

REACHING HIGHER:



PATHWAYS TO SUCCESS BY 21 ON THE NORTH SHORE

October, 2005

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EXECUTIVE SUMMARY

Twenty-two service providers from the North Shore accepted a state sponsored challenge to work together to develop an action plan to improve the future prospects of vulnerable youth in their region. Vulnerable youth are defined as youth between the ages of 16 and 24 years who are “disconnected from mainstream work and learning opportunities.”

Recognizing the need for detailed information to guide planning and decision-making, the service providers first identified six groups of vulnerable youth in their region for study: *school dropouts, immigrant youth, homeless youth, youth with mental health disorders, court involved youth and youth aging out of foster care*. Then national, state and local data was collected and analyzed for each of the six categories. In addition, interviews were conducted with 39 adolescents and young adults who fell within the designated categories.

A preliminary analysis of demographic data from Essex County revealed that five of the nineteen cities on the North Shore accounted for 60% of the youth population, 85% of the abuse and neglect

allegations, and 90% of the region’s court involved youth. Accordingly, the group limited the local data analyses to the following five cities: Beverly, Gloucester, Lynn, Peabody, and Salem.

The statistical and anecdotal data revealed the following:

- ✱ Nationally, more than 1 in 5 adolescents will drop out of school, be incarcerated, experience foster placement, suffer from a mental disability, or become homeless. Many will experience several of these problems.
- ✱ Males, youth from low income families, and minority youth are most at risk to drop out of school, become incarcerated, experience foster placement, suffer from a mental disability, or become homeless.
- ✱ Approximately 22% of Lynn residents and 11% of Salem residents live in poverty.
- ✱ More than 50% of the children living in poverty in Lynn and Salem speak a language other than English at home.
- ✱ Approximately one out of every two Lynn residents and one out of every four Salem residents are members of minority groups.



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- * Lynn's Asian population is three times greater than that of the state and four times greater than that of the county.
- * Lynn and Salem's Hispanic populations are more than two times greater than that of the state and 1.5 times that of the county.
- * Lynn's Black population is more than three times greater than that of the county.
- * Minority youth in Beverly are three to seven times more likely to drop out of school than their White classmates.
- * Hispanic youth in Gloucester are three times more likely to drop out of school than their White classmates.
- * In Lynn, Hispanic and Asian youth are approximately 1.5 times more likely to drop out of school than their White classmates.
- * In Salem and Peabody, Hispanic youth are most likely to drop out of school.
- * Males are consistently more likely to drop out of school than females.
- * Lynn was among the top four cities listed by homeless youth as the locale of their last permanent residence.
- * Approximately 65% of youths committed to DYS from the local cities are minority youth.
- * Of those youth committed to DYS from the five cities, two thirds are from Lynn.
- * Black and Hispanic youth are disproportionately over-represented in the children in foster care.
- * Over 50% of the children in foster care from Lynn and Salem are between the ages of 12 and 17.
- * Adolescents who leave foster care at age 18 are at greater risk to drop out of school, become incarcerated, homeless and unemployed.

Discussions of the statistical and anecdotal findings resulted in a shared understanding that immigrant youth, youth with mental health disorders, court involved youth and youth aging out of foster care were at increased risk to drop out of school and to become homeless. The regional partners identified "school dropouts" as their target population when discussing strategies to improve service delivery on the North Shore. School dropouts were defined as youth at risk to drop out of school as well as youth



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who have already dropped out of school.

The regional partners outlined four key components to improve outcomes for school dropouts: identification, prevention, intervention and remediation. They recognized that the development of a comprehensive regional service delivery plan incorporating the four components requires long term commitment, additional financing and collaboration with other key stakeholders. Accordingly, the regional partners agreed to the following preparatory steps:

These activities are crucial to effective long-term systemic reform. They will provide the foundation for the development of a comprehensive network of services and supports for school dropouts that ensure early identification as well as appropriate prevention, intervention and remediation strategies. Once implemented, at-risk youth on the North Shore should experience substantially improved high school graduation rates and brighter future prospects as they transition to adulthood.

- ✱ Within the next six months, recruit school personnel from the five cities as active members of the regional partnership;
- ✱ Within the next six months, participating programs shall administer a uniform assessment tool that emphasizes youths' strengths and assets rather than focusing on youths' deficits;
- ✱ Within the next year, participating programs shall utilize the results of the asset based questionnaires to drive programmatic decisions as the group works together to re-align local resources to more effectively serve school dropouts.



INTRODUCTION

In 2003, the Commonwealth of Massachusetts launched a statewide initiative to improve the future prospects of vulnerable youth in the state. Entitled *Reach Higher: Pathways to Success by 21*, the initiative “seeks to dramatically improve the future prospects for vulnerable youth across the Commonwealth.” Vulnerable youth are defined as youth between the ages of 16 and 24 years who are “disconnected from mainstream work and learning opportunities.”

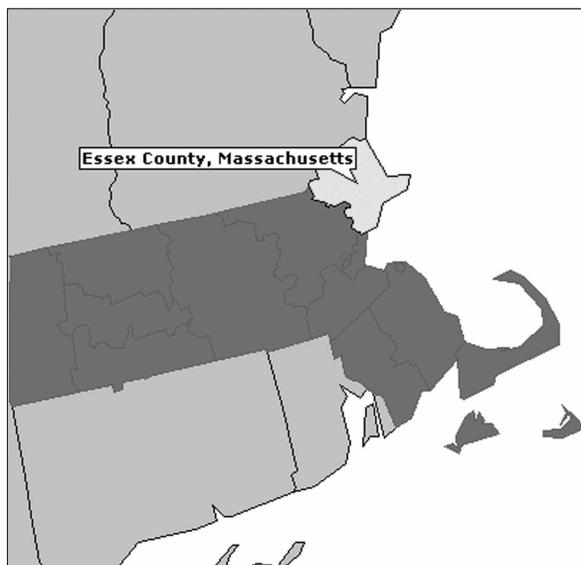
The Department of Workforce Development solicited planning grants from communities committed to improving outcomes for vulnerable youth. Service providers representing 19 cities and towns from the southern region of Essex County came together to meet the *P-21* challenge. They represented Beverly, Danvers, Essex, Gloucester, Hamilton, Ipswich, Lynn, Lynnfield, Manchester, Marblehead, Middleton, Nahant, Peabody, Rockport, Salem, Saugus, Swampscott, Topsfield and Wenham. For purposes of this report, the region will be referred to as the “North Shore” since this is the label most commonly used by local residents and service providers.

Under the leadership of the North Shore Workforce Investment Board and the North Shore Community College, the service providers applied for and received a *P-21* planning grant. They identified six groups of vulnerable youth in their region for study: *school dropouts, immigrant youth, homeless youth, youth with mental health disorders, court involved youth and youth aging out of foster care.*

Recognizing the need for detailed information to guide planning and decision-making, the North Shore Workforce Investment Board contracted with the Children’s Law Center of Massachusetts to collect and analyze data on the six categories of vulnerable youth. This report, the product of a four-month intensive research effort, compares and contrasts national, state and local data for each of the targeted groups. It also includes excerpts from interviews conducted with youth who fall within the designated categories. Relying upon information derived from the statistical and anecdotal evidence, service providers developed a strategic action plan to promote positive educational and employment outcomes for vulnerable youth on the North Shore.

