

The system-of-care for homeless youth: perceptions of service providers

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Abstract

Service providers' perceptions of the system of care for homeless youth are described. Face-to-face structured interviews were conducted with staff at homeless youth agencies in Los Angeles County (L.A. County) regarding organizational and staff characteristics, issues affecting youth, types of available services, gaps in services, and barriers to service delivery.

Overall, agencies were large, well established, and provided multiple services. Most agencies (62%) were concentrated in Hollywood, a cruise area of L.A. County. Clear distinctions emerged between large and small agencies; large agencies had more resources, more professional staff, were established longer, and were policy advocates. Typical of other US metropolitan areas, services for homeless youth in L.A. County are located in cruise areas, and are not as readily available in other geographic areas. Such geographic barriers to providing a comprehensive and coordinated system of care can affect youth's pathways out of homelessness.

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Nationally, there are about 1 million youth who are homeless, including youth who runaway (National Runaway Switchboard Statistics, 2000). Homeless youth are young people, from ages 12 years to the early twenties, who have spent at least one night on the streets, in a public space (e.g. park), or shelter (Greene, Ennett & Ringwalt, 1997; Rotheram-Borus, Parra, Cantwell, Gwadz, & Murphy, 1996). This definition of homeless youth includes, for example, runaways and youth kicked out of homes and is based upon previous research on homeless youth (Cauce et al., 2000; Kipke, O'Connor, Palmer, & MacKenzie, 1995; Kruks, 1991; Whitbeck & Simons, 1990; Ringwalt, Greene, Robertson, & McPheeters, 1998; Robertson, 1989).

About 8000 homeless youth can be found annually in Los Angeles County (L.A. County) (Rivera, 2001), the largest county in the United States (US) [US Census Bureau, County and City Data Book: 2000, Table B-1]. These youth

are at high risk for social, behavioral, physical and mental health problems (Baron, 1999; Forst, 1994; Hersch, 1988; Kipke, Montgomery, & MacKenzie, 1993; Klein et al., 2000; Molnar et al., 1998; Rotheram-Borus, Koopman, Haignere, & Davies, 1991). Being homeless for a prolonged period of time exacerbates these risks (Booth & Zhang, 1996; Greene & Ringwalt, 1996; Inciardi & Surratt, 1998; Kipke et al., 1997; Kral, Molnar, Booth, & Watters, 1997; Mundy et al., 1990; Shaffer & Caton, 1984; Robertson, 1989). The service sector is an important contextual factor that can influence the trajectory of these youth out of homelessness.

Understanding how the service sector operates in L.A. County helps illuminate how the system of care for homeless youth responds to their needs (e.g. physical, safety, love and affection, esteem, and self actualization; Maslow, 1970) and can influence their pathways out of homelessness. Researchers continually point to the importance of intensive, coordinated and on-going services for this population to address their needs (Bass, 1992; Craig & Hodson, 2000; Greene, Ennett, & Ringwalt, 1999;

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Klein et al., 2000; Pollio, Thompson, & North, 2000). Yet, the existence of such service networks, especially in large urban centers in the US is rare. Services for homeless youth in the US are usually concentrated in inner city urban areas where homeless youth are visible on the streets (Tenner, Trevithick, Wagner, & Burch, 1998). These inner city urban areas are often cruise areas. Cruise areas are sections of urban areas characterized by a high prevalence of drug use and sex work (Witkin, Milburn, Rotheram-Borus, and Brooks, under revision). In L.A. County, Hollywood is an example of a cruise area.

Most research on the service needs of homeless youth has focused on the ‘demand side’ for services, that is youth’s perspectives on their need for services (De Rosa et al., 1999), in the areas of health care, substance abuse, familial abuse, suicide, HIV risk behaviors, learning difficulties, and mental health problems (Barwick & Siegel, 1996; Ennett, Federman, & Bailey, 1999; Greene, Ennett, & Ringwalt, 1997; Kennedy, 1991; Rotheram-Borus, Parra, Cantwell, Gwadz, & Murphy, 1996). We know from these studies that homeless youth need services and that they use outpatient health care services more than homeless adults (Barkin, Balkrishnan, Manuel, Anderson, & Gelberg, 2003) and medical emergency rooms more than non-homeless youth (Ensign & Santelli, 1998). These findings tell us what homeless youth perceive their needs to be and what type of services are used, but do not inform us about how the service sector provides services. In this study we expand previous research by describing the service sector from the ‘supply side,’ gathering information from service providers on their perceptions of the system of care for homeless youth (Bass, 1992). The knowledge, expertise, history, and experiences of service providers for homeless youth are important to understand the complexity of the service sector for homeless youth, the relationship and perspectives of agencies relative to one another, and how agencies function to meet the needs of homeless youth within a geographic region.

