

HEALING HANDS



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Engaging Adolescents Who Are Homeless in Care

In the United States, professionals who are caring for the health and education of homeless youth say the numbers of adolescents they are serving has grown exponentially during the economic downturn. These dedicated service providers continue to devise innovative programs and stretch dollars in order to protect America's most precious resource. The following articles discuss engagement of youth into services, models for medical and mental health care, and educational programs that are successfully providing multiple levels of resources to homeless young people who are either unaccompanied or still with their families.

S spurred by the economic downturn, homelessness is a growing reality among young people whether within a family unit or alone and unaccompanied. In Chicago's northern suburbs, shelter intake numbers for homeless families with children were up 43 percent on October 1, 2009, compared to the same time frame in 2008; in Anchorage, the number of homeless teens in public schools is up 49 percent during the first month of classes. Research literature defines *homeless unaccompanied youth broadly as ages 12 through 24 years* without family support who are living on the streets, in cars or abandoned buildings, shelters, or unstable housing such as the homes of friends or relatives (couch surfing). These reports chart the prevalence of minor youth (under age 18) at 1 million to 2.8 million, but fail to estimate the numbers of homeless 18-to 24-year-olds; nor do they include the length of time youth are homeless, which can vary from a few nights to long periods that lead to street dependence.¹⁻⁶

WHO ARE HOMELESS YOUTH? Understanding the terminology applied to homeless youth can assist providers in linking young people to appropriate services.^{3,4,6} Regardless of how they are classified into categories, these individuals lack a safe environment to live in, be nurtured, and grow.

Runaways: Teens under 18 years of age who leave home or their place of legal residence without family or caretaker permission.

Expelled Youth: Young people who have been told to leave a household, been abandoned or deserted, been taken from home and then not permitted to return (dropped off), or run away without any attempt by a parent or guardian to recover them. Sometimes called *throwaways*, *castaways*, or *pushed-out youth*.⁴

Street Youth: A youth who is indefinitely or intermittently homeless and spends significant time on the street or in other areas that increase personal risk (i.e., sexual abuse, sexual exploitation,



Young people at the Drop-In Center in New Orleans. (Photo courtesy of Tulane Drop-In Health Services)

prostitution, drug abuse). These young people may include *HY/A*, homeless youth and adolescents, or *HYA*, homeless young adults.^{4,6}

LGBT: A common acronym that addresses gender and sexual identities and stands for lesbian, gay, bisexual, transgender, and queer or questioning. Sometimes written *LGBTQ* or *GLBTQ* and may include *I* (intersex) and *2-S* (two-spirited, a Native American term).⁷

Nomadic Youth: Young people who are homeless and travel from place to place. They may comprise various fluid subcultures and identify themselves as *train hoppers*, *goths*, or *punks*; they may be campers who are traveling alone, with a best friend, or part of a tribe. Some known as *road warriors* are often young adults (aged 24 to 30) who have made a lifestyle choice to live on the streets and may engage in aggressive panhandling and intimidating behavior; they may be harder to reach because of persistent mental illness, social isolation, and drug or alcohol dependence. Nomadic youth are all different—some never drink or do drugs, some stay drunk, some call themselves hippies, some vegans, some have pets, some read avidly, some write in their journals recording the world they are so curious about.⁶

Local Kids: Young people who have not moved on and may be trying to get by in a familiar place. They could include a young girl being pimped by someone who gives her a place to stay, a male just out of jail for delinquency, an adolescent who has aged out of foster care, a teenager coming home to graduate like many New Orleans high schoolers did after Hurricane Katrina.⁶

CAUSES OF YOUTH HOMELESSNESS Unaccompanied homeless youth become detached from their families, guardians, or other caring adults for a variety of reasons that can include family or community factors with emotional, economic, or legal overtones. Young people may leave home because of family conflict; parental neglect, substance use, mental illness, or imprisonment; physical, sexual, or emotional abuse by a household member; poverty or overcrowded living conditions; differences in values; or the inability of a parent to accept their child's sexual orientation, or mental, physical, or developmental disability.^{2,4,7}

Mary L. Tornabene, APN, CNP, enjoys a split practice in her work with Heartland Health Outreach in Chicago. She sees accompanied teens who are in a housing program; young people—mostly refugees from Africa—at the Heartland Alliance Marjorie Kovler Center that serves survivors of torture; and both unaccompanied youth and those still with families at a shelter serving eight suburbs northwest of the city. “I encounter most walk-in youth at the shelter’s mini-clinic that offers comprehensive primary care in partnership with Northwest Community Hospital,” Tornabene says.