Barbara Kaban
Director of Research and Policy
Children’s Law Center

ESSEX COUNTY



Essex County, located in the northeast corner of the state, is one of fourteen counties in Massachusetts. Covering approximately five hundred square miles, Essex County is the third most populated county in the state. The population of approximately three quarters of a million

people includes 189,000 youth between the ages of 0 and 18. Youths who are members of minority groups comprise approximately one quarter of the county’s youth population.¹ See *Table 1*.

The 2000 Census documents that Essex County is relatively affluent. The median household income is slightly higher than the state median (\$51, 576 versus \$50,502) and significantly higher than the national median income (\$41,994). However, there are substantial pockets of poverty within the county. More than 10% of the children in Salem and more than 20% of the children in Lynn are living in poverty as measured by federal income criteria.² See *Table 2*.

Closer scrutiny of the region’s demographic data reveals that five of the nineteen cities on the North Shore account for 60% of the

Table 1

Population under Age 18 by State, County, City, Race & Ethnicity

Category	Massachusetts	Essex County	Beverly	Gloucester	Lynn	Peabody	Salem
% White	79	80	94	95	54	92	75
% Black	7	3.5	1.6	0.9	14	1	5
% Asian	4	3	1.3	0.9	10	2	2
% Hispanic	10.5	17	3.2	2.4	27	5.6	22

Source: Kids Count 2000 Census



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Essex County

local youth population, 85% of the abuse and neglect allegations, and 90% of the court involved youth. See Table 2. The five cities also have lower median family incomes, a greater proportion of low-income families, a greater proportion of minority children, and increased demand

for social services. The cities are: Beverly, Gloucester, Lynn, Peabody and Salem. Accordingly, this report provides detailed data, where available, about the six categories of vulnerable youth who reside in these cities.

Table 2

Southern Essex County Demographics

City/Town	Median Family Income	% Families Living > 150% Poverty	Population Under 18 (2000)	Abuse/Neglect Allegations (1997)	# Juveniles Detained in DYS (2003)	#Juveniles Committed to DYS (as of 1/1/2004)
Wenham	108,668	5.99	976	13	2	1
Topsfield	108,257	1.28	1734	18	0	0
Marblehead	106,091	5.41	4870	54	2	2
Lynnfield	104,788	2.86	2860	28	2	1
Manchester	101,389	7.54	1250	11	0	0
Hamilton	93,871	4.97	2280	26	0	0
Middleton	85,731	4.33	1779	37	3	1
Swampscott	82,614	3.38	3453	54	2	0
Nahant	78,407	5.77	676	12	0	0
Danvers	74,436	4.21	5842	109	9	6
Ipswich	73,438	5.14	2985	106	3	2
Essex	70,000	9.15	792	n/a	0	0
Beverly	68,002	8.25	8655	418	22	14
Rockport	67,065	3.49	1654	54	0	0
Peabody	66,400	8.03	10,716	404	20	6
Saugus	66,043	6.73	5350	169	4	4
Gloucester	55,431	11.2	6659	344	7	7
Salem	50,721	10.57	8157	549	52	18
Lynn	40,295	21.55	24,051	2198	151	110

Source: *Massachusetts Juvenile Justice Data and Information*: Executive Office of Public Safety, December 2004.

THE TARGET POPULATIONS

This report examines six groups of vulnerable youth on the North Shore identified for study by local service providers: *school dropouts, immigrant youth, homeless youth, youth with mental health disorders, court involved youth and youth aging out of foster care.* For each group, national, state and local data was collected and analyzed to better understand the impact of risk factors on vulnerable youth in our region.

I. SCHOOL DROPOUTS



Joe³, an eighteen – year – old Hispanic male, explained his decision to drop out of high school. *“I had trouble getting up in the mornings. My Mom got tired of yelling at me to get up and go to school so she stopped waking me up. So I was late a lot. The lateness resulted in detentions and then suspensions. I got so far behind in my work and then they said I would have to repeat the ninth grade. It just seemed easier and faster to get a GED. No one seemed to care if I dropped out.”*

National, state and local data confirm that males, minority youth, immigrants and low-income youth are at increased risk to drop out of school.

A. NATIONAL DATA

It is well documented that educational achievement is an important protective factor in a youth’s development as well as a critical determinant of a youth’s future prospects. In 2000, there were 3.8 million people in the United States between the ages of 16 and 24 who were not enrolled in high school and who had not completed a

high school program.⁴ According to the National Center for Educational Statistics [NCES] males, Hispanics, and youth living in families with incomes in the lowest twentieth percentile are at increased risk to become school dropouts.⁵

Since the 1970s, Hispanic youth have experienced higher dropout rates than their peers. For example, Hispanic and Black



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youth each comprise approximately 15% of high school students nationally. Yet, 39% of Hispanic youths between the ages of 16–24 leave school before receiving a high school credential as compared to 18% of Blacks. *See Table 3.* The disproportionately high dropout rates for Hispanic youth are somewhat attributable to higher dropout rates among Hispanic immigrants. Nearly half of Hispanic youths who were born outside the United States drop out before completing a high school program.⁶ However, native born Hispanics also are three times more likely than their non-Hispanic peers to drop out of school.⁷

B. STATE DATA

The Massachusetts Department of Education reports that the public school population became increasingly poor, minority, and non-English speaking from 1994 to 2004. Specifically, the enrollment of

minority students increased from 21% to 25%, low-income students increased from 24% to 27% and students for whom English was not the primary language increased from 12% to 14%.⁸

Local school systems report dropout data for students enrolled in grades 9 through 12 to the Massachusetts Department of Education. Dropouts are defined as those students who leave school prior to graduation for reasons other than transfer and do not return to school before the following October 1. During the 2002–2003 school year, a total of 9,389 ninth through twelfth graders dropped out of Massachusetts’ public schools. This represented 3.3% of the students enrolled in grades 9–12 on October 1, 2002.⁹

Consistent with national trends, race, ethnicity, income and gender are risk factors associated with high rates of school

Table 3

% 16-24 Year Olds in the United States Who Were Dropouts in 2000

Category	White	Black	Hispanic	Asian	Male	Female
%	41.4	17.6	38.6	1.4	55	45

Source: National Center for Educational Statistics 2000.

dropouts. During the 2002-2003 academic year, males were more likely to drop out of school than females and Hispanic youth were more likely to drop out of school than any other racial/ethnic group in the state. The dropout rate for Hispanic youth was 7.4 as compared to 5.7 for Black youth, 2.6 for White youth, and 2.5 for Asian youth. Low-income youth and youth with limited English proficiency also had higher dropout rates than their peers. See *Table 4*.

ability to keep up with school assignments and increased their feelings of marginalization within the school community. In 2002-2003, Massachusetts student exclusions hit a fifteen-year record high, with the largest percent of exclusions occurring in the ninth grade. More than 70% of excluded students were males and over 60% of excluded students were minority youth.¹⁰

Students who repeat grades in school also are at increased risk to drop out prior to

TABLE 4

Massachusetts Dropout Rates 2002-2003

Category	Dropout Rate
Male	3.9
Female	2.8
Black	5.7
Hispanic	7.4
Asian	2.5
White	2.6
Low income	5.1
Limited English Proficiency	6.1