Previous research has shown that organizational characteristics and system-of-care structures are linked to how services are delivered to homeless youth. For example, different types of agencies (shelters versus drop-in centers) serve different sub-populations of homeless youth (Pennbridge, Yates, David, & Mackenzie, 1990). Organizational factors have also been found to have differential effects on outcomes for homeless youth. For example, the service delivery model, agency size, specific services and funding mechanisms can affect school-related and family-related outcomes (Constantine, Pollio, & Thompson, 1999). Geographic dispersion of services has been associated with the use and provision of services (Reid & Klee, 1999). In addition, different types of service delivery models are used to address the unique needs of homeless youth (e.g. multi-agency, coordinated care and ‘wrap around’ services) (Athey, 1991; Yates, Pennbridge, MacKenzie, & Pearlman, 1990; Yates, Pennbridge, Swofford, & Mackenzie, 1991; Rothman, 1991). Our aim is to describe service providers’

perceptions of the system of care for homeless youth in L.A. County including the organizational and staff characteristics of agencies in the service system, issues affecting youth, types of available services, gaps in services, and barriers to service delivery.

1. Method

1.1. Setting

Los Angeles County is a large urban region measuring 4061 square miles, and this study encompassed all of L.A. County. In L.A. County, a large subgroup of agencies serving homeless youth form the Coordinating Council of Children’s Hospital of Los Angeles (Children’s Hospital) with funding provided by the California State Office of Criminal Justice (California Homeless Act of 1985). In the Hollywood area of L.A. County, a primary destination for homeless youth, Children’s Hospital and 10 other agencies work collaboratively to form the Hollywood Homeless Youth Partnership (HHYP). The 10 agencies include Hollywood-based homeless youth drop-in centers, shelters, counseling centers, emergency food sites, medical providers, and outreach programs. The Division of Adolescent Medicine at Children’s Hospital has maintained an integral role in the coordination of services for homeless youth for over two decades.

1.2. Sample

We used a snowball sampling method to identify agencies serving homeless youth for the study. Our starting point was the well-known agencies in the Hollywood area that made up the HHYP. We then asked staff from these agencies to provide names of other agencies in L.A. County serving homeless youth. We continued this process until we reached a saturation point (i.e. duplicate names of agencies were being given by staff). The process was supplemented by identifying agencies listed in the L.A. County 1999 Social Service Resource Directory and websites targeting homeless youth (e.g. www.la-youth.org; www.layn.org). All agencies providing any service to homeless youth were included in the sample. Using this method we identified 31 agencies for the study. Only one agency refused to participate. The 30 agencies participating in the study included: three emergency crisis shelters, seven runaway shelters, two long-term transitional living shelters, eight drop-in centers, six outreach programs, and four medical providers.

A one and a half hour, face-to-face interviewer-administered survey was conducted with senior staff at the 30 participating agencies located throughout L.A. County. At least one staff member from each agency was selected for an interview based on her or his position within the agency (e.g. senior level staff with management or coordination

responsibility for the agency) and ability to provide detailed information about the agency’s programs and services. In many instances, more than one staff member (e.g. both senior and line staff) was involved in completing the interviewer-administered survey to help insure that the interview information was complete and accurate. The responses of the staff from a given agency were combined into one overall interview for the agency. All interviews were conducted at agencies by trained interviewers with backgrounds in the social sciences (e.g. BA in psychology) and participants were compensated with a gift basket.