“I love working with teens—even though they all want instant gratification and are consumed with themselves. I love listening to them, learning about their world, building their trust. I love teaching them to care for themselves and learn the difference between a minor ailment and something that can't wait. I love helping them to heal from traumas and find strength and support to overcome demons associated with mental illness or substance use. I want them to make smooth transitions, to learn from but not be harmed by the system. There are tons of success stories but more often, I don't know if the nurturing has made a real difference in their lives. They all leave footprints on my heart!”

—Peggy Akers, NP, Portland, Maine

“Homelessness has exploded in this area over the past year, and young people have been dropped off at the shelter because of the economy,” continues Tornabene. “Others have left home or been kicked out because of substance use, which may have begun with Vicodin from the family medicine chest. While some of these young people are living in encampments in the Forest Preserve [District of Cook County], others rely on vacant homes and condos in neighborhoods where they blend in, moving from week to week.”

In other instances, state systems charged with adolescents' care during addiction or mental health treatment, child welfare services, custodial care for developmental disability, or juvenile justice may emancipate young people without aftercare arrangements that will support them in transition. Some youth are psychosocially ready for independent living but lack the economic ability to function alone in society. They may be impaired by barriers of language, education,



(Photo courtesy of Tulame Drop-In Health Services)

employment skills, or inadequate work histories that make earning a livable wage impossible.

Society must recognize that these causal factors are not without consequences such as: Adult homelessness with mental health and substance-related disorders, public health issues associated with sexual practices, criminal activity and resultant incarceration, lost income to the community from unproductive lives, or uncovered medical expenses for services to this population.

ENGAGEMENT Clinicians agree that the most important step in working with homeless youth is to establish a relationship. The best engagement tools include:

- Active, nonjudgmental listening
- An understanding that teens will test you
- Honesty and dependability
- Cultural sensitivity and awareness
- Motivational interviewing using open-ended questions
- Remembering not to take teens' actions personally

“Once a week, I do outreach at two teen shelters,” **Emily MacLeod, RN,** says. “My first priority is to see the new teens and educate them about family planning and STD prevention. Another priority is to make sure that they're enrolled in Medicaid since they're eligible.” MacLeod works for Albuquerque Health Care for the Homeless.

“Asking and hearing where they've been, where they are now, and where they see themselves going can open the door to further assessment and engagement,” MacLeod adds. Understanding that most homeless youth have experienced trauma, MacLeod continues: “My observation is that the emotional development of shelter youth is both accelerated and delayed by the trauma of homelessness.”

“When I meet a new young person, I introduce myself,” says **Bella Christodoulou, MSW, LCSW.** “At the Drop-In Center in New

Orleans, I practice what I call guerilla therapy because the people we serve are survivors of a war of the streets, poverty, drugs, family, illiteracy, and more. I try to be authentic, ask if it's OK, let them know that I know what I'm doing (a *good* authority), never force, and leave them an out. My only goal is to foster trust. They're scared because trust has only gotten them grief in the past, so I treat them—and others—with respect (they're watching!). I use body language, tone of voice, choice of words, eye contact, facial expressions, and carefully choose my clothing to encourage a therapeutic alliance.”

“In the Twin Cities, we've found that embedded medical services in agencies that youth view as trusted spaces work best. It may be the Kulture Klub Collaborative where they can work with an artist-in-residence or the shelter that serves really good food, but they'll be more open to health care there,” according to **Eric T. Meininger, MD, MPH**. “We teach our graduate learners the importance these youngsters place on trust. Mental health and trauma are huge; many have been victimized by adults and mistrust institutions in general. The first week a thumb may hurt, but we must take it seriously because it won't be until the third or fourth visit that their real story starts to emerge.”