Source: Massachusetts Department of Education

Anecdotal data from youth interviews indicates that school dropouts frequently have a history of school suspensions and exclusions. Youth report that suspensions and exclusions negatively impact their

graduation. In Massachusetts, ninth graders are the most likely to be required to repeat the school year. In 2002-2003, grade nine retentions accounted for 29% of all retentions in the state. Whereas 8% of



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all ninth graders were retained, 17% of Black and Hispanic ninth graders were retained as compared to 6% of their White classmates.¹¹

C. LOCAL DATA

Local data is consistent with national and state trends. Males and minority students in the five North Shore cities were more

likely to drop out of school than White students. In Gloucester, Hispanic students were three times more likely to drop out of school than White students. In Lynn, Asian and Hispanic students are more likely to drop out than White students. However, Lynn’s overall dropout rate of 5.5 masks the significantly higher dropout rates in the alternative schools that are largely populated by minority students. The

Table 5

Dropout Rates by City, Gender, Race and Ethnicity

City/Town	Dropout Annual Rate	Black	Asian	Hispanic	White	Male	Female
Beverly	2.4	7.4	14.3	13.2	2.0	2.9	2.0
Gloucester	3.0	0	0	9.5	2.8	3.5	2.5
Lynn	5.5	4.0	6.6	7.1	4.7	5.0	5.1
Peabody	3.4	4.4	0	4.9	3.4	3.9	2.8
Salem	3.7	2.2	-	4.6	3.5	4.3	3.1
MA	3.3	5.7	2.5	7.4	2.6	3.9	2.8

Source: Massachusetts Department of Education, *Dropout Rates in Massachusetts Public Schools: 2002-2003*

likely to drop out of school prior to graduation than their peers. See Table 5. Males from Lynn and Salem were more likely to drop out of school than males throughout the state. In Beverly, minority students were three to seven times more

dropout rates for the Lynn alternative schools range from 15% to 44%. See Table 6.

As discussed above, higher retention rates are associated with higher dropout rates. Retention rates in the five cities indicate

that minority youth are more likely to be retained. Hispanic students in all five cities are more likely to be retained than White students. Black students in Lynn and Beverly are more likely to be retained than White students. Asian students in Lynn

also are more likely to be retained than White students. See Table 7.

In summary, national, state and local data confirm that race, ethnicity, income and gender are risk factors associated with high

Table 6
Annual Dropout Rates by School

School	Grades 9-12 Enrollment	Number of Dropouts	Annual Dropout Rate
Beverly High School	1,311	32	2.4
Gloucester High School	1,315	40	3.0
Lynn Career Development Center	111	17	15.3
Lynn Classical High	1,414	52	3.7
Lynn English High	1,576	80	5.1
Lynn Alternative H.S.	40	9	22.5
Lynn Environment	57	25	43.9
Lynn Tech H.S.	1,018	49	4.8
Peabody H.S.	1,818	62	3.4
Salem H.S.	1,275	47	3.7

Source: Massachusetts Department of Education, *Dropout Rates in Massachusetts Public Schools: 2002-2003*



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rates of school dropouts. Specifically, males, youth from low-income families and Hispanic youths (foreign and native born)

consistently are at greatest risk to leave school prior to receiving a high school credential. Locally, the data indicates:

- ✱ males in Lynn and Salem are at increased risk to drop out of school;
- ✱ Hispanic youth in the five cities are at increased risk to drop out of school;
- ✱ Asian youth in Lynn are at increased risk to drop out of school; and
- ✱ Black youth in Beverly and Lynn are at increased risk to drop out of school.

Table 7

Retention Rates Grades 1-12 by City, Race & Ethnicity

City	Blacks	Asians	Hispanics	White
Beverly	6.5	4.9	2.4	1.9
Gloucester	2.0	0	10.8	3.2
Lynn	5.9	5.4	5.7	4.5
Peabody	1.1	0	1.6	1.0
Salem	2.4	0.9	4.4	2.5

Source: Massachusetts Department of Education, *Retention Rates in Massachusetts Public Schools: 2002-2003*



II. IMMIGRANT YOUTH



Anna, an eighteen-year-old female born in the Dominican Republic, who dropped out of school when she became pregnant in the eighth grade recalled, *“My parents never really understood the notices the school was sending home about my absences and my bad behavior. They would come to school for meetings with the teachers but I think they did not know what to say. When I became pregnant, I figured they wouldn’t let me go to school anymore. No one told me about any programs for pregnant girls so I dropped out.”*

National, state and local data confirm that immigrant status is associated with increased rates of child poverty and school dropouts.

A. NATIONAL DATA

The rapid pace of immigration over the past forty years has impacted American culture and schools. One out of ten persons currently living in the United States is foreign born and another one out of ten has an immigrant parent.¹² The category of “immigrant youth” includes children who are foreign born as well as children of immigrant parents. The challenges faced by the two groups are similar and their numbers are captured in reports citing the percentage of children who speak a language other than English at home and who lack

English proficiency in school.

Immigrant youth are among the fastest growing segments of the national public school population, with enrollment in grades K through 12 more than tripling from 6% to 20% between 1970 and 2000.¹³ This trend has resulted in a significant increase in the number of students who speak a language other than English at home and exhibit limited English proficiency [LEP] in school. The number of students lacking English proficiency in our nation’s public schools more than doubled since 1990. In 2002,

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approximately 5 million students in grades K through 12 were labeled LEP students.¹⁴ The five languages most commonly spoken by LEP students in the United States are Spanish, Vietnamese, Hmong, Cantonese and Korean. Spanish speaking children are twice as likely to be LEP students as Asians and other non-Hispanic groups.¹⁵

The influx of new immigrants has been accompanied by an increase in child poverty. Although poverty levels increased for all children in the United States, the increase has been most pronounced for immigrant children. For foreign-born children, the poverty rate increased from 17% to 44%; for children of immigrants, the poverty rate increased from 12% to 33%. Currently, one out of every four poor children lives in an immigrant family.¹⁶

Immigrant children are also over-represented among the nation's school dropouts. Nationally, Hispanic youth ages 16 to 24 have a dropout rate of 27% compared to 11% for Blacks, 7% for Whites and 4% for Asians. The high dropout rate among Hispanics is due in part to the high dropout rate among Hispanic immigrants, but it is also a function of the over-

representation of American born children of Hispanic origins who choose to drop out of school.

A. STATE DATA

The foreign born population in Massachusetts is slightly larger than in the country as a whole (12.2% versus 11.1%). Thirty percent of the foreign born population in the state are immigrants from Latin American, however, the percentage of individuals of Hispanic origin is approximately half that of the country (6.8% versus 12.5%). The Asian population in Massachusetts is slightly larger (3.8% versus 3.6%) than their national representation.¹⁷ Asians are the fastest growing racial group in Massachusetts, increasing by 68% since 1990.¹⁸ Although relatively small in absolute numbers, the Cambodian population in Massachusetts is the second largest in the country and has contributed to the rapid growth among Asians in the state.