1.3. Instrument

An interviewer-administered survey was developed to gather information in 10 domains: (1) intra-organizational characteristics (e.g. part of larger organization, length of time providing services, etc.), (2) sources of funding (e.g. annual budget of homeless youth programs), (3) profile of agency staff (e.g. staff size, number of staff with degrees or credentials, and level of staff turnover in the past 12 months), (4) agency’s service profile (e.g. number of homeless youth using services, policy about family contact, demographic characteristics of clients using services, and services provided), (5) barriers to service provision (e.g. funding, promotion, geographic gaps in services, inexperienced staff, etc.), (6) agency location (e.g. geographic service area), (7) level of networking, defined as level of communication, coordination, and collaboration with other agencies, (e.g. within geographic service area and outside geographic service area), (8) issues facing homeless youth (e.g. problem behaviors, mental health, substance use, suicide, education, employment, housing, relationships, physical/sexual abuse, health status, and sexual orientation), (9) coordination (e.g. number of services provided by the agency and referrals to other agencies), and (10) comprehensiveness of service delivery (e.g. availability of services and rating of services). The majority of variables were measured using dichotomous, nominal or Likert scale responses. A smaller proportion of variables were measured with continuous or open-ended responses. Two sources were used in constructing the survey instrument: (1) a service providers survey of children’s mental health services in L.A. County and (2) a review of the literature on systems of care for runaway and homeless youth, more specifically, a review of domains included in ‘demand side’ studies of homeless youth (De Rosa et al., 1999; Pennbridge et al., 1990; Schnieir, Kipke, Melchior, & Huba, 1998; Yates et al., 1991).

1.4. Data analysis

All the findings that are reported are based upon service providers’ perceptions of the system of care. Descriptive analyses were performed to calculate frequencies. Means and standard deviations were used to examine agency

characteristics, perceptions of homeless youth’s service needs, and the availability, adequacy, coordination, and comprehensiveness of services. Chi-square tests ($p < 0.05$) were used with dichotomous and nominal variables, and t -tests ($p < 0.05$) were used with Likert scale and continuous variables to determine the differences between large and small agencies.

2. Results

2.1. Characteristics of the service system

A key characteristic of the service system was the concentration of agencies in or around the cruise area of Hollywood. Over half the agencies (62%) were located within an 8-mile radius of Children’s Hospital located in Hollywood: 18 within 8 miles, 6 between 9 and 16 miles, and 5 were 17 miles or more away from Children’s Hospital (See Fig. 1). Thirteen of the Hollywood agencies had overlapping geographic service areas and several of these agencies were located within walking distance of each other.

Agencies in L.A. County were well-established, long-standing service organizations with a mean of 15 years ($SD = 14.7$, range 1–80) providing services to homeless youth. The mean number of employees for all agencies that worked directly with homeless youth was 20 ($SD = 19.9$, range 1–80) and the median was 14. The perceived level of staff turnover in agencies in the previous 12 months was reported as low by 42%, as medium by 30%, and as high by 22% of agencies.

Agencies in L.A. County provided services to a mean of 718 ($SD = 1124$, range 25–5000) homeless youth each year. This number was not based on unduplicated clients and did include youth who may have been counted more than once in the service system. Unduplicated counts of homeless

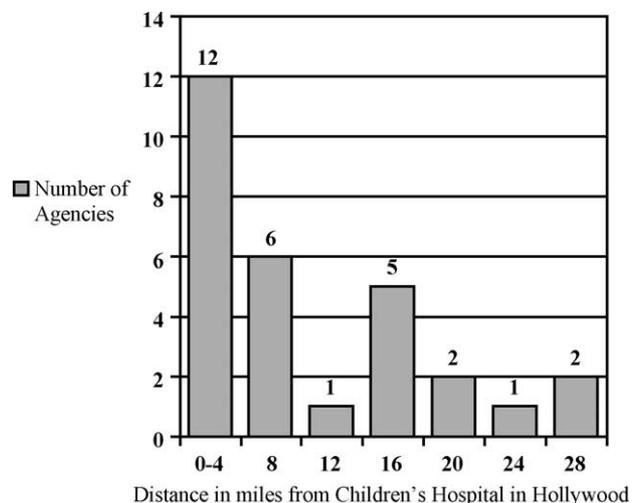


Fig. 1. Concentration of homeless agencies in Hollywood, California.

youth were difficult to obtain because of the way services were delivered: homeless youth may use services more than once from the same agency and may also use services from multiple agencies. The majority of clients using services were male (60%). The racial/ethnic distribution of youth using services included: 30% White/Caucasian; 30% Black/African American; 35% Latino/Hispanic American, and 5% other ethnic/racial groups. Most youth (42%) using services were 18 years or older; 38% were 15–17 years; and 20% were 11–14 years. Most youth (63%) were from outside the L.A. County area. Forty two percent of agencies had a minimum age requirement of 12 years to receive services. Among agencies that targeted first-time or newly homeless youth, however, the minimum age was 10 years. Forty two percent of the agencies also had an upper age limit of 24 years, with an additional 10% reporting 25 years as the maximum age for youth to use their services.

