-in programs, or outreach teams. Many of these programs give youth bus vouchers to enable them to get to the clinic. Although youth generally come because of a specific medical complaint, they receive (at no cost) a general medical screening as well as a psychosocial interview.

Basic information is gathered on each client during intake. The intake worker and examining physician at the clinic use the High Risk Youth Program Encounter Form to record data on

- the purpose of the visit
- referral sources
- services provided

- diagnosis and disposition
- background information including geographic origin, duration of the runaway episode, mental condition, drug use, and sexual history

This data is fed into a computerized system at CHLA that provides information valuable to evaluating the HRYF as well as creating a comprehensive database on runaway and homeless children in Los Angeles.

The youth is then examined by a physician (a medical student, resident, or doctor from the post-residency fellowship program at CHLA). During this medical examination, the physician also conducts a short psychosocial assessment. This interview, known as HEADSS (Home, Education, Activities/Affect, Drugs, Suicide, Sexual history), was developed by Dr. Harvey Berman of Seattle. It is a method of quickly gathering basic information that can be used to measure a youth's risk status for substance abuse and HIV, as well other risks such as depression, suicide, and violence.

After examining the youth, the physician presents the results of both the medical examination and the psychosocial interview to a triage team consisting of a medical preceptor and specialists from the Substance Abuse Treatment and Risk Reduction Programs (described below). The medical preceptor evaluates the client and offers advice on the diagnosis made by the examining physician; the team then makes a recommendation for disposition. Although most of the youth seen are engaged in multiple risk behaviors, the triage team will determine which behavior may be most pressing (or what might be used to motivate further involvement with the HRYF) and have the youth referred to a representative from one of the specialized programs affiliated with the HRYF.

A youth who is a first-time runaway and a good candidate for family reunification might be referred to a shelter that specializes in short-term crisis intervention or family reunification. A

chronic runaway or youth who has been thoroughly integrated into the street culture would be referred to one of a number of shelters and drop-in centers that specialize in working with these individuals.

Other youth may be referred to services available through the HRYP itself. These include pregnancy counselors and a clinical psychologist. The HRYP also refers youth to two specialized programs funded through CHLA: the Substance Abuse Treatment and Risk Reduction Programs. All of these referrals have a basic goal: to begin immediate intervention for those risks the youth faces on the street while building a level of trust that will enable him or her to eventually leave the street culture.

The HRYP offers HIV testing to those clients whom it feels are at risk for HIV and would benefit from knowing whether or not they are HIV-positive. All clients of the HRYP have two blood samples drawn during their initial examination: one for the standard battery of medical tests given during the examination, and the other to be held in case the client and his or her counselor decides that HIV testing is appropriate. The decision to recommend HIV testing is made by the physician and the triage team. This decision is based on a number of factors, including medical condition, risk status, and whether or not the youth is judged to be at high risk of suicide, should he or she test seropositive.

If the youth requests or the triage team recommends HIV testing, the client will first meet with a staff member certified (by the county) as an HIV-testing counselor. The counselor will explain HIV testing to the youth, go over the basic facts about HIV and AIDS, and explain the arguments for and against testing. If the counselor and the client decide that testing is appropriate, the test can be done using the previously drawn blood sample. (If an HIV test is not done, the staff disposes of this sample.) Upon completion of the test, the client is informed of the results in another session with the counselor. This is especially important, as either a positive or a negative

result can have important consequences for the client. HIV-positive youth need both medical and support services for the protection of their health and the health of others. HIV-negative youth need to understand that they are still vulnerable to the virus and must be educated in the ways to reduce their risk. Clients can react to either diagnosis by seeking services or by rejecting them. It is only in the context of pre- and post-test counseling that HIV testing is meaningful in protecting both the individual's and the public's health.

### The Risk Reduction Program

The Risk Reduction Program targets youth who are infected with HIV or are at high risk of becoming infected because they are involved in survival sex, prostitution, or IV-drug use. It has three primary activities.

The first of these activities is the Risk Reduction Clinic, which is based at the CHLA's Teenage Health Center. Because the Risk Reduction Clinic is based at a hospital, it can offer far more sophisticated medical care than is possible at the LA Free Clinic. In addition to medical services for HIV-infected youth, the Risk Reduction Clinic offers HIV testing (and pre- and post-test counseling), health education, risk assessment and risk reduction counseling, health education, case management, and individual and family therapy. Medical care for youth under 21 is paid for by the California Children's Services, a state agency, and thus can be provided to clients at no cost. The director of the Risk Reduction Program often participates in the triage process at the HRYC clinic to help decide which clients are most appropriate for referral to the Risk Reduction Clinic.

The other two activities of the Risk Reduction Program are funded through a grant from the Centers for Disease Control. Using these funds, the HIV/AIDS Prevention Project (which administratively is part of the Risk Reduction Program), does the following:

- Contracts with the Gay and Lesbian Community Service Center for an AIDS educator who is used by a number of shelters and youth-serving agencies in the county.
- Contracts with a number of agencies for outreach teams that patrol areas frequented by runaway and homeless youth and provides HIV education, curbside counseling, condoms, and bleach. These outreach workers also attempt to get the youth to make use of the services offered by the HRYP Clinic or one of the participating drop-in centers or shelters as a first step toward leaving the streets. These outreach teams (as well as others operated by other programs in Los Angeles County) meet monthly to schedule and coordinate activities, standardize messages on HIV, and share information.

### The Substance Abuse Treatment Program

The Substance Abuse Treatment Program provides assessment, counseling, and outpatient treatment to stabilize and treat youth with alcohol and/or drug problems. The first priority of the Substance Abuse Treatment Program is to place the client at a shelter or residential program. Youth can better face their drug and alcohol problems once they are removed from the stressful high-risk street environment. Hospital placements are found for clients in need of detoxification services.

Although youth enter this program through a number of referral sources, the Substance Abuse Treatment Program prefers that they receive the HRYP Clinic's medical and psychosocial screenings prior to their involvement with the program.

The Substance Abuse Treatment Program also contracts with a number of emergency shelters, allowing them to hire full-time substance abuse specialists. Counselors from the Substance Abuse Treatment Program sometimes accompany the Mobile Health Team (described below) to the shelters that do not have substance abuse specialists on staff.

## **The Mobile Health Team**

The Mobile Health Team is primarily funded through the McKinney Health Care for the Homeless Act. This team of nurse practitioners and social workers conducts physical and psychosocial examinations in shelters and drop-in facilities and, when appropriate, refers youth to the more intensive diagnostic and medical services available at the HRYP Clinic, the Risk Reduction, or Substance Abuse Treatment Programs. Some of its members also have caseload and counseling responsibilities at the HRYP Clinic.

