

Reaching the Hard to Reach: Innovative Housing for Homeless Youth Through Strategic Partnerships

Jamie Van Leeuwen

This article features three housing programs designed to target the needs of youth aging out of child welfare. One program combines housing and treatment to move substance-dependent youth off the streets; one combines the resources of Urban Peak, the only licensed homeless and runaway youth shelter in Colorado, with the Denver Department of Human Services to prevent youth in child welfare from discharging to the streets; and one addresses the intense mental health needs of this population. It costs Colorado \$53,655 to place a young person in youth corrections for one year and \$53,527 for residential treatment. It costs Urban Peak \$5,378 to move a young person off of the streets. This article describes how data have driven program development and discusses how policy implications and relationships with the public and private sector can leverage additional resources.

Jamie Van Leeuwen, MA, MPH, CAC II, is Associate Executive Director, Urban Peak, Denver, CO.

This article identifies trends among homeless youth in Denver, Colorado, through data collected from a point-in-time survey. These data lend themselves to an analysis of innovative housing approaches for homeless youth involving strategic collaborations between the private, public, and nonprofit sectors in Denver, in an effort to design more effective policy for this population. The article discusses how existing data have driven program development and allowed agencies to build relationships with the public sector to leverage additional resources.

Robertson and Toro (1998) estimated that every year, 1.6 million youth are homeless or runaways in the United States. Research limits this perspective largely to coastal metropolitan cities (i.e., New York, San Francisco, and Los Angeles; Clements, Gleghorn, Garcia, Katz, & Marx, 1997; Johnson, Aschkenasy, Herbers, & Gillenwater, 1996). As a result, no recorded efforts have studied this population in depth in smaller, noncoastal cities such as Denver. Slesnick, Meyers, Meade, and Segelken (2000) underscored that homeless and runaway youth are an “understudied and ignored population, primarily due to methodological challenges in locating, treating and retaining youth in treatment” (p. 221).

At the time of writing, the economy in the Denver area was still relatively uncertain following the events of September 11, 2001. Unemployment rates were at 5.5%, and housing costs remained high (Colorado Department of Labor and Employment, 2003; Rebchook, 2003). Rebchook (2003) warned of a housing bubble that many housing analysts expect will burst, resulting in lower home prices; however, they give no indication when this might take place. Rebchook (2003) added that even if such a bubble did exist, the history of the Colorado housing market suggests that home prices rarely stay down for a sustained period. In August 2000, the *Rocky Mountain News* reported that the average price for a previously owned single-family home was \$250,787 (Rebchook, 2000b). As of December 2000, Rebchook (2000a) estimated the apartment vacancy rate in the metro Denver area at 3.7%, with an average monthly rent of \$762.03.

How do these economic markers tie into the issue of adolescent homelessness in Denver? According to a study coordinated by the Metro Denver Homeless Initiative and the Colorado state government, on any given night, 197 youth younger than 21 sleep on the streets of Denver (D'Alanno, 1998). D'Alanno (2000) found 254 homeless youth in fall 2000, an increase of almost 29%. The most recent point-in-time survey reflects an even greater increase in the number of youth sleeping on the streets, with a total of 397 counted (D'Alanno, 2002). This marks an increase of more than 100% in the number of young people sleeping on the streets of Denver over a five-year period.

At the same time that the number of homeless youth appears to be increasing, a dialogue is evolving regarding public and private partnerships. Marks (1993) examined settlement housing in New York City and how United Neighborhood Houses of New York and the city are working together to "integrate services internally and to collaborate with outside organizations to meet new service demands" in a way that both expands youth and family development services and is cost effective (p. 25).

Bazzoli et al. (1997) focused on public-private partnerships linking health and human service providers with community coalitions in an effort to improve service delivery. Talk of public-private collaboration has been going on for years, as shown when Marshall Hahn Jr., President and Chief Operating Officer of Georgia-Pacific Corporation, addressed the Policy Roundtable at Virginia Commonwealth University more than 20 years ago with the vision that such partnerships "hold the key to urban vitality...and I believe that over time they can meet the challenges confronting our cities as we move toward the 21st century" (Hahn, 1982, p. 246).