Only half (50%) of the agencies had a policy of contacting a youth's family (parent/guardian). For these agencies, the policies varied widely, ranging from contact within 24 hours to contact only if requested by the youth. A third (33%) of these agencies had a policy of parental/guardian contact within 72 hours after intake at the agency. However, all agencies providing shelter services required parental/guardian contact for youth under 18 years old. For youth 18 years or older, parental/guardian contact was always at the discretion of the youth.

Another component of the L.A. County service system was networking (defined as level of communication, coordination, and collaboration with other agencies) and this was rated on a scale of 1=none to 4=extensive. Agencies reported extensive networking ($M=3.46$, $SD=0.69$) with agencies located within their geographic service area, but only some networking ($M=2.78$, $SD=0.99$) with agencies outside their geographic service area.

Two thirds (66%) of the agencies were classified as large. Large agencies were defined as having 15 or more staff and an annual operating budget of 1 million dollars or more; small agencies were defined as having less than 15 staff and an annual operating budget of less than 1 million dollars. There were significant differences between large and small agencies in six of the 10 domains that we assessed. No differences were found for sources of funding, agency location, level of networking, issues facing homeless youth, and agency's service profile.

Significant differences between small and large agencies were found in organizational characteristics and staff profile (See Table 1). Smaller agencies were typically part of a larger organizational setting ($\chi^2=8.429$, $p<0.01$) and were in existence for a shorter period of time than larger agencies ($M=4$, $SD=10.5$ versus $M=8$ years, $SD=6.1$, $t=-2.602$, $p<0.05$). Smaller agencies had fewer staff with degrees or credentials that worked with homeless youth compared with larger agencies ($M=4$, $SD=2.9$ versus $M=15$, $SD=18$, $t=-2.759$, $p<0.05$). Life experiences were rated on a scale of 1=unimportant to 4=very

Table 1
Differences between small and large agencies serving homeless youth

Characteristics	Small agencies <i>M</i> (<i>SD</i>)	Large agencies <i>M</i> (<i>SD</i>)
Part of a larger organizational setting	81%	25%
Mean number of years in existence	8 (6.1)	22 (17.5)
Mean number of staff with degrees or credential	4 (2.9)	15 (18)
Rating the value of life experience of staff	4 (0)	3.2 (0.86)
Rating for drop-in services provided	3.7 (0.46)	2.5 (1.01)
Rating of available services addressing problem behaviors	1.6 (0.52)	2.6 (0.93)
Lack of available programs a barrier	2.2 (1.4)	3.6 (0.91)
Homelessness on political agenda	4.8 (0.3)	3.6 (1.5)

important. Smaller agencies valued life experiences of staff more than larger agencies ($M=4$, $SD=0$ versus $M=3.2$, $SD=0.86$, $t=3.061$, $p<0.01$).

Significant differences were noted for how well services were delivered by an agency and within an agency's geographic service area. Service delivery was rated on a scale ranging from 1=poorly to 4=very well. Smaller agencies rated their delivery of drop-in services higher than larger agencies ($M=3.7$, $SD=0.46$ versus $M=2.5$, $SD=1.01$, $t=-3.42$, $p<0.01$). Smaller agencies rated their delivery of services for problem behaviors within their geographic service area lower than larger agencies ($M=1.6$, $SD=0.52$ versus $M=2.6$, $SD=0.93$, $t=-2.83$, $p<0.05$).

Significant differences in barriers to service delivery were also identified. Barriers were rated from 1=not at all to 5=a significant barrier. Larger agencies rated the lack of available programs in their geographic service area as more of a barrier to comprehensive service delivery than did smaller agencies ($M=3.6$, $SD=0.91$ versus $M=2.2$, $SD=1.4$, $t=2.94$, $p<0.01$). Smaller agencies rated the lack of importance given to homelessness among youth as an issue on the local political agenda as more of a barrier than larger agencies ($M=4.8$, $SD=0.3$ versus $M=3.6$, $SD=1.5$, $t=2.32$, $p<0.05$).