## **The Coordinating Council for Homeless Youth Services**

The Coordinating Council for Homeless Youth Services was established as part of an Office of Juvenile Criminal Justice Homeless Youth Pilot Project grant authorized by the Homeless Youth Act of 1985. The council organizes quarterly meetings and ongoing networking activities for virtually every agency providing care to runaway and homeless youth in Los Angeles county, including the High Risk Youth Program and various emergency youth shelters, drop-in centers, outreach projects, transitional living programs, the Gay and Lesbian Community Service Center, the police and sheriff's departments, and the county departments of probation, children's services, mental health, and public health. Periodic meetings are also held for case workers, substance abuse staff, and outreach workers to coordinate activities, standardize messages, and share information.

## **Project PACE**

Project PACE (People Against Child Exploitation) provides staff training on how to identify and work with juvenile prostitutes and children who have been sexually abused. This training for the various member agencies is conducted by Children's Institute International. It also covers issues

such as homophobia, survival sex, reporting laws, working with the Division of Children's Services, and the HEADSS interview. Project PACE also funds programs that specialize in working with youth involved in prostitution.

#### Shelters, Residential Programs, and Drop-in Centers

Los Angeles County is the site of a number of drop-in and residential programs for runaway and homeless youth. Many of these shelters are supported in part by contracts and grants coming through the Division of Adolescent Medicine and/or make use of services provided by the HRYP (such as the Mobile Health Team). Whenever possible, a youth who requests shelter, either at one of the short- or long-term shelter facilities or through contact with outreach or clinic staff, will be placed in the shelter that best meets his or her needs. First- or second-time runaways who are candidates for immediate family reunification will be referred to one of the short-term shelters. Chronic runaways and street youth will be referred to one of the longer-term stabilization programs.

These programs collaborate with each other, as well as the components of the HRYP, in a number of other ways including

- membership in the Coordinating Council for Homeless Youth Services
- participation in the case management and outreach team coordination meetings
- use of the Mobile Health Team for on-site examinations and referral of clients to the HRYP clinic
- on-site HIV prevention activities and staff training through staff of the Gay and Lesbian Community Service Center funded through the Risk Reduction Program

The HRYP also directly provides funds for beds and staff members (including substance abuse agencies specialists and street outreach workers) at several agencies through the Risk Reduction and Substance Abuse Treatment Programs.

## **The Runaway Adolescent Pilot Program**

The HRYP and its affiliated agencies work closely with the Runaway Adolescent Pilot Project (RAPP), a project of the County of Los Angeles Department of Children's Services. RAPP is designed to locate long-term placements for youth who cannot, or will not, return to their homes, yet are too young for independent living programs.

Most RAPP clients are referred by one of the shelters. If a youth calls the program on his or her own, RAPP will encourage that person to enter a shelter. This guarantees that the youth is in a safe place while RAPP investigates the case. It also provides a period of stabilization, which is usually necessary before a youth is accustomed to the freedom of the streets and can successfully make the transition to the more structured environment of a long-term placement. To be eligible for a RAPP placement, the youth must also agree to go to school and participate in counseling.

During the time the youth is in the shelter, RAPP will contact his or her family and give the parents an opportunity to sign a voluntary placement agreement. This allows RAPP to place the client in a small group or foster home for six months (a placement paid for by the county). After this six-month period, the case is re-evaluated. If the RAPP staff determines that family reunification is still not possible, a nondetain petition is filed with the court. This petition makes the client a ward of the court, enabling RAPP to find a placement for the youth until he or she is 18, and also making them eligible for federal monies to support this placement (taking some of the financial burden off the county).

RAPP has found that runaway and homeless youth are served much better in small group homes than in larger institutions and has cultivated relationships with several such homes that primarily serve RAPP placements. This has allowed the staffs of these facilities to develop an expertise in



working with runaway and homeless youth. It also allows the RAPP caseworkers to visit several clients at one location and therefore handle a caseload above that of other county caseworkers, who typically spend a large part of their day driving from one foster home or institution to another.

## OTHER EXEMPLARY PROGRAMS

### Introduction

In our investigations, we came across a number of other programs that represented models we thought would be of interest to our readers. While it was not possible to visit these sites because of budget limitations, we can provide a brief description of each program, based on phone interviews and program documentation.

### The Streetwork Project, New York, New York

Streetwork focuses on perhaps the highest-risk population of any runaway program: the street youth of New York City. These youth are alienated, suspicious of authority, and often refuse to make use of shelters or other available resources. They live on the streets or in abandoned buildings in one of the country's largest, roughest, and most troubled urban areas. Most are drug users. Many use IV drugs or crack, both of which increase their risks for HIV infection (the first directly, the second indirectly because crack users often turn to prostitution or direct trading of sex for drugs). Many are street prostitutes in a city with one of the highest HIV infection rates in the country.

The Streetwork Project was established in 1984 by the Victim Services Agency to (1) divert runaway and homeless youth from prostitution, (2) create a bridge between street life and health and social services, and (3) help youngsters living on the streets leave the streets.

Youth are introduced to Streetwork's services through staff street outreach efforts and word of mouth. A storefront drop-in center in Times Square provides a safe place to take a shower, participate in groups, and meet with counselors who will help them find housing, food, clothing, medical treatment, drug rehabilitation services, and mental health services. The project also offers AIDS education, both through workshops and informal street meetings. Between 25 and 40 youth visit the drop-in center each day. The project has street contacts with about 12,000 youth every year.

The median age of clients is 19. Seventy percent come from within the city; the rest from surrounding communities. Very few are from outside the New York metropolitan area. Forty-two percent of the males identify themselves as gay, and 73 percent of clients report being involved in prostitution. Eighty-seven percent report drug use, mostly crack.

Most staff have youth service or human service backgrounds and have worked in shelters or similar environments. Prospective staff undergo a rigorous interviewing process and receive intensive, one-on-one training from seasoned staff members. Staff retention has been excellent (three to five years), which the project director attributes to the project's philosophy, opportunities for promotion, and the ability to move counselors off the street after about two years.

Building trust with runaways and homeless youth can be a long and difficult process. Streetwork reports that it can take several years of working with a youth on the streets before he or she has developed enough trust to enter a shelter or other placement. New York's transitional living

facilities cannot begin to offer placements to the number of youth in need of such services. While pessimistic about their ability to prevent many of these youth from becoming infected with HIV during their lengthy stay on the streets, Streetwork staff remain committed to attempting to reduce risk among this population.

#### Youth Services for Oklahoma County, Inc., Oklahoma City, Oklahoma

Youth Services for Oklahoma County, Inc., is a countywide agency addressing the needs of a wide variety of urban, suburban, and rural youth. The agency holds contracts with both the police and courts to provide services to the runaway youth population.