Consistent with national data, immigrant children in Massachusetts are more likely to live in poverty and experience higher school

dropout rates than their non-immigrant peers. Approximately 9% of the state population lives in poverty and 41% of children in this group speak a language other than English at home.¹⁹ Hispanic students and students lacking English proficiency have dropout rates that exceed all other student groups in the state. See *Table 4*.

C. LOCAL DATA

The relationship between poverty and immigrant status is particularly apparent in Lynn and Salem. The percentage of children in Lynn and Salem who are foreign born exceeds that of the county or the state. More than one third of the children in Lynn and one fifth of the children in Salem speak

Table 8
Immigrant Status and Poverty in the State, County and Cities

Category	Mass.	Essex County	Beverly	Gloucester	Lynn	Peabody	Salem
% population foreign born	4.8	5.2	3.1	1.1	11.2	3.4	6.7
% language other than English	18.7	19.4	8.3	10.3	34.1	16.8	20.6
% below poverty threshold	9.3	8.9	5.7	8.8	16.5	5.3	9.7
% children in poverty who speak language other than English	41.4	51.1	16.7	12.0	55.7	38.9	54.0

Source: 2000 Census



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a language other than English at home. The percentage of the population living in poverty in each city also exceeds that of the county or the state. Of the children living in poverty in Lynn and Salem, more than half speak a language other than English at home. *See Table 8.*

In summary, national, state and local data confirm that immigrant children are more likely to live in poverty and are at increased risk to drop out of school. Specifically, local data indicates:

- ✱ a substantial portion of the population living in Lynn and Salem are foreign born and/or speak a language other than English at home;
- ✱ a substantial portion of the population living in Lynn and Salem have family incomes below federal poverty levels; and
- ✱ more than half the children living in poverty in Lynn and Salem speak a language other than English at home.



III. HOMELESS YOUTH

Jane, an eighteen-year-old white female who became a teen mother at age 15, described how she and her baby lived in a Jeep Cherokee for two months before DSS found them. She had tried living in shelters before the Jeep, but did not feel safe in the shelters. When asked if she made use of any of the services offered in the shelters, she responded, *“I didn’t know of any services but I probably wouldn’t have used them anyway. I didn’t think I needed anyone.”*

Homeless youth are more likely to be male, high school dropouts, with prior court and Department of Social Services involvement.

A. NATIONAL DATA

Federal definitions of “homelessness” range from restrictive to highly inclusive. The U.S. Department of Housing and Urban Development [HUD] defines homelessness as “people sleeping in a place not meant for human habitation or in an emergency shelter; and a person in transitional housing for homeless persons who originally came from the street or an emergency shelter.” In contrast, the McKinney-Vento Homeless Assistance Act broadens the definition to include:

✧ Children and youth who are sharing the

housing of others, living in motels, hotels, trailer parks, or camping grounds due to inadequate alternative accommodation, living in temporary emergency shelters, abandoned in hospitals, or awaiting foster care placement;

✧ Children and youth who have a primary nighttime residence that is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings;

✧ Children and youth who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and

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- ✱ Migratory children who qualify as homeless because they are living in circumstances described above.

The major distinction between the two definitions is the concept of “doubling-up” or shared housing as defined in the McKinney-Vento Act. Doubling-up plays a significant role in the living situations of many sixteen to twenty-four-year-olds. Those who do not have a home will often “couch-hop,” that is, bounce from the home of one friend or family member to another. In such an instance, the youth would qualify as homeless under the McKinney-Vento definition but not under the HUD definition.

It is difficult to accurately assess the number of homeless youth in the country or in a state because many individuals do not identify themselves as “homeless” unless they are actually sleeping on the street. National estimates of homeless youth range from 750,000 to 2,000,000 and the number is believed to be increasing.²⁰

The most frequently cited reasons for homelessness among youth are family problems, economic problems, and residential instability.²¹ Many of the newly

emerging homeless are adolescents who have been “emancipated” from state foster care systems at age 18. A recent study estimated “approximately 45% of the youth who ‘age out’ of the foster care system each year will be emancipated to the streets, that is directly into homelessness, or will have such unstable plans that they are likely to be homeless in a very short time.”²²

B. STATE DATA

In 2003, the John W. McCormack Graduate School of Policy Studies collected data on individuals using emergency shelters in Massachusetts.²³ The study found that youth ages 18 to 24 represent 7% to 10% of the homeless population. Within this age group, over 50% of the homeless youth were male, 26% were Black, and 19% were Hispanic. Over 50% had not completed high school. Interestingly, Lynn was among the top four cities listed by respondents as the location of their last permanent residence.

In 2005, the Massachusetts Housing and Shelter Alliance [MHSA] surveyed 317 youth in over 40 Massachusetts’ shelters, day and outreach programs.²⁴ Of the 317 respondents surveyed 61% were male, 33%



reported prior DSS involvement, 28% reported prior court involvement and 53% reported using mental health services.

Almost half the homeless youth reported having no source of income and one quarter reported receiving public assistance. Homeless youth reported difficulty accessing services to assist with housing (52%), employment (41%), job training (26%), education (24%), and medical care (14%).²⁵

C. LOCAL DATA

We were unable to access quantitative data for the homeless youth population in the five cities. However the Lynn Shelter Association reports serving approximately 600 individuals annually of which 12% are between the ages of 18 and 24. When the question of defining and quantifying homeless youth was proposed to local practitioners, the replies reflected the national debate. Lynn Public School officials, applying the McKinney-Vento definition of homelessness, identify as many as one in fourteen students as homeless. In

contrast, Salem public school officials do not include doubled-up students in their estimates and report a significantly smaller percentage of homeless students.

Because homeless youth are hard to identify, they often slip through the cracks of the service delivery system. As one local official stated, “For some reason we don’t have any programs targeted at [homeless] teenagers or young adults. There are services available for homeless parents ages sixteen to twenty-four age. However, homeless youth who are not parents have a difficult time obtaining services. Most shelters will only permit those over 18”²⁶

In summary, national and state data confirm that males, school dropouts, and youth with prior foster care involvement are at increased risk for homelessness. State data also indicates that over 50% of homeless youth have received prior mental health services. Of interest is the fact the Lynn ranked among the top four cities of origin for homeless youth in the state.



IV. YOUTH WITH MENTAL HEALTH DISORDERS

John, a seventeen-year old white male stated:
“I’ve had so many psychiatrists, it’s really difficult. A psychiatrist will be working with me, then 3-4 weeks later they leave. It would be nice to have one consistent psychiatrist to go to.”

National, state and local data confirm that increasing numbers of adolescents require mental health services but the majority are not getting the services they need.

A. NATIONAL DATA

The federal Department of Health and Human Services (DHHS) reports that mental health problems affect one in every five young persons in the nation.²⁷ Studies indicate that 20% of children and adolescents may have a diagnosable mental disorder with the total number of children with mental disorders ranging from 7.7 million to 12.8 million.²⁸ In addition, national data derived from screenings conducted at the time of admission to juvenile correctional facilities indicates that 73% of court-involved youth had mental health problems and 57% reported having prior mental health treatment or hospitalizations.²⁹ The DHHS estimates that two-thirds of all young people with

mental health disorders are not getting the help they need.³⁰

The most common presenting problems for youth receiving mental health services are:³¹

- * depression or anxious mood
- * aggression
- * family problems
- * school coping
- * alcohol or drug use
- * delinquent behavior
- * abuse or neglect victim
- * social withdrawal
- * skill deficits.

