

# Youth in Crisis

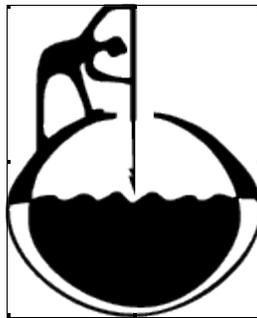
## Characteristics of Homeless Youth Served by Covenant House Alaska

### Final Report

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## **Abstract**

This research is the result of a partnership between Covenant House Alaska and the Institute of Social and Economic Research at the University of Alaska, Anchorage, as part of a national effort, initiated by Covenant House Institute, to create partnerships between Covenant House service providers and academic institutions. This report documents trends in use of Crisis Center at Covenant House Alaska and the characteristics of its clients. Use of Crisis Center, measured by visits and length of stay, has been increasing since 2003. The number of youth coming to Covenant House Crisis Center from outside of Anchorage is increasing, as is the number Alaska Natives served by Covenant House. Data indicate that many after aging out of foster care, many youth end up at Covenant House. Similarly many who receive mental health care outside of the state, return to Alaska and end up at Crisis Center. Few have high school diplomas or GED and three out of four are unemployed.

## **Acknowledgements**

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## Introduction

This research is the result of a partnership between Covenant House Alaska and the Institute of Social and Economic Research at the University of Alaska, Anchorage. It is part of national effort, initiated by Covenant House Institute, to create partnerships between Covenant House service providers and academic institutions. The partnerships provide Covenant House with technical expertise to help Americans better understand the needs of homeless young people and better information for program development and evaluations. This research also allows Covenant House Institute to look across regions and to understand similarities and differences among Covenant House sites and make appropriate policy recommendations.

Covenant House Alaska is one of 21 sites providing shelter and services to homeless and at-risk youth in North and Central America. It began providing services in 1988 and serves 13 to 20 year olds. It is located in Anchorage but increasingly serves youth from around the state. Covenant House is the only shelter in Alaska for homeless youth. Prior to its establishment, homeless youth were staying in adult shelters.

In this report, we borrow from Toro, et al. (2007, 2) who define homeless youth as "not more than 21 years old, who lack a safe living environment ... and are without supervision of an adult caretaker".

This paper presents patterns and trends in characteristics of youth served by Covenant House Crisis Center. We know from other research (Martin, Killorin and Colt 2009, Aos and Drake, 2006) that programs directed at youth are highly effective in reducing future social costs. By providing services such as education, mental health care, job placement, and substance abuse treatment to youth, Covenant House is helping to offset higher future costs.

### Key findings

- The non-Anchorage share of youth at Crisis Center is increasing. The largest increases are in youth coming from out-of-state and from remote rural Alaska.
- Alaska Natives make up an increasing share of youth served by Crisis Center.
- Up to 40% of youth aging out of foster care end up at Crisis Center.
- Many youth who receive mental health care outside of the state, return to Alaska and end up at Crisis Center.
- Few youth at Crisis Center have a high school diploma or GED. None coming from rural Alaska have a diploma or GED.
- Three out of four are unemployed, and among youth coming from outside of Anchorage, 86% are unemployed.

## Study Methods

### Data

The dataset covers youth who stayed at Covenant House and then requested services beyond a place to sleep for the night. Data come from two sources: Covenant House Crisis Center intake/discharge files and medical records. Intake/discharge files cover 1999 thru early 2009. For the purpose of this study, medical records from 2007 through early 2009 were entered into electronic database and matched on to intake files. Medical records cover only a subset of intakes and may not be a representative sample because youth choose whether they want to have a medical examination and then are responsible to follow-up on the appointment. However, tallies of responses to questions that are in both the intake/discharge data and medical data show similar results.

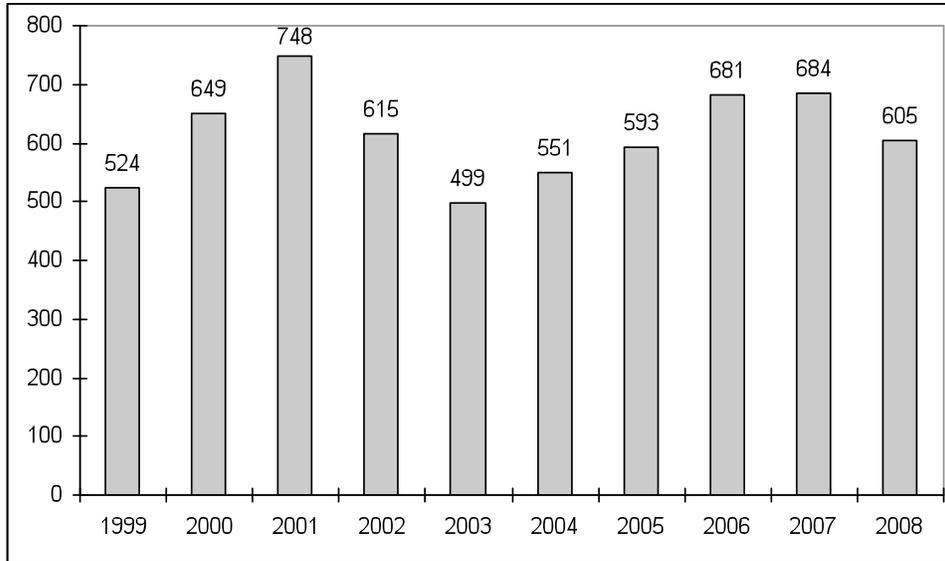
We present data from 1999 through 2008. These data allow us a view of Crisis Center clients over 10 years. Figure 1 presents total intakes and includes duplicate counts. So, for example, if a person receives Crisis Center services in January, then again in September, that person is counted twice. The remainder of the report is based on unduplicated records. To create a dataset with no duplicate records in any year, we used the first time each year a youth entered the Crisis Center. Covenant House Crisis Center serves youth ages 13 through 20. Because the needs and characteristics of youth 13 thru 17 are different than young adults 18 thru 20, we present findings separately for each age group, where appropriate. In some places in our analysis, we combine 3 years of data 2006-2008 to present a snapshot of recent clients. Where we describe differences between youth coming to the Crisis Center from rural Alaska and from other places, we use data from 2004-2008 in order to have a large enough sample from rural Alaska.