“Creative activities can be a successful engagement tool for homeless teens,” says **Melissa Berrios, MSW**, the homeless health initiative trainer for The Children's Hospital of Philadelphia. “A local musician and after-school facilitator, Kerby Garcia, used hip-hop music during summer camp in a West Philadelphia shelter to empower young people living there. They learned about language and rhyming, wrote lyrics, and recorded a CD. One girl who had been very aggressive learned to express her emotions through her songs, and others are giving back to other teens through poetry and

ADAPTING CARE DELIVERY TO SERVE HOMELESS YOUTH & ADOLESCENTS

Engage youth in meaningful ways: Shift their role from service recipient to leader and decision maker in program development, delivery and evaluation, organizational management, and advocacy

Get the story: Don't be afraid to ask about housing status

Recognize the link between social issues and health

Create realistic care and discharge plans: Consider environmental limitations and next steps after leaving the ED or hospital

Encourage any positive change!

Promote flexibility and creativity:

At drop-in centers, clinics, shelters, transitional housing, schools

Communicate with case managers, educators, and social workers

Make the handoff: Connect the client to an HCH provider or clinic or help them find a medical home

Practice professionalism and respect with every client interaction

Recognize the continuum: Understand the multitude of risks faced by homeless youth and adolescents

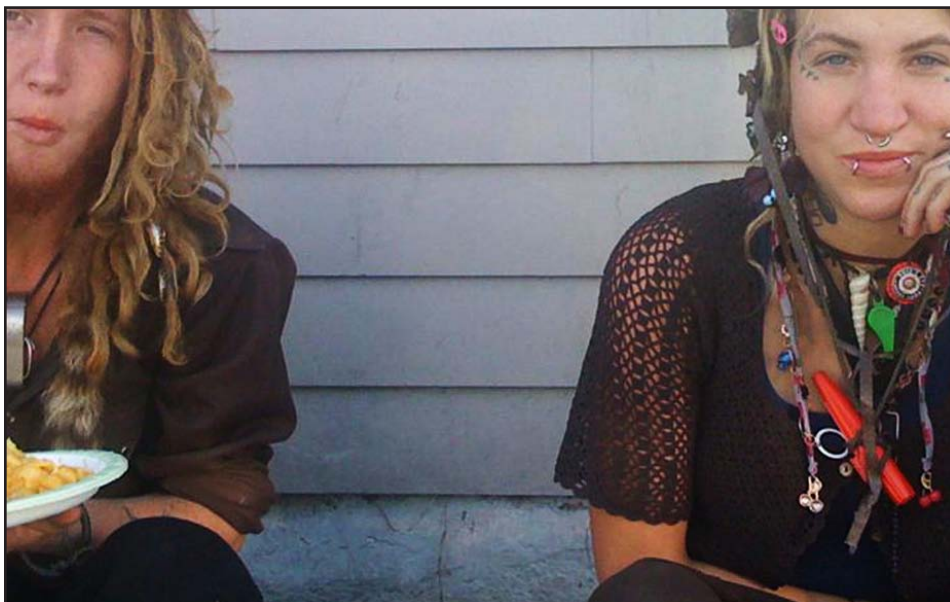
SOURCE: Pearls of wisdom: Serving homeless youth and adolescents⁶

narratives in a survival guide that they're composing. Their involvement through music is helping to engage others as well.”

“At Larkin Street Youth Services in San Francisco, our mission is to create a continuum of services that inspires youth to move beyond the street. We nurture potential, promote dignity, and support bold steps,” says Director of Health Services **Lara R. Tannenbaum, MSW**. “We offer multiple points of entry including street outreach, drop-in services, and housing that progresses from emergency shelters to transitional housing to permanent housing. All clients are unaccompanied homeless youth,” Tannenbaum continues, “and 85 percent range in age from 18 to 24 years. Approximately 60 percent of our clients come from California; the other 40 percent come from across the U.S. and other countries, drawn by our reputation for HIV services.” Over half of new HIV infections in the U.S. occur in individuals under the age of 25, with homeless youth having disproportionately high rates of infection associated with their increased participation in survival sex, sex with risky partners, and IV drug use.⁸

HOW DO WE CARE FOR THEM?