Although depression is the most frequently

listed presenting problem, researchers indicate that many youth still suffer from undiagnosed and untreated depression.³² Untreated depression is a significant risk factor for suicide, the third leading cause of death for young people ages fifteen to twenty-four. In 1999, more teenagers and young adults died as a result of suicide than cancer, heart disease, HIV/AIDS, birth defects, stroke and chronic lung disease combined.³³ For every older teen and young adult who takes his or her own life, one hundred others attempt suicide. Nationally, between 500,000 to 1 million young people attempt suicide each year.³⁴

By 1997, the last year for which there is data, over 1.3 million youth received mental health services in outpatient, inpatient, and/or residential treatment facilities throughout the United States.³⁵ More boys (55.6%) than girls (44.5%) ages 0-18 received mental health services. Although proportionally more Whites (64.8%) than Blacks (18.9%) and Hispanics (14.1%) received services, a higher rate of Blacks (2,441 per 100,000) than Whites (1,868 per 100,000) and Hispanics (1,794 per 100,000) receive services.³⁶

B. STATE DATA

The Massachusetts Department of Mental Health [DMH] estimates that more than 100,000 children between the ages of 0-18 years will require mental health services in fiscal years 2005-2007.³⁷ Currently, the DMH provides services to 27,000 adults and children within the state.³⁸ Accordingly, children and their families will have to look to other state and private child-serving agencies to obtain sorely needed mental health services.

Although the majority of youth with mental health disorders are not hospitalized, hospitalizations due to mental illness provide insight into mental health trends within the state. From 1992 to 2001, the number of hospitalizations for mental health disorders for youth ages 0 to 19 increased by 47%.³⁹ This upward trend is expected to continue into the future.

In 2001, the U.S. Department of Health and Human Services [DHHS] assessed the state of mental health services in Massachusetts.⁴⁰ The reviewers found “barriers to families gaining timely access to appropriate services because of disparities between the assessed need and the services



SECTION ONE Youth with Mental Health Disorders

provided, the lack of certain services such as placement options for adolescents... and/or extensive waiting lists for particular services such as mental health and substance abuse treatment.” The reviewers also observed that “turf” and confidentially issues within agencies in the state tend to hinder coordination of service delivery.

Additional insight into potential mental health issues for adolescents may be garnered from a statewide Youth Risk Behavior Survey administered every two years by the Massachusetts Department of Education. The survey, administered to a random sample of students in grades 9 through 12, monitors risk behaviors that are adversely related to adolescents’ well being. The survey covers a wide range of behaviors, but the two most relevant to this inquiry are self reports about substance abuse (tobacco, alcohol, and illegal drugs) and suicide. Relevant findings from the 2003 survey are:

- ✱ Students who report current alcohol use were significantly more likely to report lifetime drug use, current drug use, attempting suicide and carrying a weapon;

- ✱ Current drug users are more likely than their peers to have attempted suicide;
- ✱ Female students are more likely than males to report suicidal thinking, feeling sad or having injured themselves on purpose;
- ✱ Students in urban districts, recent immigrants, students with disabilities, and students who have experienced violence are more likely than their peers to report a suicide attempt;
- ✱ Current tobacco, alcohol and drug users consistently report lower academic achievement than their non-using peers.

The risk factors highlighted here may or may not be indicative of emotional disturbances requiring treatment, but they are “red flags” warranting attention when noted in relation to a particular youth.

C. LOCAL DATA

The 2000 census provides data on the number of non-institutionalized children ages 5 to 15 who have a mental health disorder in the five Essex County cities.⁴¹ The local DMH Children and Adolescent Division also provided data on the number of children in the five cities who are currently receiving services from the

department.⁴² According to the 2000 Census, 3 to 5% of children in the five cities suffer from at least one diagnosed mental disorder. However, less than 1% of children in the five cities actually receive services from the DMH. Of those children receiving DMH services, 57% are male and 76% are White. Obviously other child-serving agencies are available in the communities, but consistent reports from parents and providers highlight the difficulty families face when trying to access timely mental health services for

troubled youth.

In summary, national, state and local data confirm that increasing numbers of adolescents are at risk for mental disorders, but available services are insufficient to meet the burgeoning need. Locally, one in ten children who report suffering from one or more mental disorders actually receives services from the Department of Mental Health. Of the local youth who do receive services from the DMH, more than 50% are males and more than 75% are White.

Table 9

Rates of Mental Disorders and Delivery of Services in the Five Cities

CITY	% CHILDREN WITH MENTAL HEALTH DISABILITY	% CHILDREN RECEIVING DMH SERVICES
Beverly	4.1	0.4
Gloucester	3.3%	0.2
Lynn	3.6	0.3
Peabody	3.9	0.2
Salem	4.7	0.4

Source: Department of Mental Health and 2000 Census



V. COURT INVOLVED YOUTH



Frankie, a 16 year-old Asian youth, reflected on his experiences with the juvenile court and with the Department of Youth Services, the juvenile correctional agency in Massachusetts. *“Kids make a lot of mistakes but instead of trying to make the kid fear you to control him, you should try to get the kid to respect the court. ...Locking up kids is no good - the way they’re trying to teach kids is no good. When you keep putting them there [in lock-up], you’re telling them this is where they belong. You need to find a way to make kids believe they have a future.”*

National, state and local data confirm that incarcerated youth are more likely to be males, members of minority groups, youth who suffer from mental illness and those with prior history in the foster care system.

A. NATIONAL DATA

Children and youth may be court involved for a variety of reasons. They may be the subject of a dependency petition alleging that the child has been abused or neglected; they may be court involved for status offenses such as truancy or running away from home; or they may be court involved for violating the criminal laws of the state. This section only addresses juveniles who are court involved because it is alleged that they have committed crimes.

In 2003, law enforcement agencies estimated that 2.2 million persons under age 18 were arrested in the United States.⁴³ This represents a 48% decline from peak juvenile arrest rates in 1994. In 2000, more than half of all delinquency cases nationwide involved youth ages 15 or younger and 75% of all cases involved males. Although White youth represent the majority of the delinquency caseload, their relative contribution has declined while the proportion of delinquency cases involving

Black youth has increased.⁴⁴ In 2000, Black youth were involved in 28% of delinquency cases, but they comprised 35% of the detained population and 31% of incarcerated youth.⁴⁵

Education and mental health issues are disproportionately noted among court involved youth. According to national surveys, approximately one half of youth in the juvenile justice system suffer from mental health issues, yet only 10% to 15% receive adequate services to address their treatment needs.⁴⁶ In addition, only 12% of chronic or serious offenders in the juvenile justice system receive a GED or high school diploma by young adulthood.⁴⁷ Recidivism rates for incarcerated youth across the country are as high as 70%-90%.