A Snapshot: Who Are the Homeless Youth in Denver?

Urban Peak

Homeless and runaway youth require a continuum of support around employment, education, health care, drug and alcohol

treatment, mental health treatment, and housing. In response to the growing number of youth living on the streets of Denver, in 1988, Urban Peak began serving this population. Urban Peak is currently the only licensed homeless and runaway youth shelter in Colorado serving young people between the ages of 15 and 20. Offering a continuum of care including shelter, medical care, food, job counseling, general equivalency diploma (GED) training, and outreach, the agency's mission is to help youth permanently get off the streets. According to Urban Peak (2002), homeless and runaway youth need the following basic services to permanently exit street life:

- outreach;
- food, clothing, and emergency shelter;
- medical care;
- family reunification services;
- substance abuse counseling and treatment;
- mental health services;
- education and employment assistance; and
- transitional housing and case management support.

Although some state resources are available to serve this population, a clear disconnection exists between service providers and homeless and runaway youth. Because of the diversity of this population's needs, service providers face tremendous challenges in providing assistance in an integrated, cohesive manner.

Similar to those in other cities, Denver's homeless and runaway youth comprise a dynamic, complex population who face considerable obstacles and a challenging environment. Of the 805 youth who accessed services via Urban Peak in 2002, 321 received mental health treatment (Urban Peak, 2002). The services that the population of homeless and runaway youth accessed most readily in 2002 included

- overnight shelter (nightly average, 34),
- street outreach (7,414 duplicated contacts),
- case management (805 individual youth), and

- education and employment services (school, 73; GED, 19; jobs acquired, 147; Urban Peak, 2002).

Among other obstacles facing this population, Van Leeuwen, Rietmeijer, LeRoux, White, and Petersen (2002) pointed to the high infectivity rates of young people on the streets (11.6% and 2.7% for *Chlamydia trachomatis* and *Neisseria gonorrhoeae*, respectively). This combination of health care needs, employment and education needs, and mental health care and substance abuse treatment illustrate the complex obstacles that prevent young people from permanently leaving the streets.

Nonwhite people are overrepresented among homeless and runaway youth compared with Colorado's general population. According to Urban Peak's 2002 annual report, the ethnic classification of youth receiving services is: white 53%, African American 17%, Latino/Latina 11%, Native American 3%, and other or multiracial 16%. Of the population, 1% self-identifies as transgendered, and 18% are younger than 18.

Point-in-Time Survey Methods

Urban Peak's staff conducted a survey in conjunction with their outreach team. They distributed it on September 4, 2002, from 8:00 A.M. until midnight. During this time, teams of interviewers went out on the streets to survey as many homeless and runaway youth as possible. At least one member of the outreach team accompanied each survey team, and they distributed the survey in conjunction with traditional outreach. They also distributed it at Urban Peak three separate times throughout the day in an effort to capture a comprehensive sample of both youth living on the streets and those at the shelter.

Because of the rapport the outreach team has established with youth on the streets, no participants declined the survey. The team provided all youth encountered during survey distribution access to routine outreach supplies (sodas, McDonald's gift certi-

icates, hygiene products, condoms, bleach kits). They did not provide any incentive to participate in the study. The interviewers informed the youth on introduction that the survey was optional; the decision not to participate in the survey would not exclude youth from receiving the full range of outreach services. The survey was conducted anonymously. The Colorado Multiple Institutional Review Board approved these procedures.

A self-administered questionnaire was adapted from the Treatment Episode Data Set (2000) survey. The team also distributed a pilot survey to five youth who were residents at the homeless and runaway youth shelter to ensure that the questions were clearly phrased. The team made a number of modifications after receiving feedback from the youth and then drafted a final version, which took 5 to 10 minutes to administer to youth on the street. They also modified the survey based on the responses of a previous point-in-time survey administered on March 15, 2001, using a similar protocol and approach. During the first administration, the researchers collected 186 surveys from youth living on the streets.

The research staff collecting data from homeless and runaway youth participated in a two-hour training with the principal investigator to ensure interviewer consistency. To protect confidentiality, the survey did not include any identifying numbers or codes. To guard against duplication, the interviewers asked every participant if they had filled out one of these surveys prior in the day.