2.2. Issues affecting homeless youth

Out of 15 issues listed, at least half of the agencies identified six issues as confronting 'most' or 'all' homeless youth in L.A. County: family relationships, housing, employment, problem behaviors, intimate relationships, and sexually transmitted diseases (See Table 2). More than half of the agencies (67–93%) reported offering services for each of these issues. How well these issues were addressed by available services within an agency's geographic service area was rated on a scale ranging from 1=poorly to 4=very well. Most issues were not addressed 'well' or 'very well' by available services; only the issue of sexually transmitted diseases received these top ratings by 68% of the agencies. For the issue of housing, more than half the agencies (57%) reported referring homeless youth 'often' or 'always' to

Table 2
Issues affecting homeless youth, services provided, rating of services, and referrals for service

Problem areas	% of homeless youth affected by issue (n=20,996) (%)	% of agencies providing service (n=30) (%)	% of agencies providing service well or very well (n=30) (%)	% of agencies often/always referring (n=30) (%)
Family relationships	86	80	15	20
Housing	85	67	30	57
Employment	63	70	15	33
Problem behaviors	62	93	33	25
Intimate relationships	59	78	15	0
Sexually transmitted diseases	50	72	68	30
Mental health	48	85	26	35
Physical/sexual abuse	48	77	50	28
Substance use	45	80	29	38
Physical health	45	67	50	46
School: learning difficulties	45	68	18	12
Suicide	28	84	46	36
Sexual orientation	19	71	46	22
HIV positive status	14	68	68	29
Pregnancy	4	54	47	25

other agencies for assistance. For the remaining nine issues, more than half of the agencies (54–85%) reported offering services for each of these issues. How well these issues were addressed by available services was rated as ‘well’ or ‘very well’ by about half the agencies (46–68%) for most issues; the exceptions included services for mental health, substance abuse, and learning difficulties. For the issue of physical health, about half the agencies (46%) reported referring homeless youth to other agencies.

2.3. Service delivery

Out of 19 services listed, 50% or more of the agencies offered a minimum of 11 services for homeless youth. The services offered by these agencies are included in Table 3. Services offered by less than half of the agencies included: shelter (48%), mediation (48%), medical care (45%), legal services (42%), foster care (16%), and needle exchange (6%).

Barriers to service delivery were assessed within agencies and within an agency’s geographic service area. The extent of each barrier was measured by a four-point Likert scale: 1=not at all a barrier to 4=a significant barrier. Fifty percent or more of the agencies rated 6 out of a possible 21 items as ‘somewhat’ or a ‘significant’ barrier within their agency (See Table 4). Fifty percent or more of the service providers identified 11 out of a possible 18 items as ‘somewhat’ or a ‘significant’ barrier within their agency’s geographic service area to providing comprehensive services to homeless youth.

Most agencies (82%) also reported significant gaps in services within their geographic service area. In an open-ended question (data not shown), agencies reported a lack of available services (listed in rank order) for mental health, medical care, substance abuse treatment, and shelter.

3. Discussion

The L.A. County system of care for homeless youth attempts to provide comprehensive services, but the system is limited by the concentration of services in one geographic area. There appear to be two main reasons for the location of services in one area. First, Children’s Hospital of Los Angeles has organized the service providers in the Hollywood area for over 20 years; consequently, most of the services have evolved within geographic proximity to Children’s Hospital. Second, social, political, and economic circumstances are often associated with the location of services for this marginalized population in urban settings (Ruddick, 1996). In the two decades in which services were developed, Hollywood was in a period of rapid decline; illegal and undesirable activities such as prostitution, pornography, and drug use had become endemic in the area. The decline of the Hollywood area made it possible for homeless youth services to locate in the area. Generally, stable communities do not want services for marginalized

Table 3
Services provided to homeless youth

Services	% of agencies providing service (n=30) (%)
Street outreach	97
Case management	97
Food, clothing and financial assistance	97
Counseling	90
STD education and prevention	84
HIV education and prevention	84
School support	77
Emergency services	74
Drop-in services	74
Mental health	65
Drug and alcohol treatment	61