While research data about how homeless youth access services is limited, two studies provide insight into service design and public policy. The first study measured health care utilization by homeless teens and young adults, and found higher outpatient visit use particularly among those who possessed public health insurance.⁹ Another study conducted a cultural epidemiological comparison of youth from the same geographic area in San Francisco who held vastly different self-perceptions. White adolescents, who tended to come from outside the area, engaged in survival lifestyles associated with homelessness and accessed services designed to address the needs of homeless youth.



(Photo courtesy of Tulane Drop-In Health Services)

In contrast, the African American young people were generally born and raised in the city and endeavored to preserve appearances because of the stigma homelessness carried in their culture. Outcomes emphasized the importance of interventions that address long-term housing and vocational services in addition to street outreach.¹⁰

“Support for teenagers who have experienced serious problems with parents needs to offer low barrier services because—at the very least—they will be skeptical of adults,” says **Rachael R. Kenney, MA**, of the Center for Social Innovation. “Providing a safe place to be (a couch to nap on), options to access services (availability of case managers, health care, food), and levels of services (allowing movement along a continuum without requirements) work best. Providers need to realize that many homeless young people don’t think of themselves as being homeless. They may be couch surfing and panhandling, but don’t associate their lifestyle with homelessness.”

Medical Home Model: A medical home provides access to comprehensive and ongoing affordable health care from a qualified primary care practitioner with emphasis on prevention and early intervention. It includes health screening, management of acute and chronic conditions, and followup for specialty care. The model is cost-effective, and it prevents episodic or urgent care visits to clinics or emergency departments.¹¹

“The Packard Children’s Hospital Adolescent Outreach Program has been providing an enhanced medical home to homeless youths for 14 years with a remarkable 70 percent return rate,” reports **Seth D. Ammerman, MD**. “Our mobile medical clinic specifically targets homeless and uninsured adolescents (aged 10 to 25) through collaboration with active teen service programs in three California counties. The multidisciplinary team includes a pediatrician-adolescent medicine specialist, pediatric nurse practitioner, social worker, registered dietitian, psychiatrist, medical assistant, van driver-registrar, business manager, and IT services (digital medical records). Most providers are bilingual in English and Spanish, and we provide medicine free at the time of care, which increases compliance. Referrals are seamless with transportation and a personal handoff.”

Developmental Perspective: It is important to recognize the developmental connections in homeless adolescents with depression and substance-related disorders.¹²⁻¹⁵ Trauma also plays a major role in youths’ development.

“A boy who is chronologically 19 but developmentally 15 is a concrete thinker who does not understand consequences,” explains **Eric Meininger, MD, MPH**. “This doesn’t mean that he is cognitively-delayed because on some levels he will be very street savvy, but his normal milestones for abstract thinking are delayed. Because of abuse or other traumatic event, he’s in survival mode and it’s difficult for him to concentrate on anything else. He needs to be in a safe place with support networks to make up those executive function milestones.”

Jacwynne Daneé Lewis Sergeant is a case in point. At 27, she is close to earning her bachelor’s degree from Southern University at

New Orleans. She likes to write and wants to do research focusing on substance abuse so that she can help others. Daneé is investigating graduate schools, working two jobs, and taking a 21-hour class load, but life was not always so full or promising.

“When I was 16, my second adoptive mother—I’ve lost them both, I do not know my birth mother—was hospitalized multiple times with advanced heart disease. She always took me with her and I lived on a rollaway bed in her room. She was in a lot of pain and when she passed, my world fell apart. By my seventeenth birthday, I was heavily into drugs,” Sergeant says. “When I connected with the Drop-In Center, it became a special place for me, but it wasn’t an easy solution. I was terrified of hospitals and building the courage to face medical detox was enormous. Bella [Christodoulou] worked with me for years to help me get treatment and support me when I’d relapse. I had to decide that I didn’t want to continue living without a place to go and my drug use out of control. It’s been a hard journey, but I hope that my mothers would be proud.”