Youth Services was incorporated in 1972 to serve youth and their families with primary emphasis on youth actually or potentially involved in status offenses or delinquent acts; youth harmed or threatened with abuse, neglect, or exploitation; and runaway youth. A child or family may be referred to Youth Services for truancy, drug involvement, physical or sexual abuse, family conflict, adjustment difficulties, or as an alternative to adjudication. Referrals come mostly from law enforcement agencies, the courts, and families. The agency serves more than 1,500 children and their families a year. Other programs provide skills development, day treatment as an alternative to institutions for adjudicated youth, and a crisis intervention network through Project Safe Place. Of its five programs, two focus on the needs of runaways: the Youth Crisis Center and The Family Junction.

Clients range in age from 6 to 18. They are largely Caucasian (60 percent), with 25 percent African American, 5 percent Native American, 5 percent Latino, and 5 percent from other backgrounds. Most come from Oklahoma County, with few from other parts of the state. Staff report that clients are rarely engaged in prostitution. About half have a history of sexual abuse. A significant number of clients report drug use, mostly inhalants, pot, alcohol, and nicotine.

Youth Crisis Center provides crisis intervention, referral, and follow-up services to young people under age 18 and their families. The center accepts walk-ins, provides telephone intervention, and has 24-hour emergency access. In 1989, the center provided 5,300 hours of counseling services to 514 clients and their families and 1,556 instances of screening and referral services.

The Family Junction provides emergency shelter services for youth ages 12 through 17 who are experiencing a personal or family crisis. During 1989, Family Justice sheltered 614 youth. Each youth is assigned a counselor who works with the young person and parent or guardian to resolve the crisis and to locate alternative living arrangements if a return to the home is not possible.

Youth Crisis Center has a staff of five professionals, all of whom hold master's degrees in social work or psychology. The clinical coordinator is a licensed professional counselor and has completed the two-year Menninger Foundation Family Therapy Training Program. The center is also a practicum placement setting for graduate students from the University of Oklahoma and Central State University. The Family Junction is supervised by a team of three coordinators who have a combined 28 years experience with the program. Three full-time and six part-time residential advisors, a cook, and a part-time secretary complete the shelter staff.

Many staff members have been with the program for more than 10 years; the executive director has been with the program for 15. Training includes orientation, child care instruction, and licensing requirements. A clinical psychologist is available to the staff for weekly consultation and training. The program uses volunteers primarily for outings and other informal interactions. Youth Services has a long-standing relationship with both the Oklahoma City Police Department and Juvenile Court. The program has a contract with the police department to offer an alternative to court proceedings and receives minimal funding to carry this out. The Family Junction is officially designated by the Juvenile Court as the holding site for a runaway who has been picked up on court order.

After participation in the program, about 60 or 70 percent of the youth return home and about 30 percent go to group homes. Youth Services offers follow-up care individually tailored to a youth's placement or situation.

The Youthworks, Inc., Medford, Oregon

The Youthworks, Inc., operates HART (Homeless and Runaway Youth Treatment Program), a shelter program using host homes staffed by trained volunteers. HART's goal is to provide safe, secure places for children while attempts are made to enable them to return home. The annual program budget is about \$45,000.

Each year HART shelters about 50 youth and has contact with about 200 others. Most clients are Caucasian, with some Latinos, and few Native Americans, African Americans, or Asians. The median age for clients is 15; most come from the state, with only 15 of the 50 sheltered from out of the county. Prostitution appears to be a growing problem, largely centering around the migrant labor population. Drug abuse prevention is embedded in individual and group counseling sessions.

The program contracts for two beds at a local residential home for use in emergency or when the five volunteer host homes are full. Staff are currently designing a long-term transitional living program that will also use volunteer homes. Health care is provided by a county health clinic. Clients are encouraged to stay in school. Youthworks has an in-house classroom with a certified teacher. Clients are referred to the local community college for vocational education.

Staff number five, including the coordinator. Retention of staff is good; many stay three to five years. Volunteers play a critical role in this program. Home volunteers receive neither compensation nor expense money, and are recruited through churches, PSAs, and community meetings.

Volunteers must have 12 hours of training before they may house a youth. Most attend 50 to 60 hours of training a year, including an annual symposium, and generally stay with the program for about eight years. Host homes are state certified. Youth are screened before being placed in a home. Extremely difficult cases are placed in the agency's shelter.

Staff have strong relationships with other agencies in the county as well as the juvenile courts and the police. Youthworks presents annual trainings at every police department in the county. The program has just started receiving and responding to every missing child report made in the county, informing families of its shelter and counseling services.

With the exception of those who were sexually abused, most clients eventually return to their families. Aftercare is available for up to 18 months after the youth has returned home.

#### YouthCare, Seattle, Washington

YouthCare is one of the country's oldest and most comprehensive programs for runaway and homeless youth. Previously known as Seattle Youth and Community Services, it began serving young people more than 15 years ago. Its mission—to improve the quality of life and to promote healthy growth among the abandoned, runaway, and exploited youth in Seattle—has led YouthCare to offer a broad range of programs, including AIDS education, shelter, job training, gang prevention services, outreach, emergency services, transitional living, health care, hotline, counseling, education, and aftercare.

Facilities include The Shelter, a short-term crisis facility with a 24-hour crisis line; Orion Multi-Service Center, a drop-in center providing immediate needs, recreation, health care, and counseling; Threshold, a transitional program for young women; and Straley House, a coed transitional program.

YouthCare's extensive AIDS education program consists of five components:

- **Direct Education.** AIDS prevention education is provided to 150 to 200 youth each month, including youth in detention facilities, runaway shelters, drug or alcohol treatment programs, and other programs. A three-session curriculum includes basic, explicit information about high-risk behavior, meeting a person with AIDS, and a creative activities group.
- **Teen AIDS Prevention Education (TAPE) Training.** A low-cost training opportunity for youth service providers to work with out-of-school or out-of-home adolescents.
- **Outreach Services.** An outreach team works in different areas of Seattle, focusing extensively on drug and alcohol issues related to high-risk behavior.
- **Theater Project.** Two youth peer education theater productions are performed for youth in detention settings, treatment programs, alternative schools, and public schools.
- **Educational Materials Development.** Pamphlets and posters have been developed to present information about risk reduction and the role of drugs and alcohol in contracting HIV.

YouthCare's board of directors has prepared an HIV/AIDS policy that addresses the formation of an AIDS Task Force, non-discrimination, staff training and education, clinical services, testing, and client confidentiality.

YouthCare served 571 youth in 1989, mostly Caucasian (60 percent), with 29 percent African American, 4 percent Native American, and 5 percent Southeast Asian. The median age of YouthCare's clientele is 15. Staff number 44, and stay an average of two years. Training for staff is intensive, with monthly workshops. Volunteers are used at some of YouthCare's sites.

YouthCare has a contract with the Department of Youth Services for AIDS Education, and has formal linkages with the police force, through the Gang Intervention Program. YouthCare makes collaborative arrangements for medical services with King County Health Department, Catholic Community Services for meals, the Seattle Public Schools for education, Metrocenter YMCA for employment and job placement, and University of Washington for research.