# Findings

## Demographics

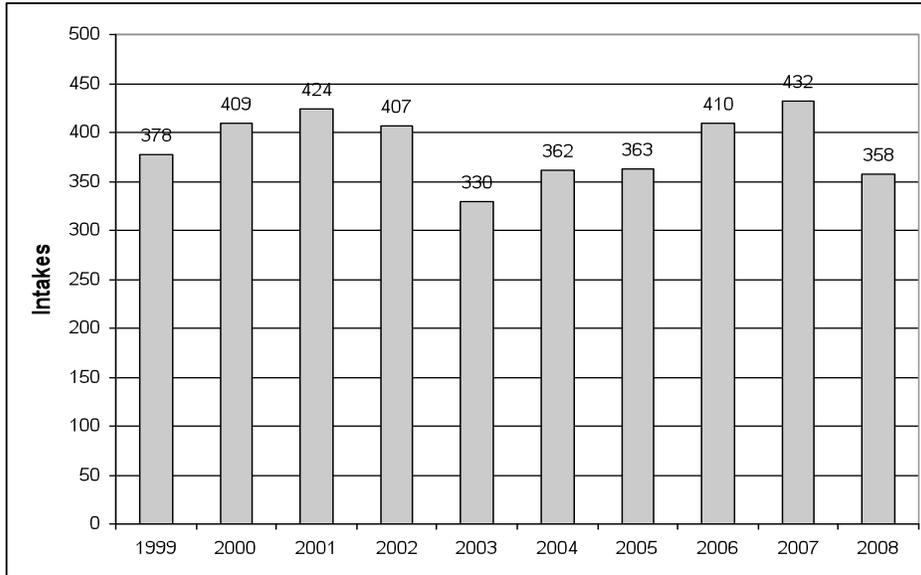
The total number of youth served by Covenant House Crisis Center averaged 615 per year over the 10 years from 1999 through 2008. Figure 1 shows that over the past 5 years, the total has increased by an average of about 4% per year.

**Figure 1 Duplicated counts by year 1999-2008**

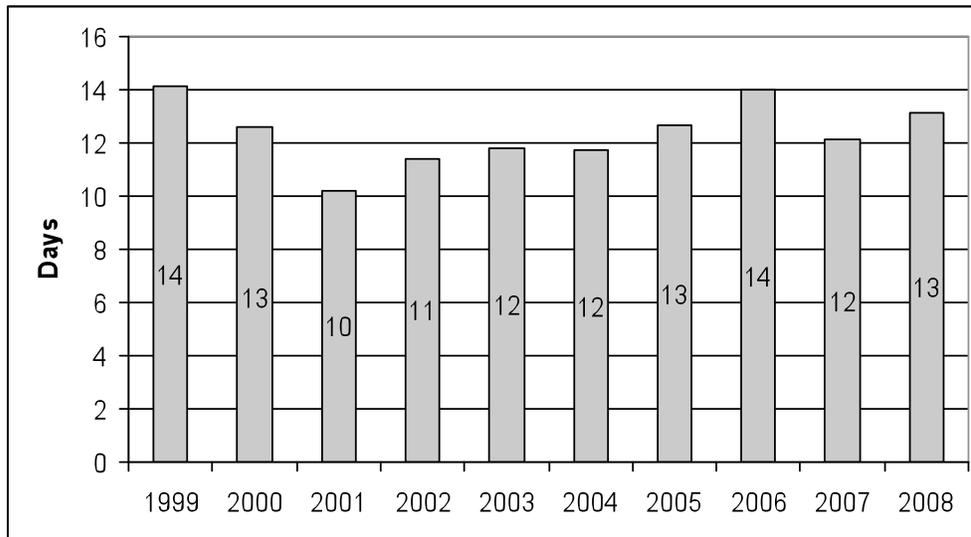


Unduplicated counts are presented in Figure 2. Intakes average 378 per year over the 10 year period and have been increasing in most years since 2003. Counts are lower in 2008 than in previous years. However, figures 3 and 4 show that lower counts do not necessarily mean less crowding. Youth are staying longer and are requesting services from Crisis Center more than once during the year. Figure 3 shows that since 2001 youth are staying longer. Figure 4 shows that in 2008, more than one out of three returned for more than one stay. In 1999, less than one quarter returned.