Point-in-Time Survey Data Results

The sample is approximately two-thirds white, with 7% African American, 8% Latino/Latina, and 7% Native American reporting. The majority of the sample population falls between the ages of 14 and 21, with a total sample size of 215 homeless and runaway youth.

One-third of the youth interviewed report their living situation as *squatting*, a slang term for taking shelter in abandoned buildings or under bridges or other nontraditional locations. Thirty-four percent of the participants reported being in the custody of social services at some point. This population is largely indigenous to Colorado—68% of the youth reported having been born in the state and 80% stated that they had lived in Colorado for at least the past six months.

Urban Peak uses these data to inform the collaborations it establishes with service providers based on the presenting needs of the population of homeless youth in Denver. By identifying the target population, it is possible to develop more strategic, cost-effective interventions that specifically address the needs of the homeless youth in Denver.

Policy Implications: Using Data to Drive Program Development

Analytically, this article has important policy implications with respect to how providers can use basic survey data specific to the populations they are serving to drive cost-effective, high-quality program development. Fest (1998) asserted that the services offered to street youth in the past have not worked well, which, in turn, perpetuates the assumption that the potential for success for this group is limited. The argument follows that a lack of recognition for the unique aspects of street life is “responsible for most of the mistakes that are made when working with street youth, and the reason why so many attempts to serve this population fail” (Fest, 1998, p. 7). A better understanding of the existing models being executed in Denver would facilitate better programming to provide homeless youth with necessary services that would help them permanently leave the streets.

Urban Peak (2002) estimated that it costs Colorado \$53,655 to maintain one youth in the criminal justice system for one year;

residential treatment costs \$53,527 per youth. At Urban Peak in 2000, it cost the agency \$5,887 to permanently move a young person off the streets. Case management–intensive programs, if successful in deterring the youth from becoming further involved in the criminal justice system or other publicly funded services, are also extremely cost effective.

Public-Private Collaboration

A body of literature on public-private collaborations is developing. Bazzoli et al. (1997) examined how public-private partnerships can identify needs and improve human service delivery. Along the same lines, Marks (1993) evaluated settlement housing in New York and cited the partnership between the United Neighborhood Houses of New York, a nonprofit entity, with the city. Marks concluded with a cost-benefit argument that “constructive collaboration with local welfare agencies can lead to city dollars going further for critically needed services” (p. 25).

Rolnick, Flores, O’Fallon, and Vanderberg (2000) offered a case study of a collaboration between a private, nonprofit health plan and a state health department, concluding that such partnerships provide unique opportunities to form relationships with otherwise competing entities. Health care agencies, in particular, seem particularly interested in public-private collaborations. Turkkan, Kaufman, and Rimer (2000) described a relationship between the public and private sectors to evaluate tobacco risk factors and strategize how to remove barriers to collaboration. An article in *Alcoholism & Drug Abuse Weekly* (“Public/Private,” 1995) reported on a summit between public and private behavioral health care organizations to focus on the “growing move by state and local agencies to incorporate managed care into behavioral health care systems” (p. 6).

The body of literature around public-private collaboration is growing, and although Marks’s (1993) example of settlement housing in New York offers some promise with respect to such

models, researchers also are increasingly concerned about how public-private entities should approach such partnerships. Although the medical field seems to be a focus of such collaborations, the literature seems to be gradually evolving into the field of human services. Although no evidence exists of any public-private collaborations designed to address housing of homeless youth, Danzy (1996) moved the debate closer to the topic of this article with an examination of the Philadelphia foster care system and a partnership between public and private communities to advance a "change agenda for service reform" (p. 651). Danzy emphasized the importance of strong collaborative networks and urged public-private entities to always take the context into consideration. The idea is that such relationships will vary according to both task and the make-up of the stakeholders.

Forging Relationships with the Public and Private Sectors: Three Successful Interventions

This section expands on the sample and details three unique collaborations that Urban Peak currently employs to house homeless and runaway youth. Each approach involves public-private collaborations that render positive outcomes through nontraditional interventions and partnerships.