Runaway and Homeless Youth Network of Allegheny County, Pittsburgh, Pennsylvania

The Runaway and Homeless Youth Network of Allegheny County is a multidisciplinary collaborative of 80 community service professionals, university staff members, and community representatives whose mission is to focus community concern on and improve services to runaway and homeless youth in Allegheny County. It is a model of effective, low-cost networking. Since its founding in 1988, the Network has developed formal and informal communication channels and information packets. The agency also presented conferences and developed and implemented a data-collection system.

The Network's goals are to

- establish and maintain an interdisciplinary network of representatives from all systems and the community that impact on the lives of runaway and homeless children and youth
- promote lifestyles that prevent homelessness and running away of children and youth through prevention and early intervention
- inform and educate legislators, policymakers, service providers, and the community of the plight of the runaway and homeless children and youth in Allegheny County
- advocate and mobilize efforts for the improvement of services for runaway and homeless children
- identify service system gaps and barriers to services for runaway and homeless youth
- provide support to runaway and homeless children and their families in their efforts to locate permanent housing
- be recognized as an information and referral service



The Network has six task forces that address data, medical needs, education, information, legislative strategic planning, and child development. Through these task forces the Network is developing data on homeless children and youth, a 24-hour health service information hotline, a school emergency fund to pay for miscellaneous needs to support students' continued attendance at school, informational materials for parents and school system personnel, and a health care station at The Doorway (a downtown center for runaway youth).

Activities are accomplished through support and collaboration of its members. The Network has no funding. It is housed in the Office of Child Development at the University of Pittsburgh, which provides a part-time coordinator to facilitate Network activities.

#### IV. CONCLUSION

The information gathered during our research on agencies serving runaway and homeless youth largely confirmed what we learned about these youth from the literature: they are equally divided between male and female, they generally don't go far from their homes, they are children from dysfunctional families, they may have been physically and sexually abused, they are prone to abusing both drugs and alcohol, and they are sexually active. In short, they are in trouble and are likely to become more so unless an effective intervention is made.

The literature and our research disagreed on two points concerning runaway youth: the prevalence of HIV infection among runaways and the proportion of gay and lesbian youth among runaways. Many agencies claimed to see a much lower proportion of lesbian and gay youth than the research would predict. One reason for the disparity might be that much of the research has been done in larger cities where homosexuality is more accepted than it is in smaller communities. This level of cultural acceptability may make it easier for gay and lesbian youth to come to terms with their sexual preference and to be more frank about it, thus making their home life more comfortable.

The second disagreement was over the danger posed by HIV. We found that some agencies were not concerned with the issue of HIV infection because of the low rate of infection among the general population in their region. Many agencies told us that they have never had a client with AIDS or who was seropositive. Yet many of these same agencies did not offer HIV testing. While not making a judgment on the usefulness of testing runaways for HIV, this would appear to be another case in which many programs don't know because they don't ask. Several programs, in fact, acknowledged that they knew that they were "burying their heads in the sand" about this problem.

In our research we have found that there are a number of models for the effective delivery of services to runaway youth. Some agencies offer an array of services. Others use collaboration and coordination among agencies to provide these comprehensive services. Some use shelters, others host homes. Some are long-term, some short-term. Some are very structured, others less so. The choice of these models is sometimes the result of historical accident, the availability (or lack of) resources within a community, a dynamic individual (or group of individuals) with vision, or an explicit attempt to replicate programming that has proven effective elsewhere. However, agencies were most often recommended to us because they were well-managed and perceived as effective, rather than because of a particular activity that was innovative or exemplary. The fact that agencies were known as "good" agencies or run by "good people" rather than for, say, their HIV prevention activities or outreach component supports two claims. One is that services must be comprehensive to be effective. The other is that no matter what services an agency provides, it is the care and intelligence behind these services, as well as the dedication of the people that provide them, that make for effective programming. Adopting a "model component" may not be enough. Even a well-designed and field-proven model will not be effective unless it is implemented in an agency where attention is paid to the important operational features necessary for all successful programming: an articulated philosophy, clear goals, coherent and consistent policies, staff training, monitoring and/or evaluation, and coordination and collaboration among both the components of an agency, and the various agencies within a community.

## APPENDICES

## APPENDIX A

### DATABASES USED FOR LITERATURE REVIEW

## DATABASES USED FOR LITERATURE REVIEW

Educational Resources Information Center Database (ERIC)

Criminal Justice Periodicals Index

Family Resources

Sociology Abstracts

Social Work Index

Legal Resources Index

AIDSLINE

National Criminal Justice Reference Service Database

PsycINFO

## APPENDIX B

### EXPERTS AND PRACTITIONERS CONSULTED DURING PROGRAM NOMINATION PROCESS

## EXPERTS AND PRACTITIONERS CONSULTED DURING PROGRAM NOMINATION PROCESS

### PLANNING MEETING

In September 1989, the project convened a planning meeting at the headquarters of the National Network of Runaway and Youth Services (NNRYS) in Washington, D.C. At this meeting, the various participants in the RRRP summarized their backgrounds, experience, and responsibilities, as well as the capabilities of the organizations they represented. We discussed some of the initial activities of the project, especially those relevant to gathering information for the assessment report, as well as the composition of the project's advisory panel. Attending this meeting were

Office of Juvenile Justice and Delinquency Prevention  
Richard Sutton, project officer

Education Development Center, Inc. (EDC)  
Charles Deutsch, project director  
Marc Posner, principal investigator  
Debra Whitcomb, technical monitor

National Network of Runaway and Youth Services  
June Bucy, executive director  
Nexus Nichols, policy associate

Mr. Deutsch has since been replaced as project director by Margaret Enright and Ms. Bucy has been succeeded by Della Hughes as executive director of the NNRYS.

### CONSULTANTS' MEETING

In January 1990, experts in the field of runaway programs and HIV prevention met for a day in EDC's Washington, D.C. office. The participants helped identify key issues in the prevention of HIV infection and substance abuse among runaway and homeless youth. Points of consensus concerning this population, as well as the activities of the RRRP, reached included the following:



- HIV and substance abuse prevention activities targeted at runaway and homeless youth can only be successful within the larger context of comprehensive services.
- Criteria for exemplary programs must include the provision of comprehensive services, as well as programs that facilitate problem solving, resource building, and collaborating with other agencies and services.
- The project should be careful not to duplicate other development efforts targeted at this population, especially those developing HIV and/or substance abuse prevention curricula.

Participants also nominated agencies for our list of exemplary programs and suggested other individuals and organizations with whom we should consult.