Table 4
Barriers to service delivery

	% of agencies reporting barrier (n=30) (%)
<i>Top six barriers within agency</i>	
Inadequate funding	73
Low salaries	73
Programs/services not available	67
Insufficient staff	57
Government policy	53
Inexperienced staff	50
<i>Top eleven barriers within agency's geographic service area</i>	
Appropriate institutional care is unavailable (i.e. services specific to homeless youth)	89
Community attitudes to services	89
Inadequate funding	86
Importance of service provision on the local political agenda	86
Programs/services not available	79
Lack of flexible service provision	76
Inadequate coordination among agencies	69
Youth unaware of available services	62
Inadequate case management	61
Inadequate promotion of available services	59
Conflict about models of service provision	55

people, such as homeless youth, in their neighborhoods (Taylor, Dear, & Hall, 1979; Takahashi, 1997). Services for homeless youth must be non-threatening to the community in which they are located (Ruddick, 1996).

The effect of this concentration of services in one area is better understood in the context of the geographic challenges of L.A. County. The county borders extend 67 miles from north to south and 58 miles from east to west. As a result, homeless youth needing services, particularly multiple services, must come to Hollywood because few services are available for them outside this area. Hollywood agencies represent the diversity of agency types providing services to homeless youth; this collection of services is a micro-level example of a multi-agency, multi-service system of care that must be expanded to a macro-level to serve the whole county.

The presence of multiple services, however, does not guarantee use by homeless youth. Certain types of services are utilized more frequently than others. For example, while studies of the 'demand side' for services identified mental health and substance abuse services as important (Greene, Ennett, & Ringwalt, 1997; Kennedy, 1991), in L.A. County, these services were not the most frequently used or requested services. Instead, subsistence services (i.e. food, clothing, and financial assistance) counseling and case management services were provided most frequently. Service providers were aware that while homeless youth report the need for mental health and substance abuse treatment, other subsistence needs must be addressed first. Youth will generally use mental health and substance abuse

services only after accessing shelter services (De Rosa et al., 1999).

Studies of the demand side of service utilization show most youth report using drop-in centers and shelters more frequently than other services (De Rosa et al., 1999). In L.A. County, these two services are complementary. Drop-in centers provide a safe environment during the day and are places where homeless youth can access services such as showers, meals, laundry facilities, clothing and also case management, job referrals, and counseling. Shelters provide a safe space during evening hours that allow homeless youth to get off the streets, protected and away from negative street activity (e.g. drug use, sex work, illegal activity, etc.).

In the L.A. service sector, clear distinctions emerged between large and small agencies that can affect outcomes for homeless youth. Large agencies have more resources, have been around longer, and have more staff with degrees or credentials and, as a result, are better equipped to provide comprehensive and intensive services for homeless youth. For example, large agencies often provide the limited medical services that are available for homeless youth. In contrast, smaller agencies have unique characteristics that make them well suited to provide services to this population. For example, smaller agencies reported finding value in the life experiences of staff in terms of working with homeless youth. In addition, large and small agencies have differences in service philosophy (i.e. the unique approach of each agency to providing services) such as scheduled hours of operation, agency regulations regarding utilization of services, contacting parents/guardians, and outreach activities. Smaller agencies, that are sometimes more informal, provide services to help youth who fear authority or are unable to comply with strict rules or procedures. The differences found between large and small agencies reflect the differences of a diverse homeless youth population. To effectively meet the needs of this diverse population, it is important that both large and small agencies, each with their unique characteristics, exist within the service sector.

This study identified barriers to a comprehensive service delivery system that can influence youth's pathways out of homelessness. The barriers reflect a general lack of coordination and networking with service agencies outside the Hollywood area. More specifically, barriers included a lack of available services outside of Hollywood to address needs such as medical services, substance abuse treatment and shelter. A major gap in services was the lack of shelter space for homeless youth, even in the Hollywood area where most services are located. The lack of available shelter beds has been a continuous and long-term problem in the L.A. service sector, with only minimal improvement over the years (Yates et al., 1991). These barriers faced by service providers need to be addressed to build an integrated and comprehensive service system for all of L.A. County.

In studies of the 'demand side', youth reported barriers to accessing health care as economic, time-related or quality-related (Geber, 1997). Homeless youth see the system

primarily in terms of their immediate needs, resources and limitations. In contrast, service providers had a broader perspective on the service system. They observed a lack of funding as well as a lack of coordination, communication and networking among agencies as barriers to providing comprehensive services to homeless youth.