Christodoulou adds: “Daneé occasionally volunteers at the center with our current clients, telling her story. They love it when she comes because she is an inspiration. Indeed, she’s an inspiration to all of us.”

“Adolescents who are dealing with mental illness, substance-related disorders, trauma, and everything else associated with being homeless are simply out of the capacity to meet maturity milestones,” says **Edward C. Bonin, MN, FNP-BC**. “In addition, homeless unaccompanied youth are anonymous in a number of ways, which makes their treatment problematic because they generally don’t have IDs, medical records, or birth certificates.”

“The Tulane Drop-In Center is grappling with its own challenges,” Bonin continues. “Before Katrina, we were running a fully integrated center with a health clinic downstairs and a supportive, safe place for youngsters to hang out and watch TV, wash and dry their clothes, eat at the exchange, and gradually come to trust our embedded mental health providers upstairs. We were located in the French Quarter where kids could easily find us and lucky to have rented a small cottage next door. Today, that cottage is the Drop-In Center and our medical services are located eight blocks away at Covenant House.”

“Logistics are more difficult now. The center tailors its hours to when the kids want to be there and provides an adolescent-friendly environment, but there’s no room for a washer and dryer. Sometimes teens get distracted on the way to the clinic or are intimidated because at Covenant House, the health care services are in an interior building behind gates. With kids, you have to measure things in very small steps and those steps to trust can be shattered easily. Finding an appropriate space in the Seventh Ward is difficult and it takes money to bring a building up to code,” Bonin adds. “We’re working toward an adolescent treatment center where we can see both domiciled and homeless youth, one with a separate entrance and waiting room. Some young people won’t come because of the rules, but we hope that street youth will access the new community health centers that have resulted from federal grants and are open to all comers.”

LGBT Youth and Homelessness: **Wayne A. Centrone, NMD, MPH**, works for and with street youth globally through the Center for Social Innovation and Health Bridges International. “Both in my previous practice with Portland, Oregon’s Outside In and in South America, I’ve seen the overrepresentation of LGBT youth—a sexual minority cohort that is the most vulnerable of an already vulnerable group,” Centrone says. “These youngsters become homeless because of family abuse, neglect, or conflict over their sexual identity. They may be kicked out or abandoned. They may be harassed, exploited, or assaulted by peers, adults, or police. They represent a hot-button group for improved service access and care.”

Research conservatively estimates that one in five homeless adolescents is LGBT-identified. In addition to being overrepresented among homeless youth, they are seven times more likely to be sexually assaulted than their heterosexual peers are. They are more likely to be approached on the street to exchange sex for money, food, shelter, or drugs, and more likely to attempt suicide (62 percent). Because of the appalling reality that LGBT teens are even less safe than other homeless young people are, a coalition of concerned organizations developed national best practices to improve services for their care.⁷

Social Networking Technology: The power of using new technologies to foster connectivity, information sharing, and learning among young people has been recognized since personal computers became widely available in the 1990s. As the Internet has expanded and the transmittal of sophisticated information has spread using low-cost technologies, the ability for youth to stay in contact with peers has also advanced.¹⁶ Research results showing broad access to cellular phones (85 percent of adolescents ages 12 to 24 in San Francisco; 33 percent of those ages 12 to 14 and 66 percent of high school seniors across the U.S.) and focus group results indicating greater than expected adolescent use of the San Francisco Department of Public

Health sexual health text messaging service led to a demonstration project currently being funded by the U.S. Department of Health and Human Services through the Office of Minority Health.¹⁷

In addition, research has shown that unconnected homeless teenagers using electronic communication (Internet or telephone) and social networks can be influenced to use condoms, thereby promoting safer sex.¹⁸

In New Orleans, the NO/AIDS Task Force has recently received funding to participate in the 2009 Curbing HIV/AIDS Transmission among High Risk Minority Youth and Adolescents (CHAT) by Utilizing a Peer-to-Peer Outreach Model and New Application Technologies. The task force’s objectives are to provide peer-to-peer educational opportunities via both face-to-face outreach and web-based, texting, and tweeting to at least 360 at-risk minority youth by 2012, resulting in 1,400 HIV tests to African American at-risk youth.