Participants at this meeting included

#### STAFF

Charles Deutsch, project director, EDC  
 Marc Posner, principal investigator, EDC  
 Debra Whitcomb, technical monitor, EDC  
 June Bucy, executive director, NNRYS  
 Nexus Nichols, policy associate, NNRYS

#### ADVISORS

Robert W. Deisher, M.D., Division of Adolescent Medicine, Department of Pediatrics, University of Washington, Seattle  
 Carl "Bill" Hammond, Public Administration Service, McLean, Va.  
 Mary Jane Rotheram-Borus, Ph.D., Division of Child Psychiatry, College of Physicians and Surgeons, Columbia University  
 Roberta Cronin, M.A., American Institute of Research, has since been added to the advisory panel

#### OTHERS

Carol Behrer, Family and Youth Services Bureau, Administration for Family, Youth, and Children, United States Department of Health and Human Services  
 Barry Davidson, Community Health Project, New York City  
 Darlind Davis, Office for Substance Abuse Prevention, United States Department of Health and Human Services

Carlton Duncan, Division of Adolescent and School Health, Public Health Service, Centers for Disease Control, United States Department of Health and Human Services

Marsha Gilmer, National Center for Missing and Exploited Children, Arlington, Va.

Therese Van Houten, Ph.D., Macro Systems, Silver Springs, Md.

Ann Wallace, National Resource Center for Youth Services, Tulsa, Okla.

Staff also met with a number of other experts on runaway programs, HIV prevention, and substance abuse prior to beginning the program survey. These experts and practitioners included

Virginia Price, clinical director, Bridge Over Troubled Waters

Nancy Jackson, director, New England Consortium for Families and Youth

Gregory Gazaway, AIDS/HIV educator, Massachusetts Committee for Children and Youth

Philip Diaz, chief of prevention, Office of National Drug Control Policy

Zile Amsel, project officer, National Institute of Drug Abuse

John Woodruff, project director, Child Development Center, Georgetown University

Jay Coburn, director of Safe Choices Project, NNRYS

## OTHERS

### TELEPHONE INTERVIEWS

#### Coordinated Networks

Nancy Jackson, Region I  
New England Consortium for Families and Youth

Margo Hirsh, Region II  
Empire State Coalition of Youth and Family Services

Nancy Johnson, Region III  
Mid-Atlantic Network of Youth and Family Services

Sara Jarvis, Region IV  
Southeastern Network of Youth and Family Services

Gail Kurtz, Region IV  
Southeastern Network of Youth and Family Services

Doak Bloss, Region V  
Michigan Network of Runaway and Youth Services

Theresa Andreas Todd, Region VI  
Southwest Network of Youth Services

Jack McClure, Region VII  
MINK: Network of Runaway and Homeless Youth

Linda Wood, Region VIII  
Mountain Plains Youth Services Network

Nancy Sefcik, Region IX  
Western States Youth Service Network

Ginger Baggett, Region X  
Northwest Network of Runaway and Youth Services

#### State Networks

Marilyn Erickson  
Child, Youth, and Family Services of California

Tracy Halstead-Graham  
Connecticut Youth Services Association

Bill Bentley  
Florida Network of Youth and Family Services

Dennis Murstein  
Illinois Collaboration of Youth/Youth Network Council

Nikolette Thoman  
Garden State Coalition

Norma Keller (past president)  
Youth Services Alliance of Pennsylvania

Theresa Andreas Todd  
Texas Network of Youth Services

Patricia Balke  
Wisconsin Association for Runaway Services

Others

James Collins  
Research Triangle Institute

Arthur Elster  
American Medical Association

Martin Forst  
URSA Institute

Charles Fumigelli  
International Juvenile Officers Association

Sheldon Greenberg  
Police Executive Research Forum

Merry Hofford  
National Council of Juvenile and Family Court Judges

Susan Houchin  
Girls Club of Sioux City

Anna Laszo  
National Sheriffs Association

Raymond Lorion  
Department of Psychiatry  
University of Maryland

Susan Martin  
Police Foundation

Donald Murray  
National Association of Counties

Thomas Neal  
National Conference of State Legislators

Sondra Nelson  
National Association of State Alcohol and Drug Abuse Directors

John O'Toole  
National Center for Youth Law

Patricia Puritz  
American Bar Association

Marilyn Rocky  
CHILDHOPE

Wendy Shotsky  
AIDS Coalition of Northeast New York

William Treanor  
American Youth Work Center

Forrest Tyler  
Department of Psychiatry  
University of Maryland

Katherine Westpheling  
American Medical Students Association

Brian Wilcox  
American Psychology Association

Joan Zlotnick  
National Association of Social Workers

## APPENDIX C

### USERS' GROUPS

## USERS' GROUPS

### JUVENILE JUSTICE PARTNERSHIP PROJECT

During the winter of 1990, Charles Deutsch of Education Development Center, Inc. (EDC), conducted a focus group made up of law enforcement, probation, mental health, and runaway program personnel, all of whom are participants in The Juvenile Justice Partnership Project, a state-funded effort by the Massachusetts Office of Children to decrease inappropriate adjudication of status offenders. Many of the law enforcement representatives at this session expressed confusion over whether and when adjudication of runaways is appropriate or possible. They also expressed concerns about the difficulty of assessing whether a youth is potentially violent or self-destructive, and thus in need of secure and/or supervised detention.

### SYMPOSIUM '90

At the National Network of Runaway and Youth Service's (NNRYS) "Symposium '90," held in Washington, D.C., in February, Marc Posner of EDC conducted a focus group discussion on HIV prevention for runaway programs. Participants in this group included a wide range of runaway program personnel, including direct service staff, outreach workers, and staff with HIV education responsibility. The issues that sparked the most controversy and discussion involved HIV testing and the related need for improved sexuality counseling. Participants were also seriously concerned about their ability to provide effective and appropriate services to runaways during this period of constricted funding. This concern reinforces our efforts to provide programs, maximizing the use of available funds through effective programming and resource coordination.

### RAM CONFERENCE

At a conference of drug counselors from runaway programs, convened in Washington, D. C., in early February 1990, June Bucy of the NNRYS conducted a focus group in which she outlined the objectives of the Runaway Risk Reduction Project (RRRP) and asked for participants' estimation of the greatest needs vis-a-vis drug abuse. The consensus was that the most pressing demand is for increased and rapid access to drug treatment programs. While meeting such a need is outside the scope of the RRRP, it bolsters our efforts to focus on improved collaboration among runaway programs and other agencies, in this case, drug treatment programs. However, staff members of the runaway programs realize that, in many cases, drug treatment programs are

operating at full capacity; some believe their financial stability depends on treating youth with the best prognosis for recovery, which often excludes runaways, especially chronic runaways, and older "street youth."