Rowan Gardens

Urban Peak's first housing program, Rowan Gardens, is a 17-unit apartment complex approximately two blocks from a major university campus. A property owned and operated by Urban Peak Housing Corporation, Rowan Gardens is managed through a Shelter Plus Care federal housing grant from the U.S. Department of Housing and Urban Development (HUD). The project operates under the premise that HUD will provide the housing subsidy for the youth at 30% of their income while Urban Peak provides a dollar-for-dollar match with supportive case manage-

ment services (e.g., mental health, substance abuse treatment, medical care). Youth in this project are 16 to 22 and must have a disability that inhibits their ability to perform basic daily functions to live independently (e.g., depression, bipolar disorder, HIV, or substance dependence). A physician must sign off on this disability.

As part of this collaboration, Urban Peak partners with the Colorado Coalition for the Homeless (CCH) for three hours of psychiatric time each week to provide residents of this housing program with affordable mental health treatment and psychotropic medications. Urban Peak also partners with the Mental Health Corps of Denver and CCH to provide a part-time colocated psychologist for initial mental health screenings and assessments.

Starting Treatment and Recovery (STAR)

Recognizing that an increasing number of homeless and runaway youth are substance addicted, Urban Peak initiated a collaborative effort with Addictions Research Treatment Services, a subsidiary of the University of Colorado Health Sciences Center, to conduct a point-in-time survey in fall 2001. Van Leeuwen et al. (in press) reported rates of use for the past nine months among a sample of homeless and runaway youth in Denver: alcohol, 69%; marijuana, 75%; methamphetamine, 18%; cocaine, 19%; and heroin, 12%. After presenting these initial findings to the mayor and city council of Denver, Urban Peak and Denver initiated a collaboration through the Denver Office of Drug Strategy with an approved budget of approximately \$70,000.

Given this initial commitment and investment from Denver, Urban Peak and Addition Research and Treatment Services (ARTS) were able to leverage significant financial support through area foundations, HUD, and the Substance Abuse and Mental Health Services Administration (SAMHSA). STAR has been in operation since fall 2002 and is a contingency-based housing pro-

gram designed to help substance-addicted youth permanently leave the streets through a program that couples intensive treatment and housing. In spring 2003, Urban Peak acquired a 17-unit apartment complex approximately three miles away from the treatment provider.

Rocky Mountain Youth Housing Program (RMYHP)

A collaboration between Urban Peak and the Denver Department of Human Services (DDHS), this 35-unit apartment complex primarily houses homeless youth involved with child welfare. Through case management services focused extensively on basic transitional living skills, this collaboration involves four different partners—Urban Peak, DDHS, the Volunteers of America, and Colorado’s state government. The Volunteers of America have a transitional living program grant from the U.S. Department of Health and Human Services that subsidizes approximately two-thirds of this project. Colorado, through the Family Unification Program, selected Urban Peak to serve as one of the vendors for 100 Section 8 housing vouchers established specifically for young people aging out of child welfare. These vouchers also facilitate subsidizing the housing project at 30% of the youths’ income.

Building Strategic Partnerships

Each of the three housing programs involves multiple partnerships among various public, private, and nonprofit entities. It is through strategic collaborations that Urban Peak is able to successfully help homeless and runaway youth leave the streets in a cost-effective way. In 2003, Urban Peak Denver served 762 young people. From fall 2002 to spring 2004, the agency tripled the number of housing units available for this population. In developing these strategic collaborations, more than 60% of the youth who entered Urban Peak programs this year permanently exited the streets.

In an extremely challenging economic climate, Urban Peak has not only been able to substantially grow its housing programs, but also to improve its continuum of care through more intensive substance abuse and mental health treatment. Urban Peak uses data collected in point-in-time surveys and a comprehensive database to inform program expansion. Armed with specific information about the target population, the approach the agency takes is to identify strategic partnerships in both the public and private sectors. Given the growing number of homeless youth on the streets of Denver, both the city and business owners are interested in addressing this concern (D'Alanno, 1998, 2000, 2002).