**Figure 2 Unduplicated counts 1999 to 2008**



**Figure 3 Average length of stay 1999-2008**



**Figure 4 Share of youth returning for more than one stay 1999-2008**

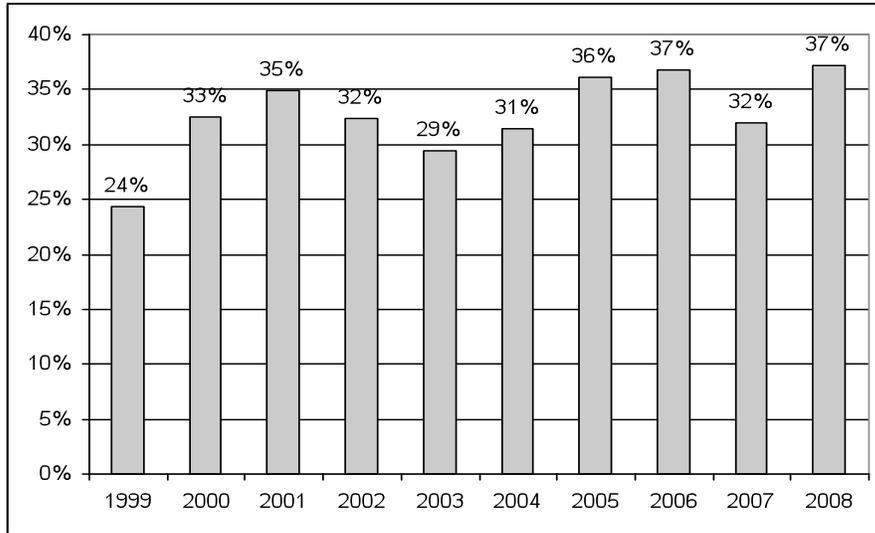


Figure 5 shows that in 2007 and 2008 Crisis Center served slightly more females than males (50% and 52% respectively). From 1999 thru 2006, females averaged 47% of the total.

**Figure 5 Youth by gender 1999-2008**

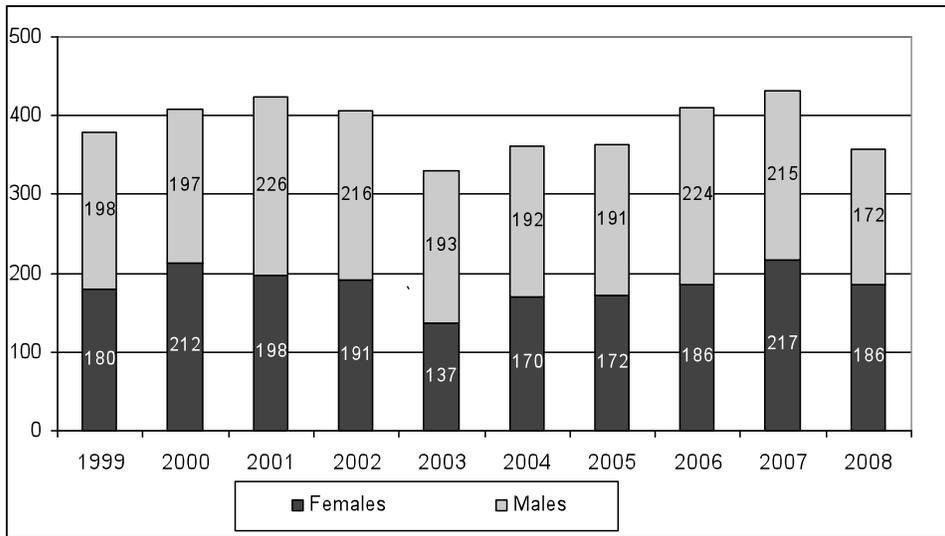


Figure 6 shows that the number of youth ages 18-20 has been generally increasing over time. The number of youth ages 13-17 dropped in 2008.

