

Youth At-Risk of Homelessness (YARH) Phase 1 Findings

Overview

Child Trends carried out an analysis of New Jersey's administrative data sources to identify characteristics associated with an elevated risk of experiencing homelessness among youth who were in care when they were 14-17 years old. A critical caveat to our analyses is that homelessness was assessed based on HMIS data, which means that homeless youth who had no contact with services that report into HMIS, including youth living on the streets or couch-surfing, as well as youth who received non-federally funded services, are not captured in our data.

There were three populations of interest: youth in care at age 14-17, youth in care at age 18-21, and youth who had experienced homelessness. All youth included in the analysis had been in care for at least 1 week at age 14-17, but they may have also been in care at age 18-21 and/or had experienced homelessness.

The data table provides a summary of the prevalence of the target populations, demographics, and certain case history variables on the state-level, county-level, and local office-level. County and local office summaries include youth who had their *first* placement there. County totals may not equal the sum of their local office(s) due to some missing data on local office at first removal.

Factors or characteristics that were found to be linked with a higher risk for homelessness are shaded in orange and have a (-) symbol while those associated with a lower risk for homelessness are shaded in green and have a (+) symbol.

Notes from the data table

¹ Among youth who were in care for at least 1 week between 2008 to mid-2014 when they were 14-17 years old and who had been discharged from care and turned age 18 by 2014.

² Among youth who were in care for at least 1 week between 2008 to mid-2014 when they were 14-17 years old.

³ Homeless youth were defined as those who had been in foster care previously (see footnotes 1 and 2) and who received homelessness services that were reported in the Homelessness Management Information System (HMIS) after the youth's 18th birthday and during a time when the youth was not in a CP&P supported placement or independent living setting. These numbers do not include youth who became homeless but did not seek services that were reportable to HMIS.

⁴ Local offices were ranked from 1 (highest) to 46 (lowest), where a blue shaded ^ indicates being among the top 10 (lowest risk/highest protective) local offices and a red shaded ! indicates being among the bottom 10 (highest risk/lowest protective).

⁵ Reasons for first entry into care are not mutually exclusive. Removal reasons are grouped as follows: 1) parent absence includes parent absence, unwillingness to provide care or abandonment, surrender/relinquishment/adoption; 2) child behavior problem includes child behavior problem, drug abuse (child), court referral, delinquent behavior, and alcohol abuse (child); 3) parent problem includes drug abuse (parent), caregiver inability to cope due to illness or other reason, and alcohol abuse (parent); 4) neglect includes neglect and medical neglect; 5) physical or emotional abuse includes physical abuse and emotional abuse; 6) housing issue includes inadequate housing and homelessness; and 7) sexual abuse. We omitted a residual "other" category that included the following uncommon reasons: incarceration of parent, death of parent, child disability, runaway, court order without DCP&P request, placement with parent/sibling, and need for maternity care.

⁶ Placement stability includes five mutually exclusive categories: 1) early stability: Last placement in the removal episode started within 45 days of removal and either lasted at least 9 months OR permanency was achieved before the placement lasted 9 months, 2) later stability: Last placement in the removal episode started more than 45 days after entry into foster care and lasted at least 9 months or the youth had only one placement change occurring more than 45 days after removal and achieved permanency within 9 months of entering that placement, 3) variable stability: At least 1 placement lasted 9 months, but the youth had a subsequent placement change, 4) unstable: At least 1 placement with none lasting 9 months, and 5) discharged within 45 days of placement.

⁷ Children's System of Care (CSOC) serves children and adolescents with emotional and behavioral health care challenges, substance abuse issues, and children with developmental and intellectual disabilities, and their families. There were three specific CSOC services that were found to be associated with homelessness: concrete assistance, case management/mentoring/monitoring, and mobile response/crisis assessment.

⁸ Psychotropic medication data were only available for 2011-2014.