In 2000, the Business Improvement District arm of the Downtown Denver Partnership formed one of the first relationships in the country with a nonprofit homeless youth provider by funding the operating costs of a drop-in center for Urban Peak youth in the downtown area. The success of this partnership has demonstrated how the missions of the city, business owners, and Urban Peak are the same. Looking at the issue from every angle (economic, regional development, humanitarian), it is not in the interest of any of these parties to have increasing numbers of homeless and runaway youth on the streets of Denver.

The STAR project is particularly compelling, in that during a period of serious economic decline for Denver, the city council voted to subsidize some preliminary costs for housing and treatment for homeless youth. Although \$70,000 does not buy significant treatment or housing services to address the substantial needs of this population, these monies and show of support from the Denver City Council and mayor leveraged attention and financial support from various local foundations as well as SAMHSA. As a result, through the city's investment of \$70,000, the collaboration generated more than \$2 million in critical funding support for this population.

With respect to the RMYHP project, the collaborators have become increasingly strategic and innovative in the way home-

less youth receive services. Through these partnerships, Urban Peak clinical providers have the ability to develop more comprehensive, clinically appropriate treatment plans that render long-term, permanent housing solutions for homeless youth.

Scenario

Consider the scenario of an 18-year-old homeless youth presenting at Urban Peak with a nascent addiction to heroin, severe depression, and a history of placements via various social service providers. This client's parents were incarcerated four years ago for selling narcotics. His employment history is sporadic, and he recently tested positive for hepatitis C. Through the collaborations that Urban Peak has developed, rather than one entity having to do all of the major work, multiple players will be involved in this intervention.

The Urban Peak outreach team that operates out of the resource center funded by the Downtown Denver Partnership contacts this client. The client received a referral from a local business owner, who encountered the youth panhandling in front of her business. The Urban Peak staff assess the client and refer him to ARTS and the University of Colorado Health Sciences group for substance abuse services. After he is accepted into treatment, Urban Peak provides housing through the Shelter Plus Care subsidy provided by HUD. The client receives mental health services through the Mental Health Corps of Denver and psychiatric care from CCH. The Urban Peak case management team coordinates all these treatment services.

After one year in STAR, the case management team has secured a Section 8 voucher due to the youth's involvement in child welfare services. Through Urban Peak's continuum of care, the client completes his GED, and the team assigns him an employment counselor to help him find a job that complements his specific case plan. A local foundation provides some support for ba-

sic housing costs (furniture, food, utilities), and the client moves from STAR into RMYHP, where he will focus on gradually transitioning into living independently of any systems support. The client begins receiving medical care through a collaboration among Urban Peak, the Hepatitis C Connection, and Health One.

Conclusions

In 2003, Urban Peak helped more than 400 young people transition off the streets at a cost of approximately one-tenth that of incarceration or residential treatment. Through strategic collaborations between the nonprofit, private, and public sectors, it is possible to develop more innovative approaches to housing homeless youth. Through point-in-time surveys designed to better understand the needs of the specific homeless youth population in Denver, Urban Peak moves forward with program design knowing that 34% of the youth have been involved with child welfare. These surveys also provide Urban Peak with important demographic information that facilitates designing culturally sensitive and population-specific programming.

Because of a population that is growing in cities such as Denver, it is critical that research begin to inform providers such as Urban Peak about innovative practices. In an environment of limited economic resources, it is essential that nonprofit providers for homeless youth use funding sources in a way that facilitates both quality services and positive, permanent outcomes. This article highlights some unique collaborations among the nonprofit, private, and public sectors and offers some insight into how to use data to inform city officials, business owners, and local foundations. It also demonstrates how preliminary support and collaboration among the nonprofit, private, and public sectors can leverage significant revenue from outside sources in establishing housing for homeless youth.