**Figure 6 Youth by age 1999-2008**

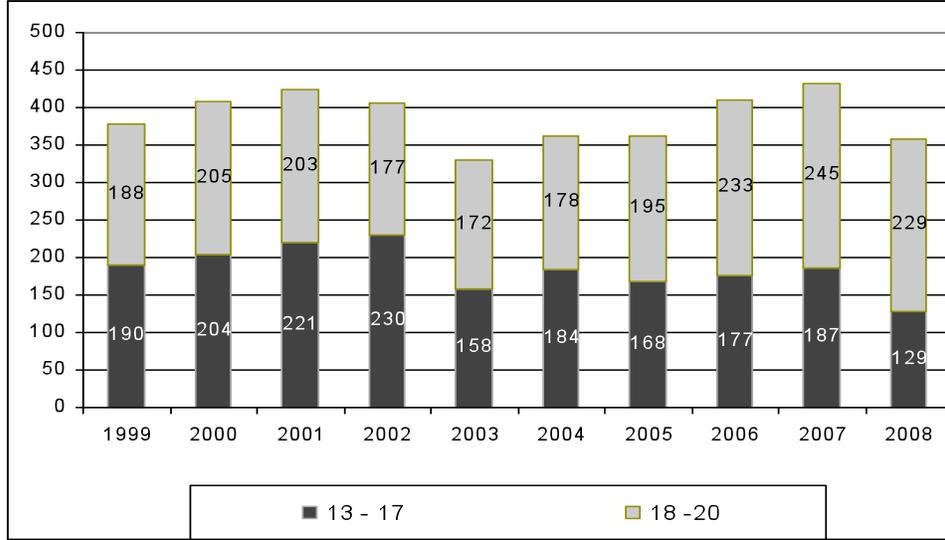


Figure 7 shows that the share and number of Alaska Natives served at the Crisis Center has increased over time. The Alaska Native share has nearly doubled over 10 years, rising from 20% in 1999 to nearly 40% in 2008. In 1999, 75 Alaska Native youth received services. By 2007, the number more than doubled to 165.

**Figure 7 Youth by ethnicity 1999-2008**

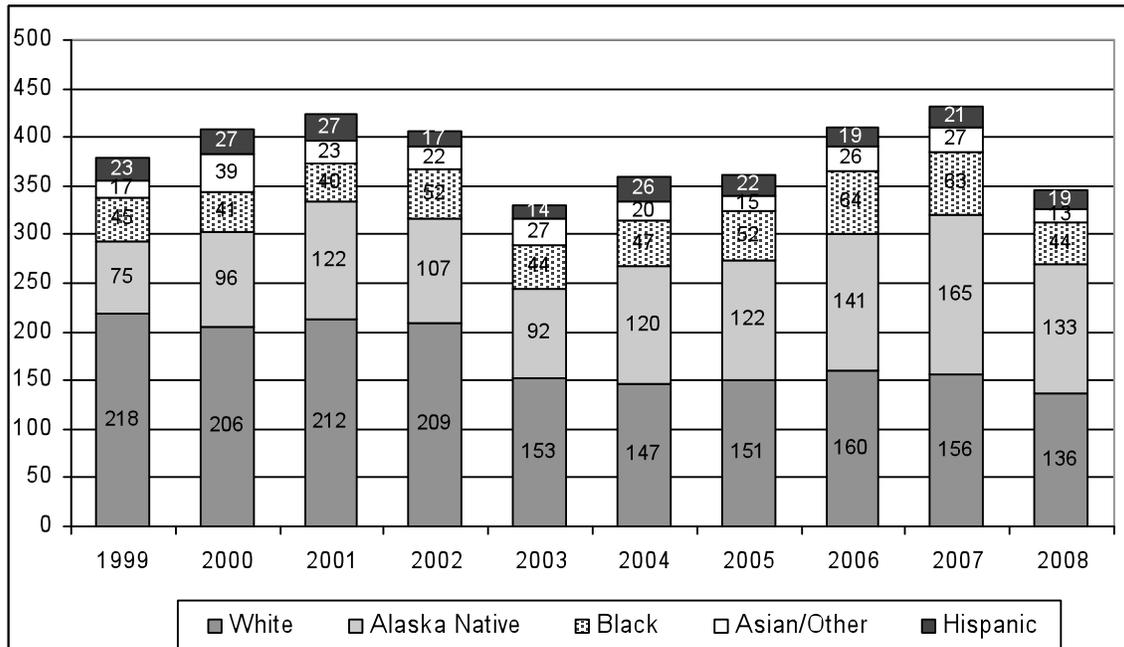


Figure 8 presents counts of youth by residence. It shows that youth coming to Anchorage from rural Alaska make up an increasing share of Crisis Center intakes, as do youth coming from out-of-state. The number of youth coming from rural Alaska increased from 7 in 1999 to a high of 65 in 2007. This increase mirrors high rates of out-migration from most rural communities (Williams 2010). Rural out-migration is driven in part by perceptions of better employment and education opportunities, access to services in Anchorage, and the rapidly rising cost of living in rural areas (Lowe 2009, Martin, Killorin, and Colt 2008). Nearly all of the youth coming to Crisis Center from rural Alaska are Alaska Natives. The figure also shows that the number of youth coming from out-of-state has increased from 5 in 1999 to a high of 123 in 2007. Crisis Center intake data show that from 2006 through 2008 about 25% of youth coming from out of state had received mental health treatment out of state. The increase from 2006 to 2008 coincided with implementation of Alaska's Bring the Kids Home<sup>1</sup> initiative. The goals of the project were to provide mental health services for Alaska youth within the state, and send fewer to out-of-state residential treatment. Fewer youth are being sent to outside of Alaska for residential mental health treatment. Alaska Department of Health and Social Services data show that the number being sent outside of the state decreased from 752 in 2004 to 202 in 2008. Admissions to in-state residential treatment have remained fairly steady. Likewise, the number of youth discharged is higher than in 2004 (Department of Health & Social Services, 2008). One possible explanation is that fewer youth are being admitted to residential treatment facilities, but there isn't sufficient community based support to meet their needs, and those coming home from out-of-state are likewise unable to access community based support.