Agencies struggle with funding and staffing to provide comprehensive services to positively affect homeless youth in L.A. County. Funding is an ongoing barrier to a comprehensive service system for homeless youth. Increased funding levels are needed for services, particularly for shelter/housing, mental health, medical care, and substance abuse treatment services. This will require more support from these sectors in addressing issues facing homeless youth. Funding is also associated with staffing challenges. Without appropriate funding levels, programs are unable to attract qualified and experienced staff.

Overall, the findings suggest that the L.A. County system of care for homeless youth does not have adequate funding to address the multiple and complex problems faced by the thousands of homeless youth that are on the streets of Los Angeles each day. The lack of funding impacts the availability of certain types of services as well as the recruitment and retention of qualified personnel, and is the primary impediment to addressing the needs of this vulnerable and marginalized population. While the system of care is service-rich in some areas (HIV education and prevention, drop-in centers, subsistence services), it is woefully lacking in others (housing, medical care, mental health services, and substance abuse treatment). This points to the lack of funding from different sectors to address the needs of homeless youth. A fully funded, comprehensive service system is needed to help young people overcome the consequences of homelessness. This continuing lack of resources may lead to an increase in negative outcomes among homeless youth: drug use, chronic homelessness, survival sex, prostitution, and physical and mental illness. In order to affect some type of change in the current system of care, local policymakers must play a more active role in supporting services and advocating to change strategies for how funding is allocated to address the needs of homeless youth in L.A. County and other metropolitan areas.

4. Lessons learned

A number of valuable lessons were learned while conducting this study. Most importantly, the service sector for homeless youth is fluid and ever changing and must be revisited continuously. Therefore, it is important for service providers to be a part of the process of developing and implementing a comprehensive service system for homeless youth in any setting. The following lessons learned are

specific to a large metropolitan area with diverse populations.

1. This study shed light on some of the unique differences of agencies providing services to homeless youth. For example, some agencies scheduled their hours of operation specifically when other agencies were closed in order to provide a continuum of services to homeless youth. In addition, some agencies would not accept public funding in order to be free from the constraints to service delivery associated with such funding. An ethnographic study, with in-depth interviews, would provide a greater understanding of the differences among agencies. For example, examining an agency's service philosophy, mission, goals, values, and organizational and operational characteristics and how they relate to provision of services to their target population will provide a clearer understanding of some of the differences found among agencies serving homeless youth.
2. Many agencies provide similar services to homeless youth. What is needed is information on the specific contents and activities of these services. For example, case management is offered by many agencies, but there is no single definition of what is involved in case management. In addition, many agencies addressed physical and/or sexual abuse of homeless youth, but there is no uniform method (i.e. specific steps) for how these issues are addressed by service agencies.
3. It is necessary to examine the local social, political, and economic context when assessing the homeless youth service sector for any locale. The interplay among these factors is important for understanding the development and provision of services and impediments to service delivery to homeless youth. The approach for undertaking this type of investigation would be key informant interviews.
4. Coordination and leadership by Children's Hospital was paramount for developing and sustaining homeless youth services in the Hollywood area. A similar type of coordination and leadership is essential for the development of services for homeless youth in geographic areas where few services exist for this marginalized population.
5. Multiple types of services exist for homeless youth. However, what seems to be lacking is a specified outcome, or outcomes from participation or utilization of these services. Standards of care (also known as best practices) may be necessary in order to effectively evaluate this service sector.

5. Study limitations

This study has a number of limitations that should be considered when interpreting results. First, it was not an evaluation of the system of care for homeless youth in L.A.

County. It was a descriptive study of service providers' understanding of the service sector. Second, staff were not randomly sampled across all programs. Instead, key informant staff were selected to provide a comprehensive overview of the programs. These key informants included senior and line staff. Because we did not randomly select staff for interviews, and conducted only one interview per agency, what is provided is a singular perspective on each agency as opposed to gathering information from multiple, randomly selected staff. The findings cannot be generalized to all urban areas, but provide insight for geographic areas that are comparable to L.A. County, large urban areas with diverse populations. Moreover, the study does illustrate how the system of care operates in a large urban area to meet the multiple needs of homeless youth.

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