Additional research is necessary to identify the key variables involved in these partnerships and to dissect the essential elements necessary to establish effective collaborations between the nonprofit and public sectors to provide housing for homeless youth. Such information could lend itself to more effective public policy, so that the models identified in this article could be translated into practice for other cities around the country. ♦

References

- Bazzoli, G. J., Stein, R., Alexander, J. A., Conrad, D. A., Sofaer, S., & Shortell, S. (1997). Public-private collaboration in health and human service delivery: Evidence from community partnerships. *Milbank Quarterly*, 75, 533–560.
- Clements, K., Gleghorn, A., Garcia, D., Katz, M., & Marx, R. (1997). A risk profile of street youth in Northern California: Implications for gender-specific human immunodeficiency virus prevention. *Journal of Adolescent Health*, 20, 343–353.
- Colorado Department of Labor and Employment. (2003). *Labor market information*. Denver, CO: Author.
- D'Alanno, T. A. (1998). *Homelessness in the Denver metropolitan area: A base line point in time study*. Denver, CO: Metropolitan Denver Homeless Initiative.
- D'Alanno, T. A. (2000). *Homelessness in the Denver metropolitan area: A base line point in time study*. Denver, CO: Metropolitan Denver Homeless Initiative.
- D'Alanno, T. A. (2002). *Homelessness in the Denver metropolitan area: A base line point in time study*. Denver, CO: Metropolitan Denver Homeless Initiative.
- Danzy, J. (1996). Philadelphia's collaborative process for building a responsive agenda for kinship care. *Child Welfare*, 75, 651–662.
- Fest, J. T. (1998). *Street culture: An epistemology of street-dependent youth*. Portland, OR: JT Fest.
- Hahn, M. (1982). Urban revitalization through public/private collaboration: Cities offer a human encounter. In *Vital speeches of the day*. Richmond, VA: Virginia Commonwealth University.
- Johnson, T. P., Aschenasy, J. R., Herbers, M. R., & Gillenwater, S. A. (1996). Self-reported risk factors for AIDS among homeless youth. *AIDS Education and Prevention*, 8, 308–322.

- Marks, E. M. (1993). Settlement houses today: A public-private collaboration. *Public Welfare*, 51(4), 24–25.
- Public/private summit seeks collaboration amid change. (1995). *Alcoholism & Drug Abuse Weekly*, 7(21), 6–7.
- Rebchook, J. (2000a, December 5). Apartment market tightens. *Rocky Mountain News*. Available from <http://www.rockymountainnews.com>.
- Rebchook, J. (2000b, August 26). Home prices top \$250,787. *Rocky Mountain News*. [Available from <http://www.rockymountainnews.com>].
- Rebchook, J. (2003, March 7). Housing bubble will burst. *Rocky Mountain News*. Available from <http://www.rockymountainnews.com>.
- Robertson, M., & Toro, P. (1998). *Homeless youth: Research, intervention, and policy*. Washington, DC: U.S. Department of Housing and Urban Development.
- Rolnick, S. J., Flores, S. K., O'Fallon, A. M., & Vanderburg, N. R. (2000). A successful collaboration between a private nonprofit health plan and a state health department. *Managed Care Quarterly*, 8(4), 52–55.
- Slesnick, N., Meyers, R. J., Meade, M., & Segelken, D. H. (2000). Bleak and hopeless no more: Engagement of reluctant substance-abusing runaway youth and their families. *Journal of Substance Abuse Treatment*, 19, 215–222.
- Treatment Episode Data Set. (2000). *Treatment episode data set series*. Washington, DC: Substance Abuse and Mental Health Services Administration. Available from <http://www.icpsr.umich.edu>.
- Turkkan, J. S., Kaufman, N. J., & Rimer, B. K. (2000). Transdisciplinary tobacco use research centers: A model collaboration between public and private sectors. *Nicotine & Tobacco Research*, 2(1), 9–14.
- Urban Peak Corporation. (2002). *Annual report: Fiscal year 2001*. Denver, CO: Author.
- Van Leeuwen, J. V., Hopfer, C., Hooks, S., White, R., Petersen, J., & Pirkopf, J. (in press). A snapshot of substance abuse among homeless and runaway youth in Denver, Colorado. *Journal of Community Health*.
- Van Leeuwen, J. V., Rietmeijer, C. A., LeRoux, T., White, R., & Petersen, J. (2002). Reaching homeless youth for *Chlamydia trachomatis* and *Neisseria gonorrhoeae* screening in Denver, Colorado. *Sexually Transmitted Infections*, 78, 357–359.