**Figure 8 Area of residence 1999-2008**

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<sup>1</sup> The Bring the Kids Home Initiative (BTKH) was implemented in 2003 to address the dramatic increase starting in the 1990s in the number of Alaska children receiving behavioral health services in out-of-state (OOS) Residential Psychiatric Treatment Centers (RPTCs) rose dramatically.

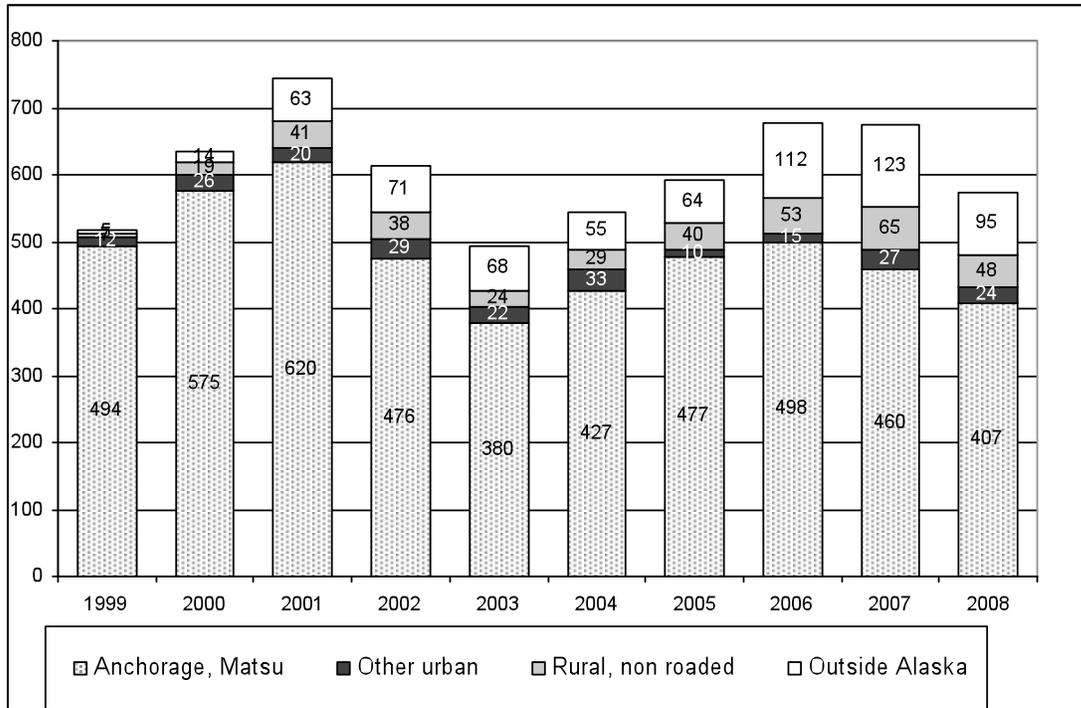
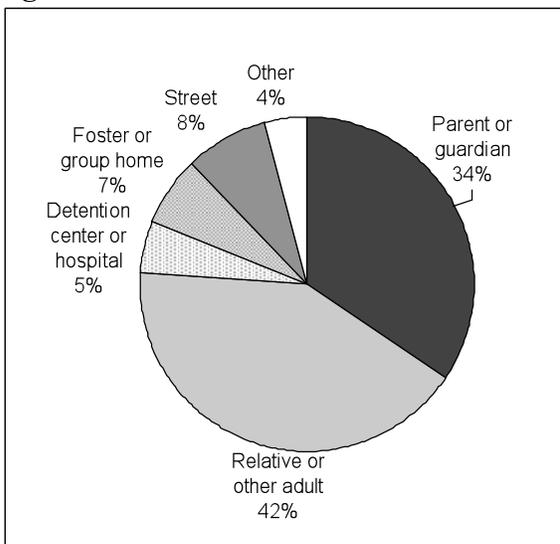
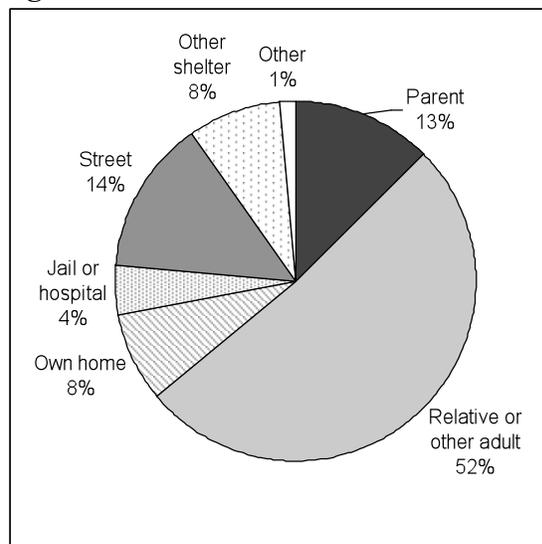


Figure 9 shows where youth spent the night prior to entering Crisis Center. Three out of four youth ages 13 to 17 were staying with a parent or other relative or adult the night prior; about 8% were living on the street; 7% were in foster care or a group home, and 5% were in detention centers or hospitals. About half of youth 18 to 20 were living with another adult or relative, 22% were in another shelter or on the street.