B. STATE DATA

In Massachusetts, juvenile delinquents are individuals between the ages of seven and seventeen who have been adjudicated delinquent for violating criminal statutes, city ordinances or town by-laws.⁴⁸ In 2004, over thirty-seven thousand delinquency complaints were issued against fifteen thousand children and youth between the ages of 7 and 17.⁴⁹ If adjudicated

delinquent, a youth may be committed to the Department of Youth Services [DYS] until age 18.⁵⁰

Mirroring national trends, over the past decade juvenile crime in Massachusetts declined from its peak rate in 1994. Yet, the committed DYS population has increased approximately 60% during this same time period. In 2004, there were a total of 1,314 new commitments to the DYS, bringing the total committed population to over 2,500 youths. Four out of five committed youths are males and one out of two committed youths is a member of a minority group.⁵¹ In 2004, one third of previously committed youths re-offended within one year of discharge from the DYS, with youth from Essex County having the third highest recidivism rate in the state.

DYS reports that the majority of committed youth have had prior involvement with other state agencies.⁵² For example, DYS estimates that over 50% of the committed population has had prior DSS involvement, 75% were on probation, and approximately 70% are special education students.⁵³ In 2002, DYS reported that 15% of committed youth took anti-psychotic

SECTION ONE
Court Involved Youth

medication. In 2004, researchers for the Center for Mental Health Services concluded that 60-70% of youth in DYS facilities had significant clinical symptoms of mental health disturbances.⁵⁴

In Massachusetts, juvenile crime rates are also associated with child poverty. The number of individuals committed to DYS from a particular location increases as a city or town's poverty level increases.⁵⁵ Of the 351 cities and towns in Massachusetts, 10 cities account for over 60% of the committed youth in the state. Lynn has the dubious distinction of consistently ranking among the top ten cities for committed youth.

Being committed to the DYS does not mean the youth will remain in a locked facility until age eighteen. The DYS offers a continuum of care for juveniles committed to its custody. A snapshot taken in March 2005 indicated that approximately 11% of committed youth were in assessment units, 11% were in hardware secure facilities, 15% were in group care, and 65% were being supervised in the community.⁵⁶

C. LOCAL DATA

As of July 2005, 133 youths from the five

North Shore cities of Beverly, Gloucester, Lynn, Peabody and Salem were committed to the DYS. Nine out of ten were male, six out of ten were members of minority groups and seven out of ten were between the ages of 16 and 17. *See Table 10.*

Locally, minority youth from Lynn are most at risk to be committed to the DYS. Of the 133 committed youth from the five cities, more than two thirds are from Lynn. Whereas 60% of the local committed youth are minorities, more than 80% of committed youth from Lynn are minorities. Within the city of Lynn, Asian youth are disproportionately represented among committed youth. Whereas Asian youth represent 10% of the youth population, they comprise 24% of the committed population from the city. In addition, 100% of the committed youth younger than age sixteen are from Lynn.

When youth are committed to DYS, most do not remain in locked facilities until their 18th birthdays. The majority of committed youth are supervised in the community by DYS staff at community-based centers named Community Re-Entry Centers [CRC]. The Lynn CRC typically serves



over 100 youth on any given day. Youth are provided with a wide range of services at the center including educational advocacy, group counseling around issues such as anger management and substance abuse, and job and life skill classes. Since 2003, five DYS committed youth from the Lynn CRC have been accepted to college, twelve have obtained high school diplomas and six

have attained either GED or certificates of attainment. In July 2005, approximately 20% of youth were employed and the balance were actively looking for work or developing their job related skills. When asked how the *P-21* service providers might assist this population, the CRC staff responded without hesitation that assistance identifying employment

Table 10

**DYS Committed Caseload for 5 Selected Cities
in Essex County July 1, 2005**

Category	Beverly	Gloucester	Lynn	Peabody	Salem	Total
Gender						
Female	2	1	8	0	3	14
Male	9	10	82	4	14	119
Age						
14			4			4
15			11			11
16	1	4	22	2	5	34
17	10	6	33	2	10	61
18		1	9		1	11
19			3		1	4
20			7			7
21			1			1
Race/Ethnicity						
White	8	11	17	2	9	47
Black			14	1		15
Hispanic	2		33		8	43
Asian			22			22
Other	1		4	1		6
Status						
Delinquent	11	11	74	4	15	117
Youthful Offender			14		2	16

Source: Department of Youth Services



SECTION ONE
Court Involved Youth

opportunities was essential to the future success of these vulnerable youth.

In summary, national, state and local data confirm that males and minority youth are at increased risk to be court-involved.

Locally, youth from Lynn comprise over two thirds of the committed population from the North Shore with males and minority youth accounting for over 80% of this group.



VI. YOUTH AGING OUT OF FOSTER CARE



Alex is a 17 year old white male who has been in the custody of the Department of Social Services since age 2. Since age 10, he has had at least 10 different foster placements and at least 5 different social workers. Reflecting on the system that has been his "parent" since age two, Alex stated: *"They seem to be more interested in controlling kids than in helping with their problems. What kids want is someone to help with their mistakes, not just punish them. So much of what they do feels like punishment."*

Youth aging out of foster care are at increased risk to drop out of school, be unemployed, homeless, or incarcerated.

A. NATIONAL DATA

Children are placed in foster care primarily because of abuse or neglect. The system is designed to be a temporary service with a goal of reunification whenever possible. However, many children do not return to their families or get adopted. For this group of children, the state is substituted as their parent and they remain in state care until they reach the age of majority, typically defined as age eighteen.

The World Health Organization and the Society for Adolescent Medicine currently

define adolescence as lasting into the mid-twenties.⁵⁷ Yet youth aging out of foster care are cut off from their sole system of support at the young age of eighteen. Ensuring that youth entrusted to state care receive the long-term support and skills they need to successfully transition to independent and productive adulthood is the state's responsibility. Unfortunately, national studies indicate that current systems are failing this vulnerable population.

Each year, approximately 20,000 youth "age out" of foster care on their eighteenth



SECTION ONE Youth Aging Out of Foster Care

birthdays. Studies have found that twelve to eighteen months after leaving state care, many “emancipated” youth are unemployed, homeless or incarcerated.⁵⁸ Recognizing the challenges youth in foster care face as they attempt to transition to independent adulthood, the federal government passed the Chafee Foster Care Independence Act in 1999.⁵⁹ The Chafee Act encourages states to offer room, board and medical coverage to youth who have left foster care but have not yet turned 21. Although the Chafee Act doubled the federal commitment to youth leaving foster care, the funding was not sufficient to meet the needs of the thousands of youth who age out of foster care each year.⁶⁰

B. STATE DATA

In 2003, approximately 10,000 children and youth were in the care of the Department of Social Services [DSS]. Although the public typically envisions babies and toddlers when we describe children in foster care, adolescents actually comprise the largest age group in placement throughout the state. Black and Hispanic children were approximately four times more likely to be in foster care placements

than White or Asian children.⁶¹

Each year approximately 600 adolescents age out of the Massachusetts foster care system at age eighteen. In order to qualify for continued services past their eighteenth birthday, teen-agers must be enrolled in school or work full time and must comply with all the terms and conditions outlined in their service plans. As the report *18 and Out: Life After Foster Care in Massachusetts* explained, “Many youths choose to leave DSS when they turn 18 rather than try to pursue services until they are 21 because they are tired of being controlled by the institution and told what to do.”