## APPENDIX D

### LIST OF PROGRAMS SURVEYED

## LIST OF PROGRAMS SURVEYED

ALASKA YOUTH AND PARENT FOUNDATION  
Anchorage, AK

OPEN-INN  
Tucson, AZ

SAN DIEGO YOUTH AND COMMUNITY SERVICES  
San Diego, CA

COMMUNITY CONGRESS OF SAN DIEGO  
San Diego, CA

HIGH RISK YOUTH PROGRAM/  
PROJECT HOMELESS YOUTH  
Los Angeles, CA

LARKIN STREET YOUTH CENTER  
San Francisco, CA

REDWOOD REGION YOUTH SERVICES BUREAU  
Eureka, CA

YOUTH ADVOCATES, INC.  
San Francisco, CA

SAN FRANCISCO POLICE DEPARTMENT  
San Francisco, CA

LOS ANGELES YOUTH NETWORK  
Los Angeles, CA

STEPPING STONE: YOUTH CRISIS SHELTER  
Santa Monica, CA

YOUTH AND FAMILY ASSISTANCE  
Redwood, CA

PARTNERS  
Denver, CO

URBAN PEAK  
Denver, CO

FAMILY PACT  
SWITCHBOARD OF MIAMI  
Miami, FL

YOUTH AND FAMILY ALTERNATIVES  
RUNAWAY ALTERNATIVE PROJECT  
New Port Richey, FL

HALE KIPA  
Honolulu, HI

HALE OPIO KAUAI  
Koloa, Kauai, HI

AUNT MARTHA'S YOUTH SERVICE CENTER  
Park Forest, IL

KOKOMO POLICE DEPARTMENT  
Kokomo, IN

NEON STREET  
Chicago, IL

TEEN LIVING PROGRAMS  
Chicago, IL

FAMILY CRISIS RESPONSE TEAM  
Baltimore, MD

THE BRIDGE (OVER TROUBLED WATERS)  
Boston, MA

MASSACHUSETTS COMMITTEE FOR CHILDREN AND YOUTH  
Boston, MA

GATEWAY COMMUNITY SERVICES  
East Lansing, MI

INNERLINK FOR RUNAWAYS  
Saginaw, MI

THE BRIDGE FOR RUNAWAY YOUTH  
Minneapolis, MN

SYNERGY HOUSE  
Parkville, MO

YOUTH AID UNIT  
Lincoln, NE

COVENANT HOUSE NEW JERSEY  
Trenton, NJ

AMISTAD YOUTH DEVELOPMENT  
Albuquerque, NM

LA NUEVA VIDA  
Santa Fe, NM

ENTER  
New York, NY

EQUINOX YOUTH SHELTER  
Albany, NY

PORT AUTHORITY POLICE  
New York, NY

PROJECT FIRST STEP  
New York, NY

STREETWORK PROJECT  
New York, NY

CAPE FEAR SUBSTANCE ABUSE CENTER  
Wilmington, NC

MOUNTAIN PLAINS YOUTH SERVICES  
Bismarck, ND

HUCKLEBERRY HOUSE  
Columbus, OH

YOUTH SERVICES FOR OKLAHOMA COUNTY  
Oklahoma City, OK

OUTSIDE IN  
Portland, OR

THE YOUTHWORKS, INC.  
Medford, OR

THE RUNAWAY AND HOMELESS YOUTH NETWORK OF ALLEGHENY COUNTY  
Pittsburgh, PA

THREE RIVERS YOUTH  
Pittsburgh, PA

VOYAGE HOUSE  
Philadelphia, PA

STOPOVER SHELTERS, INC.  
Portsmouth, RI

OASIS CENTER  
Nashville, TN

CASA DE LOS AMIGOS  
Dallas, TX

**YOUTHCARE**  
Seattle, WA

**BRIARPATCH**  
Madison, WI

**MENOMINEE COUNTY RESERVATION YOUTH SERVICES**  
Neopit, WI

APPENDIX E

INTERVIEW PROTOCOL

## PROGRAM SURVEY

Date \_\_\_\_\_ Interviewer \_\_\_\_\_

Agency Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_

Position \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_

Runaway Program Name: (If different from agency)

\_\_\_\_\_

### I. DESCRIPTION

- A. How would you describe your program's mission or goal?
- B. What is your program's annual budget?
- C. Do you receive basic center grant funds from the Family and Youth Services Bureau of ACYF?
  - 1. Yes \_\_\_\_\_
  - 2. No \_\_\_\_\_

### II. YOUTH SERVED

- A. Approximately how many youth do you serve per year in your runaway program?
- B. Ethnicity/Racial Background [Rough percentages if possible]
  - 1. Caucasian \_\_\_\_\_
  - 2. African American \_\_\_\_\_
  - 3. Native American \_\_\_\_\_
  - 4. Latino \_\_\_\_\_  
[IF A SIGNIFICANT PERCENTAGE]
    - a. Which nationalities?
    - b. Are many recent immigrants?
    - c. Are many undocumented immigrants?
  - 5. Southeast Asian \_\_\_\_\_  
[IF A SIGNIFICANT PERCENTAGE]
    - a. Which nationalities?
    - b. Are many recent immigrants?
    - c. Are many undocumented immigrants?

C. Age

1. Median age served \_\_\_\_\_
2. Does the program have an upper age limit?

D. Where do most of the youth come from: the city in which the program is located, the county, the state, outside of the state?

E. Special populations [Rough percentages if possible]

1. Gay or Lesbian youth
  - a. Gay \_\_\_\_\_
  - b. Lesbian \_\_\_\_\_
2. Prostitutes
  - a. Male \_\_\_\_\_
  - b. Female \_\_\_\_\_
3. Do you have any indication of the prevalence of sexual abuse among your clientele (e.g., what percentage of those served by your program were sexually abused prior to leaving home)?

III. Please describe the community in which your program is located. [PROBES: Is it urban, suburban, or rural? Affluent or poor? Middle class or inner city? If a suburb, a suburb of what city, etc.]

IV. Services Provided Directly by Program [CHECKLIST]

- A. Street outreach \_\_\_\_\_
- B. Emergency services \_\_\_\_\_
1. Emergency shelter \_\_\_\_\_  
[IF YES]
    - a. How many \_\_\_\_\_
    - b. Total number of beds \_\_\_\_\_
    - c. Length of maximum stay \_\_\_\_\_
  2. Foster Families or Host Homes \_\_\_\_\_  
[IF YES]
    - a. How many \_\_\_\_\_
    - b. Total number of beds \_\_\_\_\_
    - c. Length of maximum stay \_\_\_\_\_
- C. Transitional living program \_\_\_\_\_
- D. Health care  
[IF YES]
  1. How is health care provided? [PROBES: In-house clinic, in-house physician or nurse practitioner, relationship with public health clinic, etc.]
- E. Hotline \_\_\_\_\_



F. Counseling \_\_\_\_\_

1. Individual \_\_\_\_\_
2. Group \_\_\_\_\_
3. Family counseling \_\_\_\_\_
4. Sexuality counseling \_\_\_\_\_
5. Sexual abuse counseling \_\_\_\_\_

G. Education (academic) \_\_\_\_\_  
[IF YES]

1. How is this done? [PROBES: Tutors, in-house school, local public schools, etc.]

H. Vocational education \_\_\_\_\_  
[IF YES]

1. How is this done?

I. Aftercare \_\_\_\_\_

V. SUBSTANCE ABUSE AND AIDS

A. Do a significant proportion of the youth served by your program have substance abuse problems?

1. What substances?
2. Do you see a lot of crack use?
3. Are many of the youth IV drug users?
4. Do you serve addicted youth?