Important components in developing the interactive website include:

- Use of information and feedback collected in focus groups by peer workers and from peers in the target community
- Inclusion of peers in the design and development of social network program components
- Provision of a platform for dissemination of general information about HIV/AIDS prevention to encourage testing, safer sex, and making healthy decisions

“When I first saw the request for proposals, I was excited but realized it would take collaborative effort to work,” Bonin says. “NO/AIDS is the prominent AIDS organization here making it the obvious lead agency for the consortium, and we [Tulane Drop-In Health Services] are a good fit because of our outreach to homeless youth and others in high schools. This project promotes advantages for youth in education and health care.” ■

Educational Opportunities for Homeless Youth

Providers identify education as the most important component for keeping homeless adolescents on track to successful and independent lives, and they understand the need to collaborate with educators to achieve those results. Indeed, the concept of social capital relies heavily on the substantial effects that education has on the development of trust and mutual aid.¹⁹ In Portland, Maine (city population 64,000), **Peggy Akers, NP**, works with young people at the Preble Street Teen Center where public school teachers and the Portland Adult Education system staff the Street Academy. The goal is to keep adolescents in high school or help them earn a GED credential, and the academy helps with job searches and resumes.

MCKINNEY-VENTO HOMELESS ASSISTANCE ACT Part of McKinney-Vento, the Education for Homeless Children and Youth (EHCY) Program and Title I, Part A, of the No Child Left Behind Act work in tandem to provide funding to state educational agencies to ensure that homeless children can continue their education without interruption. EHCY removes barriers to school enrollment and attendance for homeless children and youths by providing money specifically earmarked for outreach and identification, enrollment assistance, transportation assistance, school records transfer, immunization referrals, tutoring, counseling, school supplies, assessment, professional development for educators, and

referrals for community services targeted to homeless students. Each school district may apply for grants that fund local liaisons for homeless children and youths, and transportation to and from school.

Federal appropriations for the 2009–2010 fiscal year have been flat, providing \$65 million each year for the EHCY Program, an amount inadequate to meet pre-existing demand, let alone the growth of homeless students fueled by the economic downturn. The American Recovery and Reinvestment Act of 2009 provided an additional \$70 million for EHCY that states could award to districts using a formula based on the number of homeless students or on a competitive

basis. Local liaisons for homeless children and youths understand that their communities must raise extra funding to meet students' needs.

"The folks working with these programs are interesting characters with true entrepreneurial spirits," says Policy Director **Barbara Duffield**, at the National Association for the Education of Homeless Children and Youth (NAEHCY). "And it's a good thing because the need is increasing. The homeless liaisons provide the building blocks that help stabilize these adolescents by structuring fully-enhanced educational opportunities. Often educators need to ferret out what's going on with a youngster because the young person wants to blend in with his or her peer group—it's important to be normal and not seem different. When the problem is a disruption in housing, whether it's living in a shelter, out of a car, with relatives, or couch surfing from one friend to another, then the liaison seeks the right mix of resources to help. Today, more school districts are also involved in finding housing for young people."

NAEHCY A national grassroots association, NAEHCY acts as the voice and social conscience for educating children and youth who are homeless. The organization strives to support and ensure the overall success of children and youth whose lives have been disrupted by the lack of housing. It connects and supports its members who

include parents, educators, clinicians, service providers, and advocates. NAEHCY's national advocacy is built on knowing what works to facilitate education for unaccompanied homeless youths. Model policies and programs include:²⁰

- Meet young people's basic needs so they can achieve their educational goals
- Help young people feel that school is a safe, supportive place so they will enroll, attend, and succeed
- Push for more consistent implementation of the McKinney-Vento Act with increased personnel and uniform procedures
- Encourage schools to adopt flexible policies and programs that accommodate homelessness and independence
- Draw back disengaged youth by being a caring, persistent adult in their lives
- Improve child welfare policies and practices to reduce the number of homeless youths in the system
- Make supportive services accessible to unaccompanied youth
- Involve unaccompanied young people as active partners in efforts to support their educational success

SERVING A DIVERSE POPULATION

Assessing and addressing needs because she knows education is the key, **Barb Dexter**, with the Anchorage School District Title I department and Child in Transition/Homeless Program, has been connecting young people to school and advocating for 17 years. "In the beginning, I used to go to parent-teacher conferences and introduce myself to the teachers. Now I have constant referrals and serve about 1,000 youngsters annually. Our numbers are up 32 percent overall from last year, and 49 percent for adolescents."