Adverse outcomes for youth who age out of the Massachusetts foster care system mirrors national data.⁶² They are at increased risk to be unemployed, homeless, incarcerated, and/or experience mental illness. In addition, they do not have the academic credentials or job skills required for employment above minimum wage levels.⁶³

C. LOCAL DATA

The Lynn and Cape Ann offices of the Northeast Region of the Department of

Social Services serve the five designated cities. Within the Northeast Region, 57% of consumers⁶⁴ are White, 7% are Black, 7% are Asian and 31% are Hispanic. Spanish and Khmer are the most common languages, other than English, spoken in consumers' homes.

In 2003 there were over 600 children in

placement from the Lynn and Cape Ann offices. More than half the children in placement were between the ages of 12 and 17. See Table 12. These youth are on track to be “emancipated” from the DSS at age 18 and are at increased risk to become homeless, incarcerated and unemployed.

Table 11

MASSACHUSETTS CHILDREN IN FOSTER CARE BY RACE/ETHNICITY

Race/Ethnicity	% of Total Youth Population under age 18 (2000)	% of Total Foster Care Population (2003)
White	75%	48%
Black	7%	17%
Hispanic	11%	27%
Asian	4%	2%
Other	4%	3%
Unknown	3%	n/a

Source: Department of Social Services Annual Reports and 2000 Census



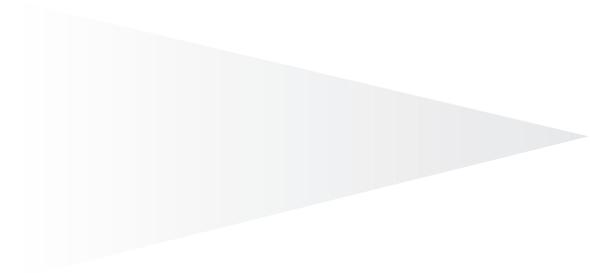
SECTION ONE
Youth Aging Out of Foster Care

Table 12
Department of Social Services Statistics - 2003

	State Totals	Northeast Region	Cape Ann	Lynn
# 51A Reports	68,404	8,694	1,901	1,673
% Supported	32	39	45	34
% Children in Placement	26	25	24	25
% 12-17 year olds in placement	52	56	58	57

Source: Department of Social Services Quarterly Reports

YOUTH PERSPECTIVES



After hearing the goals of the P-21 initiative, one youth seemed to capture the sentiments of the group when he exclaimed: “Wow. You want to hear what I think. Let’s get to it.”

During the summer of 2005, staff from the Children’s Law Center conducted interviews with teen-agers and young adults between the ages of sixteen and twenty-three years who qualified as a member of at least one of the six categories of vulnerable youth selected for study. Interviewees were participants in programs located in the five cities including GED programs, alternative education programs, a teen shelter, and DSS, DMH and DYS programs. In addition, members of the *P-21* Youth Advisory Board were interviewed.⁶⁵ In total, 39 teen-agers and young adults volunteered their time to share their perspectives with CLCM staff about the systems that impacted their lives.

All interviews followed a consistent protocol. First, basic demographic data was gathered for each participant. Interviewees identified themselves as White (65%),

Hispanic (30%) and Asian (5%); 59% were females. Remarkably, 75% reported falling within two or more of the designated categories. Of the 39 participants, 23 reported Department of Social Services involvement, 21 reported dropping out of school, 20 reported experiencing mental health issues, 13 were immigrants or children of immigrants, 9 reported court involvement, and 6 reported being homeless. Next, open-ended questions were used to elicit youths’ narratives about their experiences. The comments and recommendations included in this section are not necessarily representative of the views of all youth enmeshed in the various systems. However they are informative and, hopefully, will enhance service providers’ understanding of youths’ perspectives as they contemplate modifications to service delivery systems.

SECTION TWO
Youth Perspectives*Someone to talk to...*

Some of the youth interviewed reported having a guidance counselor or someone else with whom they could talk. However many youth interviewed, especially those who had dropped out of school, reported that there was no one at school they could speak to about problems they were experiencing. Several also reported that school staff were unresponsive when they reported being bullied at school.

“My friend, her mom’s not really there. You feel like you have no one to talk to. People like that, they bring all their troubles to school and they can’t focus. You just need support, people to talk to... it just works better that way.”

“I’ve tried [to talk to my guidance counselor], but she’s useless. I’ve even tried to make appointments with her but she’s too busy to even make an appointment. My guidance counselor is not very guidance counselor-y.... I would want her to actually be able to talk to us about grades. I think she’d be good if she had the time.”

“The worst part of school for me was I was picked on. I talked to my guidance counselor and my teachers, but my teachers would say

that wasn’t happening.”

Student interrupted...

Vulnerable youth repeatedly report that interrupted education was a major contributing factor in their decision to drop out of school. Some of the disruption was a result of frequent moves prompted by changes in foster care placements. Other disruptions were the result of disciplinary actions arising out of relatively minor infractions such as tardiness, unexplained absences, or talking out in class. The exclusions exacerbated youths’ already poor attendance and their likelihood to repeat a grade, further undermining students’ motivation to stay in school.

“I had to move all the time and had so many problems with credits. I had to repeat 9th grade 3 times. I would get straight As if I didn’t have to move so much and not finish (school).”

“I dropped out [of school] because I moved so much when I was in foster care. I was in 16 different placements, it was impossible to do school.”

“Towards the end, I was giving up because I knew I was going to stay back. If you’re



absent more than 8 times they give you a suspension.”

“I was expelled from all the schools in the area. By the time I got into a school that I could have finished at, I was older and DSS stopped paying for my school, even though they had told me they would continue to pay for it. So now I’m working on my GED.”

“In school I had more Fs than the phonebook.” quipped one DSS involved male who had been in 8 group homes, 2 residential programs and 14 different foster homes.

Sorry, your time is up...

Although some youth report that teachers and counselors tried to “talk [them] out” of dropping out of school, a disturbing number of drop-outs and youth at risk of dropping out report that school personnel encouraged them to leave school, misinformed them and their parents about their enrollment rights, or felt harassed or discriminated against by school officials. Several reported trying to re-enroll in school, only to be told that they were not allowed to return.

“When I was 16, I tried to come back, but... High School wouldn’t take me back. They said

I had missed too much school to come back.”

“I was in the Special Education program, went to school for 4 years and was in the same grade. The principal shut the door in my face and told me to get a GED. Told me he was going to kick me out of school.”

“One of my friends, she’s 14, dropped out and they won’t take her back because of her attendance and she wants to come back.”

“They told me I couldn’t go to... school because I was pregnant.”

“When I tried to come back, they told me there was ‘no room’ for me... The teachers all knew [what the principal/administrators were saying to me], but they just let it slide, they just forgot about it... All my teachers were great... it was the people that had the power.”

“All my friends were harassed. [The principal] was on a power trip... Leaving school wasn’t my decision. The principal said I was unfit.”

“They told my mom that I couldn’t come back to school [after a suspension]...They said I had to go to night school.”

“I think that the principal and vice principal are racist against Blacks and Hispanics. You

SECTION TWO
Youth Perspectives

always get in trouble, like suspended, for the real little things by them, and the White kids will do the same exact thing and nothing will happen to them.”

Mental Health Services...

Participants expressed frustration at the re-occurring disruption in therapeutic relationships as well as the overuse of medications.