**Figure 9 Last night's living situation 2006-2008**  
Ages 13-17



Ages 18-20



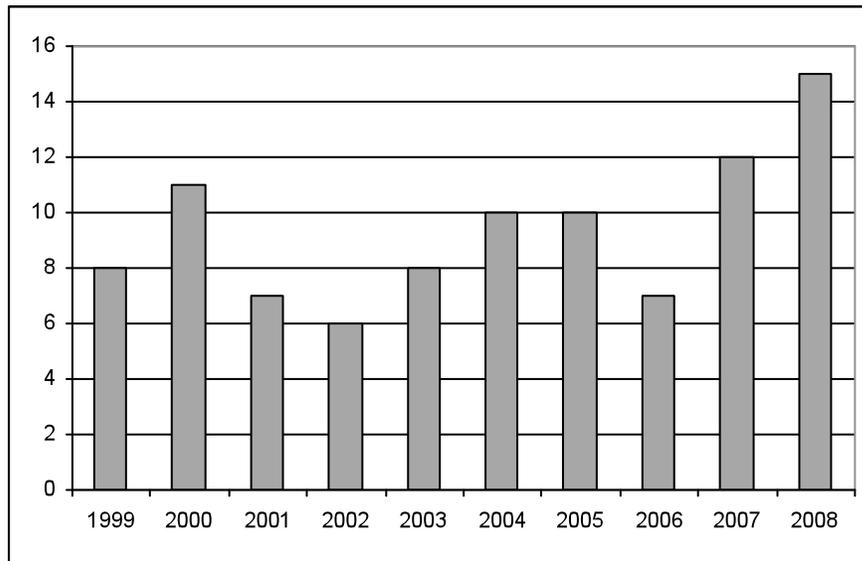
## **Legal issues**

Data from 1999-2008 show that, on average, one in ten youth ages 13 to 17 has been arrested in the past 3 months. Among youth ages 18 to 20, one in five has been arrested in the past 3 months.

## **Foster care and institutional placement**

About one in three youth have been in the foster care system at some point in their lives. During the 12 months prior to coming to Crisis Center on average about 12% of 13-17 year olds were in foster care. Data indicate that many youth end up at Crisis Center when they turn 18 and age out of foster care. Figure 10 shows counts of 18 and 19 year olds who have been in foster care during the 12 months prior to coming to Crisis Center. In Alaska, each year, about 40 youth age out of foster care (State of Alaska, Office of Children's Services, 2009) and up to 40% end up at Crisis Center.

**Figure 10 18 and 19 year olds in foster care during the 12 months prior to entering Crisis Center**



### **Violence, abuse and loss**

Medical data indicate that almost half (46%) of girls and young women at the Crisis Center have been victims of sexual assault. About 7% of boys report having been sexually assaulted. Sexual assault rates for Alaska Natives are not significantly higher than for non-Natives. The child sexual assault rate in Alaska is more 6 times the national average. The Alaska rape rate is 2.5 times the national average (National Coalition Against Domestic Violence, 2009).

### **Health and mental health**

According to medical records, 15% of youth ages 13 to 17, and 19% of youth ages 18 to 20 are obese or very obese. These are higher than statewide rates. The Alaska Department of Health and Social Services (AkHSS) reports that 11% of high school students (AkHSS, 2008) and 16% percent of 18-24 year olds are obese (AkHSS, 2009). Obesity is linked to high blood pressure and diabetes. Obesity and its contributors are also linked to poor academic performance among Alaska high school youth (AkHSS 2008).

According to medical records<sup>2</sup>, 28% of females report that they are a parent or are pregnant.

Medical records show that almost 40% of youth have had residential mental health treatment. Intake records show that the most commonly reported psychological problems are depression, attempted suicide, suicidal ideation, and ADD/ADHD. In 2009 80% of youth at Covenant House were identified as Alaska Mental Health Trust beneficiaries,

<sup>2</sup> The rate according to intake data is similar at 25%.

which means they have one or more of: mental illness, substance abuse, developmental disability or traumatic brain injury (Covenant House, unpublished report). According to Brita Bishop, at the Alaska Dept. of Health and Social Services, teens ages 17 and older sometimes become 'disgusted with the system' and stop seeking mental health treatment, and many of the programs are designed for younger teens and do not meet the needs of young adults (telephone interview March, 2010).

**Education**

Figure 11 shows that from 1999 through 2008, on average, about 65% of youth ages 13 thru 17 were attending school. Since 2004, the percentage attending school has been higher than in previous years. Note that about 12% of youth come to Crisis Center when school is not in session and so are not included in the figure.