Anchorage's diverse population speaks over 100 different languages. Some families are native, others are refugees, and some moved to Alaska because of the Permanent Fund Dividend ("About \$1,300 a person seems like a lot of money, but the cost of living is really high," comments Dexter). Sometimes when a family moves, young people are left behind. Anchorage has a Covenant House that helps with teen housing and Denali KidCare lets unaccompanied young people make medical and dental appointments.

To ensure that students graduate, Dexter tracks down credits from wherever they attended school. A certified teacher, she uses online courses and an individualized independent studies program where teens read six books they choose together (one can be the bestseller, *Twilight*). "Food is a constant at all the tutoring and special programs throughout the year. It's a good way to reach adolescents—particularly boys," Dexter adds. "The kids really like fresh fruits, vegetables and milk."

Dexter views her role on the NAEHCY advisory board reviewing scholarship applications to the LeTendre Education Fund as one of her job's perks. "The 2009 batch of applications just arrived, and I can't wait," she states. "It's been particularly rewarding to have a couple of 'my kids' receive scholarships." Annually a minimum of two \$1,500 scholarships are given that may be used for educational post-secondary program expenses including tuition, application fees, books, prep courses, and visits to prospective colleges.

MENTOR HOMES Adrian, a rural county seat (population 22,000), in southeastern Michigan serves many tiny towns with great need. Adrian Public Schools Homeless Youth Liaison **Beth McCullough, MA, LLP**, describes the three-year-old Roadmap to Graduation Program that so far boasts a 100 percent success rate with many students going on to college. The idea sprang from a mother who hosted a foreign exchange student every year, but this year hosted a student from Palmyra, a township that does not even have a stoplight. That led to the formation of a countywide homeless youth committee that determined how to replicate the mentoring process and help unaccompanied 17- and 18-year-olds graduate from high school.

"We seek mentor families that take responsibility for a youngster 24/7," McCullough says. "We partner with Catholic Charities—the agency here that offers foster care services and adoption placements—to do background screenings, and provide the family a \$300 per month stipend that basically feeds the teen and helps with senior expenses. These funds aren't in the budget, so people from the county—including caseworkers in the

TIPS TO HELP ENSURE ACCESS TO EDUCATION FOR HOMELESS YOUTH

- Know your school district liaison for homeless children and youth
- Make sure young people are fully enrolled in school including extracurricular activities such as sports and music
- Don't push older students toward GEDs
- Be aware that school systems must provide transportation from where the student is living to school
- Ask questions if you don't think an EHCY Program is at the school
- Tell youth about the College Avenues program that allows those 21 and under to apply for financial aid as independent youth without regard to family finances

SOURCE: Barbara Duffield, Policy Director, NAEHCY

program, small businesses, Kiwanians, and churches—donate to make it work. This year, we were able to get stimulus funds, too. Considering the costs of juvenile court, a teen pregnancy, or youngsters who work for minimum wage and end up on welfare, the program is a tremendous bang for the buck.”

According to McCullough, the program is a source of good modeling. “One girl said she couldn’t believe there was no yelling, no hitting. Others have learned how to cook something besides frozen mac and cheese or ramen noodles for dinner. Teens develop independent living skills such as learning how to handle money when grocery shopping by using a list and coupons, or planning for a special outfit when buying clothes. While we always try to reconcile youngsters and repair family relationships, occasionally the mentoring family becomes the young person’s home base after graduation—the place they come for holidays and summer vacation.”