B. Please describe any activities within your program directed toward the prevention or treatment of substance abuse.

C. Please describe any activities within your program directed at the prevention of HIV and AIDS.

1. Do you have a policy on HIV-testing?  
[IF YES] Could we have a copy of this policy?
2. Do you have special services for PWAs or those who are HIV-positive?  
[IF YES] Please describe.

VI. STAFF

A. Number of staff \_\_\_\_\_

1. How are staff trained?
2. How long are line staff retained? Do you have an idea of the average length of time a staff member is with your program or your annual turnover rate?

B. Number of volunteers \_\_\_\_\_

1. In what capacity are volunteers used?
2. Do you have any special screening process for volunteers or do you accept anyone who volunteers?
3. How do you train your volunteers?
4. How long does the average volunteer stay with the program?

VII. LINKAGES OR COLLABORATION

[IF THE ANSWERS TO EITHER OF THESE QUESTIONS SOUND PARTICULARLY PROMISING, GET THE NAMES AND TELEPHONE NUMBERS OF PEOPLE AT OTHER AGENCIES WHO MIGHT BE ABLE TO PROVIDE US WITH THEIR PERSPECTIVE ON THESE ACTIVITIES.]

- A. Do you have any formalized linkages with a police department, probation office, or other law enforcement or juvenile justice agency? [IF YES] Please describe.
- B. Do you have any formal collaborative arrangements with other shelters or youth service agencies for service coordination, case management, or advocacy? [IF YES] Please describe.

VIII. OUTCOMES

- A. Do you have a structured follow-up activity?  
[IF YES] Please describe.
- B. Where do youth go when they leave your program?
  1. Home \_\_\_\_\_
  2. Foster homes \_\_\_\_\_
  3. Transitional or independent living programs \_\_\_\_\_
  4. Streets \_\_\_\_\_
  5. Other \_\_\_\_\_

IX. EXEMPLARY COMPONENTS

- A. We have discussed a lot of services provided by your program, and the program components that provide these services. Are there parts of your program of which you are particularly proud and from which other programs could learn? What does your program do that is particularly innovative or effective? [PROBE IF NECESSARY: This could include anything from how you train staff to how you do outreach to how you use your board of directors? Probe based on previous description of activities and services if necessary?]

B. Please describe this component for us. We would like to know precisely what it does, why and how it came into being, and why you feel it is successful and/or effective.

C. If we need to get more information about this component, are you the best person with whom to speak, or is there someone else on your staff who could provide us with more information? [GET NAME, TITLE, AND TELEPHONE NUMBER]

X. DOCUMENTATION

A. Has your program ever been evaluated? \_\_\_\_\_  
[IF YES] May we have a copy of the report?

B. Do you publish an annual report? \_\_\_\_\_  
[IF YES] May we have a copy?

C. Do you have any other print materials, such as promotional brochures or manuals, that would be helpful in understanding what your program does?  
[IF YES] May we have copies?

ALL DOCUMENTATION SHOULD BE MAILED TO:

MARC POSNER  
EDUCATION DEVELOPMENT CENTER  
55 CHAPEL STREET  
NEWTON, MA 02160

DON'T FORGET TO THANK THEM.

END

## APPENDIX F

### STANDARDIZED SITE VISIT REPORTS

## STANDARDIZED SITE VISIT REPORTS

### HUCKLEBERRY HOUSE, COLUMBUS, OHIO

#### Program Description

Huckleberry House is a 14-bed emergency shelter for runaway youth. It has an annual budget of approximately \$750,000, \$150,000 of which comes from a basic center grant. Huckleberry House has a staff of 40 and also uses the services of approximately 80 volunteers and student interns. It provides services to about 850 youth a year, 70 percent of whom are Caucasian and 27.4 percent of whom are African American. The median age is 15 to 16. The program does not serve youth over 18. Huckleberry House provides a number of services to these youth and their families including individual and group counseling, referrals, aftercare, and a home-based service program. It also operates a 24-hour crisis telephone line.

#### Interviews

##### Huckleberry House

Doug McCoard, executive director  
Neil Brown, crisis center coordinator  
Janice George, home-based services coordinator  
Tim Cheeseman, volunteer coordinator

### THE BRIDGE FOR RUNAWAY YOUTH, MINNEAPOLIS, MINNESOTA

#### Program Description

The Bridge for Runaway Youth is a short-term emergency shelter for runaway and throwaway youth, and youth at risk for running away or being forced out of their homes. It has an annual budget of approximately \$900,000, a portion of which comes from the basic center grant program of the Family and Youth Services Bureau. The Bridge employs a staff of 30 and also uses the services of about 40 volunteers. It shelters more than 1,200 youth each year, provides walk-in consultations to another 500 youth, sees 700 families in its family counseling program, and responds to well over 6,000 crisis telephone calls. Its clientele is 72 percent Caucasian and 15 percent African American. The median age of its clientele is 14.5, which is a bit younger than that of other programs. It provides short-term emergency shelter and crisis stabilization services,

referrals, a parenting seminar, short-term family counseling, medical check-ups through a local public health clinic, street and community outreach, a 24-hour crisis hotline, and aftercare groups for former residents and nonresidents.

### Interviews

#### The Bridge for Runaway Children

Thomas Sawyer, executive director  
Deborah Kohlhasse, residential supervisor  
Keith Wade, residential counselor  
Todd Sigler, residential counselor  
Teresa Largespada, outreach worker, aftercare counselor  
Kathy Caron, volunteer coordinator  
Dennis Bower, family counselor  
Doug Jacobson, family counselor  
Julie Weberg, family counselor

#### Evergreen House

Sarah Baker, executive director

### Other Activities

Observations of The Bridge's operations, including shift transition, "care plans," staff planning period, log-room operations including crisis calls and parent contact, one-to-one staff and volunteer interactions with residents, recreational activities, and meals.

Attendance of a meeting of The Minnesota Network of Youth Services.

## URBAN PEAK, DENVER, COLORADO

### Program Description

Urban Peak is a drop-in center for runaway youth. It has an annual budget of about \$300,000. Urban Peak has a staff of approximately 12 and uses the services of about 75 volunteers and student interns, as well as the pro bono services of professional groups, fraternal organizations, and local businesses. It provides services to approximately 350 youth a year, 61 percent of whom are Caucasian and 39 percent of whom are minority, predominantly African American and Latino. The median age of the youth is 16, although the program will serve youth until age 20. Urban Peak provides meals, a transitional living program, individual and family counseling, and,

through collaborative arrangements with other agencies, drug treatment, education, and vocational education. It does not presently have a residential facility.