**Figure 11 School status of youth ages 13 to 17**

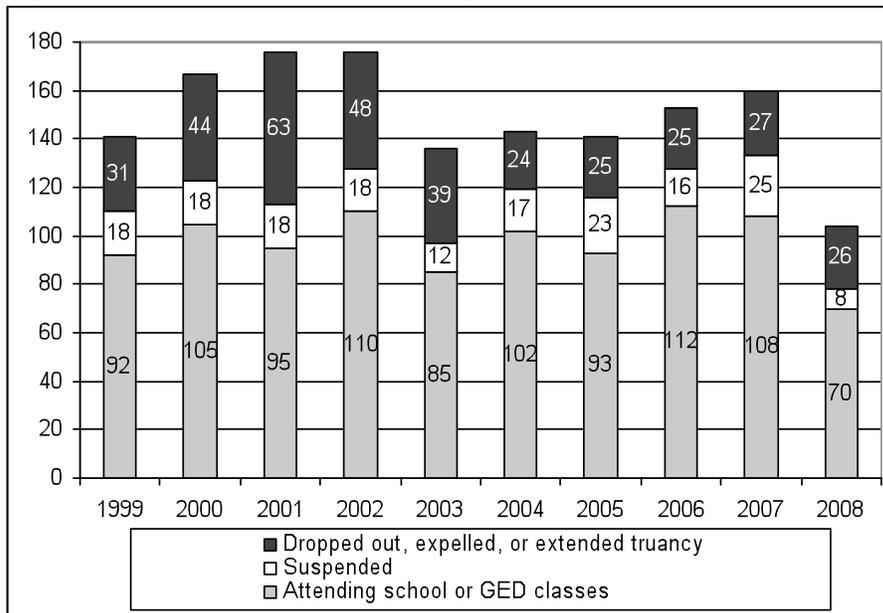
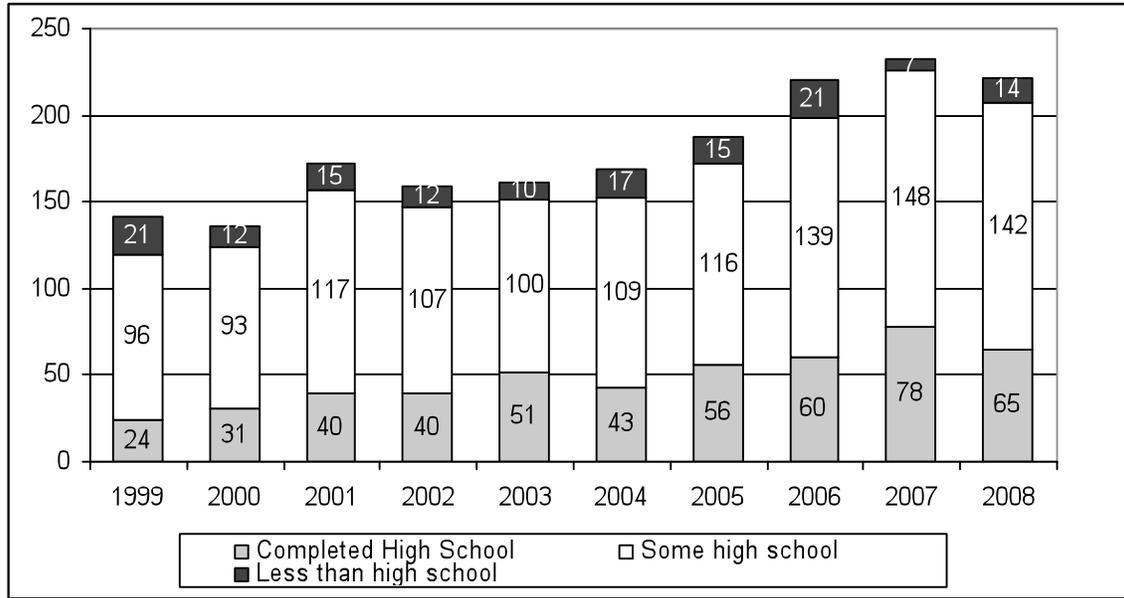


Figure 12 shows educational attainment of 18 to 20 year olds. The share of 18 to 20 year olds reporting that they have completed 12<sup>th</sup> grade or higher has risen since 1999, when it was about 17% and has been between 25% and 33% since 2002.

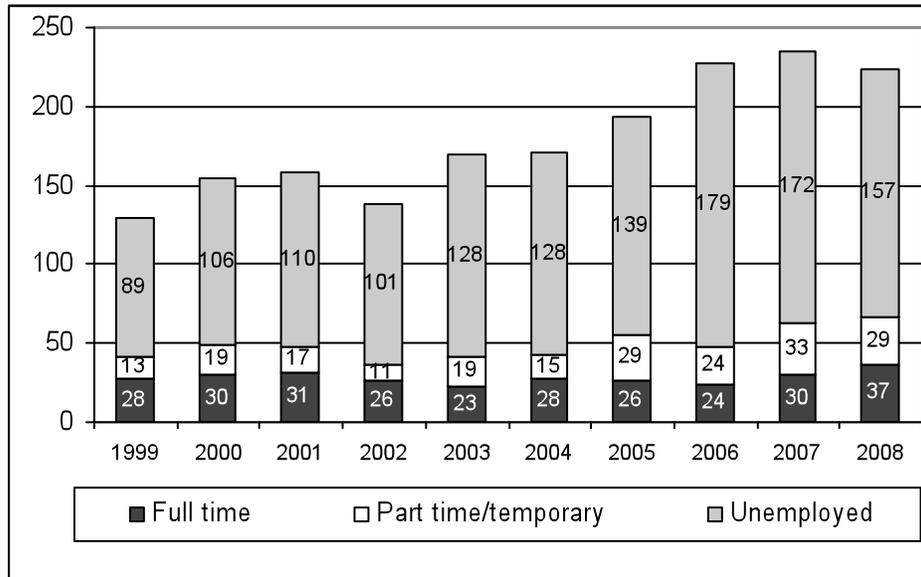
**Figure 12 Educational attainment of 18 to 20 years olds**