“We’re seeing an incredible increase in homeless families this year,” McCullough continues. “We had 414 homeless students enrolled during the last school year, and this year we have over 100 homeless students identified in the first month of school. Our Roadmap Program served five seniors in 2007, six in 2008, and we already have four students this month and perhaps a fifth today.”

WHO DO YOU CALL? Providers in Albuquerque, **Emily MacLeod, RN**, and **Rachel Rodriguez-Marzec, MS, FNP-C, PMHNP-C**, contact the Homeless Project Title I Liaison **Helen Fox**, a dynamo who is always on the move to help keep “her children” in school. “The McKinney-Vento funding is a Title I set-aside,” she says. “Our share in 2008 was \$40,000, which allowed us to get 5,000 children enrolled with school supplies and provide transportation to keep them in their same, familiar schools. One of the largest school districts in the nation, Albuquerque Public Schools is a city-county district with 140 schools. Two of my staff help write grants that bring in another \$150,000 annually from federal and city agencies, and 13 private grants. In addition, our community is fabulous! We get tremendous help from service clubs,

churches, and individuals who supply cash, school supplies, and clothes.”

Fox’s office runs programs at 14 locations and three school levels (elementary, middle, and high) on two nights each week. They focus heavily on ninth and tenth graders to help them stay on target and not get lost in enormous high schools. With eleventh and twelfth graders, the emphasis is on interest inventories, writing resumes, zeroing in on problems in their classes, and assuring they have the credits to graduate. Each evening, the program provides a catered hot meal along with transportation back to where the young person is staying. “Our summer programs partner with many agencies and include physical and mental health care. Our staff is composed of teams that help youth focus on the next steps in their education plans after graduation,” including:

- Young people who want to learn about and prepare for college
- Young people in eleventh and twelfth grades who want to find a trade union mentorship
- Young people who want to find work that is not a dead-end job

Fox makes presentations locally and nationally, and will present at the NAEHCY 2009 annual conference in Denver. Barbara Duffield looks forward to the enthusiasm that Fox will generate because she knows that her experience and energy will benefit educators and advocates from around the country.

HOMELESS TEEN EDUCATION PROJECT

A member of the HCH Clinicians’ Network Pediatrics Work Group, **Deborah McMillan, MSW, LSW**, manages Philadelphia’s Homeless Teen Education Project, and is vice president for Public Health Management Corporation’s social service programs. PHMC is an HCH grantee that collaborates with government, businesses, foundations, and community-based organizations to build healthier communities. Now in its third year, the teen project partners with public schools to help youngsters living in family shelters with their parents, and can point to five areas of success: improved attendance, less tardiness, fewer behavior problems, better grades, and college acceptance for 10 percent of its graduating homeless teens.

“Our homeless teen education specialist services five family shelters with as many as 150 teens,” McMillan says. “She is the case manager for their educational plans and meets with teachers to assess grade placement and progress while also making sure they receive school supplies, uniforms, bus tokens, credit recovery important for graduation, and can participate in extracurricular activities. She’s made tremendous progress in establishing trust with the youngsters and a teen peer support group.”

“In a city where as many as 50 percent of students drop out, this is an enormous economic issue,” McMillan adds. “Research shows that the best economic stimulus is a high school diploma because halving the dropout rate can add millions of dollars in wages to a city’s economic stability.”

Young people in shelters are receptive to personalized attention because staff concentrate on adults and mothers devote time to younger children or rely on teens to be surrogate parents for their siblings. A core group of 30 students attends all events including:

- Emphasis on staying in school and getting good grades
- Considering college as an option
- Exposure to college fairs and tours
- SAT review classes
- Practicing online with college applications
- Career workshops outlining requirements with special speakers who give a human face to a role

MYRIAD MODELS STRIVE FOR EDUCATIONAL SUCCESS

While collaborative ventures between health care providers and educators do not reach all homeless youth, those who are helped to achieve more stability and finish high school show greater self-assurance, less anxiety, and a growing understanding of healthy lifestyles and nutrition that together with increased life skills will serve them well in both the near-term and ongoing endeavors.^{1,20} The process of adults reaching out to adolescents with nonjudgmental understanding and support produces success stories even in the harshest environments. ■

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