### Interviews

#### Urban Peak

Gary Sanford, executive director  
Tenley Stillwell, director of volunteers and community relations  
Mike Corbett, former program director  
Pam Lozow, treatment coordinator and program evaluator  
Julie Griffin, counselor  
Nancy Gregory, counselor and outreach coordinator  
Bill Bass, outreach worker  
Margaret Ewing, VISTA volunteer  
Jane Marsh, VISTA volunteer  
Paul Bregman, volunteer  
Janet O'Flynn, volunteer  
Sue Latham, volunteer  
Paula Phillips, volunteer  
Steve Hill, peer leader and client  
Toni, receptionist and client

#### Board of Directors

Cecilia Mascarenas  
Alice Marsh  
Jennifer Macy

#### Kempe Center

Thomas Mioshi, program evaluator

#### Denver Alternative Youth Services

Penny Pratt

#### Stout Street Clinic

Deb Perlis, nurse midwife coordinator  
Ann Riordan, medical services coordinator

#### Capitol Hill United Neighborhood Improvement Fund

Ron Hillstrom

#### Partners

Regina Huerter

### Other Activities

Attendance at a weekly community meeting, parents' meeting, staff meeting, and a Peak Experience Support Group meeting.

## **FAMILY CRISIS RESPONSE TEAM, BALTIMORE COUNTY, MARYLAND**

### Program Description

The Family Crisis Response Team (FCRT) was, until 1989, a program conducted by the Counseling Unit (CU), a civilian-staffed department of the Youth Services Division of the Baltimore County Police Department. All closed missing children reports filed in Baltimore County (a jurisdiction surrounding, but not including, the city of Baltimore) were forwarded to the FCRT. FCRT counselors would contact the family by telephone and urge them to make an appointment with an FCRT counselor for an assessment. If the family agreed, the youth who was the subject of the missing child report, along with other family members, would spend an hour to an hour and a half (both as a group and individually) with an FCRT counselor. The counselor would assess the nature of the problems that provoked the runaway episode. When appropriate, the counselor would refer the family for counseling, and other services, at one of four Youth Service Bureaus (YSBs), local nonprofit counseling agencies for youth and families. The police department subcontracted with these agencies, allowing FCRT clients to be given priority and avoid the often lengthy waiting period that other YSB clients had to endure. The FCRT was terminated due to statewide budget cutbacks. The CU then decided to offer short-term counseling to some families itself. Referrals are still made to the YSBs and other community resources, although, because of the termination of the subcontracts, FCRT referrals no longer receive priority over other clients.

### Interviews

#### **Baltimore County Police Department**

John Wardon, supervisor, Counseling Unit  
Sergeant William Cox, Missing Children Unit  
Corporal James Gephardt, Physical Child Abuse Unit  
Colonel William Kelly, Crime Prevention Unit  
Captain Craig Bowers, Youth Service Division

Department of Juvenile Services, Baltimore County  
Fred Corbin, probation officer



Judith Richie Center

Anthony Siwak, senior counselor  
Cristina Spotts, former caseworker, FCRT

Lighthouse

Marilyn Carihfield, clinical director  
Linda Lombardo, executive director

First Step Youth Center

David Goldman, executive director

Other

Jerome Kowalewski, clinical psychologist (former psychological consultant to FCRT)

SAN FRANCISCO, CALIFORNIA

Program Description

Services for runaway youth in San Francisco are offered by a number of organizations that have informal collaborative relationships. They periodically share resources, training, and personnel (e.g., collaboration on a new CDC grant on HIV education for teens). Our site visits focused on Youth Advocates and Larkin Street. Youth Advocates is a 20-year-old community service organization that provides crisis housing, foster care, counseling, and drug abuse prevention services. It operates a variety of programs in San Francisco and Marin Counties, employing 50 full-time staff and operating on a budget of over \$1.7 million, 80 percent of which comes from government grants and contracts. Larkin Street Youth Center is a private, community-based, nonprofit program offering outreach, drop-in, case management, substance abuse counseling, aftercare, educational services, and a medical clinic (run by the county health department). Its annual budget is \$666,601. Expansion plans include offering extended housing for 15 youths. The program recently acquired a medical van.

Interviews

Youth Advocates

Bruce Fisher, executive director  
Latifu Munirah, Huckleberry House director

**Teen ASAP**

Danny Keenan, program director

**Larkin Street Youth Center**

Diane Flannery, executive director

**San Francisco Department of Public Health**

Janet Shalwitz, M. D.

Michael Baxter

**San Francisco Police Department**

Sgt. John Carroll, Vice Crimes Division

Lt. Alex Stevens, Juvenile Division

**HIGH RISK YOUTH PROGRAM, LOS ANGELES, CALIFORNIA**

**Program Description**

The High Risk Youth Program (HRYP) is a cluster of projects affiliated with the Division of Adolescent Medicine of the Los Angeles Children's Hospital (CHLA). The core of the HRYP is the HRYP Clinic, held twice a week using the facilities of the Los Angeles Free Clinic. At this clinic, runaway and homeless youth receive a basic medical and psychosocial examination, and are referred to other components of the HRYP as appropriate. These components include the Risk Reduction Program, a cluster of services for youth infected with or at high risk of infection with HIV, and the Substance Abuse Treatment Program. Other components of the HRYP include the Mobile Health Team, who provide medical and psychosocial screenings at emergency shelters; Project PACE, which provides staff training in sexual abuse, prostitution, and homophobia; the Los Angeles Youth Network, a short-term stabilization program for "street youth"; and the Coordinating Council for Homeless Youth Services, a networking activity promoting information-sharing and collaboration among the various youth care agencies in Los Angeles County. Through a series of subcontracts and collaborative agreements, the HRYP also supports other activities directed at runaway and homeless children, including street outreach, transitional living, educational, and vocational programs. HRYP also works closely with county agencies such as the police department and the Department of Children's Services, whose Runaway Adolescent Pilot Project is an innovative program assisting runaway and homeless children who are not good candidates for family reunification, to find and make the transition to long-term placements.

## Interviews

### High Risk Youth Program

Jolene Swain Morgan, program director  
Eric Cohen, medical preceptor, High Risk Youth Clinic  
Arlene Schneir, program coordinator, Risk Reduction Program  
Michele Kipke, program coordinator, Substance Abuse Treatment Program  
Alisa Pouleson, social work associate, Mobile Health Team  
Nicholas Stefanios, clinical psychologist

### The Los Angeles Youth Network

John Peel, executive director  
Elizabeth Gordon, program director  
Kathy Judd, caseworker  
Mindi Levins, outreach worker and volunteer coordinator

### Gay and Lesbian Community Service Center

Gabe Krucks, program director, Youth Services Department

### Runaway Adolescent Pilot Project

Harold Shriman, project director

## Other Activities

Observation of operations at the Los Angeles Youth Network and the High Risk Youth Program Clinic.