**Employment**

**Figure 13 Employment status of 18 to 20 year olds**

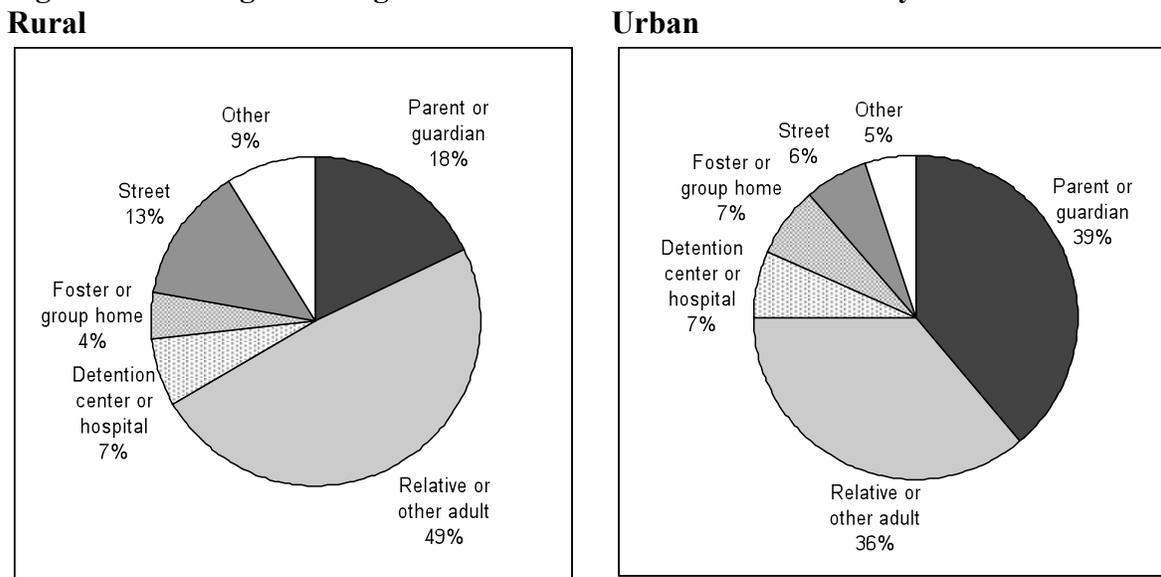
Figure 13 shows high unemployment among 18 to 20 year olds at Crisis Center. On average, 73% of the adult population is unemployed, ranging from 68% in 2000 to 79% in 2006.



## Youth coming to Crisis Center from rural Alaska.

In light of the recent increase in the number of youth coming to Crisis Center from rural Alaska we repeated the descriptions to compare them to youth coming from other places. We used 5 years of data for these tabulations to increase the sample size. Data do not show significant differences between youth from rural Alaska and from other places in terms of health, sexual or physical abuse, arrests, or education. However, there were some differences. Youth coming from rural Alaska are more likely to have repeat stays but their length of stay is not significantly different from that of youth coming from other places. Of 18-20 year olds, 86% of those coming from rural Alaska were unemployed, compared to 72% coming from other places. Figure 14 shows that youth ages 13 to 17 coming from rural Alaska are more likely to be living on the street, or staying with adults other than their parents than are youth coming from other places. This is consistent with the research showing that youth come to Anchorage without their parents (Lowe 2009), and many "couch surf," moving from place to place until they end up on the street or at Covenant House.

**Figure 14 Last night's living situation 2004-2008 rural and urban youth 13-17**



## Conclusions

The number of youth coming to Crisis Center from rural Alaska is likely to continue to increase because the conditions driving rural urban migration—perceptions of more and better jobs and expanded educational opportunities in Anchorage, and the increasing cost of living in rural Alaska—are unlikely to change.

Data indicate gaps in services for homeless youth. In particular we see evidence of gaps in the areas of mental health treatment, transitioning from foster care, and for youth moving to Anchorage from rural Alaska.

Education and employment are critical issues for homeless youth. Most lack a high school diploma or GED, which are required for most entry level jobs.

## **Recommendations for future research**

Continue collaboration between the University of Alaska Anchorage and Covenant House to improve data collection, streamline questionnaires, and develop questions to measure outcomes from Covenant House programs. Development of outcome measures and collecting data on them is the first step toward analyzing the cost and benefit of Covenant House programs.

Low levels of education and high unemployment among youth coming to Crisis Center show a need for services. However, short stays at Crisis Center, mental health conditions and pregnancy may be barriers to service. There are likely to be others as well, such as transportation. Develop a better understanding of barriers to service in order to make existing programs more effective.

Gather more and better information about youth coming from rural communities and how to connect them with support services before they become homeless.

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