“I’ve had so many psychiatrists, it’s really difficult. A psychiatrist will be working with me, then 3-4 weeks later they leave. It would be nice to have one consistent psychiatrist to go to.”

“Every time I get a counselor they run away on me.”

“They just pump you with drugs until you are drooling. DSS has their own psychiatrists and they all really over-medicate. At one point I was on 28 different meds at the same time. No one told me about the side effects. These kids deserve to know these things.”

“I’m on Rigideen (sp) for something. It’s a DSS requirement to take what is prescribed, so when they say take these, I take them.”

“I had depression issues, kids would always

harass me. And when I told the SPED director at the school, the director trashed me. Said, ‘no one could make fun of you, you need to be on medication because you are hallucinating.’”

“[Special education staff] just wanted to pump me with medication instead of spending the time to get to know and really help me.”

“Don’t try to fix me by putting me on meds.”

Listen to us...

Many youth recognized the importance of DSS in helping abused children who need to be removed from their home. Additionally some youth reported liking their social workers and many appreciated the financial assistance provided to them by DSS. In general, however, being in foster care was a negative experience for youth in this sample. One young woman reported being physically and sexually abused while in foster care. Another youth complained that the food and customs in the foster home were so unfamiliar that she ran away. Another commented that she always felt like an “unwanted guest.” Conversely, several youth reported more positive experiences in group homes. A recurring



criticism voiced by many youths who experienced foster care was that adults made decisions about them, without consulting them.

“They think they know all about us but they don’t. They don’t know the whole story of how we got to where we are today. They should talk to us before they make decisions for us.”

“The worst part about DSS is that they control my life without listening to what I want.”

“Listening to the kids as well as the parents is a BIG, BIG issue including at the time of investigation when making decisions about programs and placements.”

“Kids of any age should be given the opportunity to go to their case conference meetings... it’s important to go to know what is going on.”

“There’s just so many kids, and not enough social workers. They don’t have the time to handle all of the kids they have.”

“My social worker doesn’t get it. They just leave you there and tell you to do good.”

“I’ve seem so many kids who get put out on the street because they don’t want to sign into DSS. Its hard because no one wants teen-agers, you

end up in these programs, you are bouncing around and there is no freedom at all.”

Locking kids up is not the answer...

The majority of court involved youth attributed the cessation of their unlawful activity to “growing up.” Several youth admitted to “getting clean” due to DYS mandated drug screens and saw this as a positive outcome of their involvement with DYS. Others reported that “people talked to me in DYS and told me I could straighten up.” Several youth with multi-system involvement stressed that DYS “wasn’t that bad” compared to their experiences in DSS and stressed that DSS was the system they most wanted to change. Still, there were various suggestions for improvement within the DYS system.

“I realized [during lock-up] that what I was doing was stupid so I straightened up. I got so sick of being locked up and not being able to go home that I was motivated to do better. I matured a lot.”

“You spend most of your time just sitting around doing nothing. After awhile I realized this is not how I wanted to live my life - just sitting in a cage. I couldn’t see my family. My friends were going on with their lives not



SECTION TWO Youth Perspectives

missing me - and here I was just doing nothing. I just got tired of all that stuff and decided I wasn't going back in."

"You need to be able to test yourself on the outside. It is easy to behave when you are locked up because there are no choices."

"I took 5 years of the anger management requirement. There is no point in them. The only reason I stopped getting angry was so I wouldn't have to go anymore."

"All I did [in DYS] was sit in my cell and watch TV. There was no educational program. Therapy was a joke."

"[In education programs at DYS] everyone was in a different place, different ages, all in one class. No one was taught individually. We were just given a packet to work on."

Youth who appeared to be thriving were those enrolled in the alternative education program sponsored by the Salem Public Schools. Several youth in this program were now on track to go to college after previously dropping out of school. They attributed their success to the alternative education program, specifically the director of the program. Repeatedly, she was described as someone who listened, who

was "straight" with them, and who was committed to them. She had earned their trust and they turned to her for advice and nurturance. Clearly having a relationship with an interested, caring adult was an important protective factor that mitigated the many risk factors that characterized these youth.

When youth were asked what type of services kids need, the most frequently occurring responses were job training, a safe place to hang out, and someone to talk to, particularly in times of trouble or stress. When asked what advice they give younger siblings, the most common response was, "Stay in school." The following are summaries of recurring recommendations offered by the interviewees:

- ✱ School staff need to pay more attention to students;
- ✱ Schools need to be more flexible about accepting credits from other schools;
- ✱ Increase the qualifications for social workers;
- ✱ Reduce social worker caseloads;
- ✱ Be more selective about who can be a foster parent;



- * Do a better job matching kids and foster placements;
- * Limit the number of placement changes so that school changes do not occur;
- * Every kid in DSS custody should have an educational advocate;
- * Teach kids advocacy and survival skills;
- * Consult with kids about placement decisions;
- * Extend the age to drop out of school to 18;
- * Do not rush to medicate kids.
- * Implement more programs for girls.

In summary, there was substantial agreement among youth about the problems they encountered navigating the service delivery systems theoretically designed to meet their needs. Most importantly, to achieve positive outcomes, youths must be active participants in the planning stages of their service delivery plan.



ACTION PLAN

Twenty-two agencies providing services to youths and families on the North Shore acknowledged their on-going commitment to the *P-21* goals. The regional partners met on four occasions during the summer and fall of 2005 to digest and discuss national, state and local data on the six groups of vulnerable youth selected for study and to develop a strategic action plan to improve the delivery of services on the North Shore. The discussions resulted in a shared understanding that immigrant youth, court-involved youth, youth aging out of foster care, and youth with mental health disorders, particularly when compounded by child poverty, were at increased risk to drop out of school and to become homeless. Specifically, the regional partners recognized that:

- ✱ approximately 22% of Lynn residents and 11% of Salem residents live in poverty;
- ✱ more than 50% of the children living in poverty in Lynn and Salem speak a language other than English at home;
- ✱ approximately one out of every two Lynn residents and one out of every four Salem residents are members of minority groups;

- ✱ Lynn's Asian population is three times greater than that of the state and four times greater than that of the county;
- ✱ Lynn and Salem's Hispanic populations are more than two times greater than that of the state and 1.5 times that of the county;
- ✱ Lynn's Black population is more than three times greater than that of the county;
- ✱ minority youth in Beverly are three to seven times more likely to drop out of school than their White classmates;
- ✱ Hispanic youth in Gloucester are three times more likely to drop out of school than their White classmates;
- ✱ in Lynn, Hispanic and Asian youth are approximately 1.5 times more likely to drop out of school than their White classmates;
- ✱ in Salem and Peabody, Hispanic youth are most likely to drop out of school;
- ✱ males are consistently more at risk to drop out of school than females.

After analyzing the local data, North Shore regional partners identified "school dropouts" as their target population for the *P-21* initiative. The term "dropouts," as used by local service providers, includes

youth at risk of dropping out of school as well as youth who have already dropped out of school. The service providers recognized that, by focusing on this group, they would be targeting a broad cross-section of vulnerable youth in the North Shore including minority, low income, foster, court-involved and mentally disabled youth who currently are not succeeding in school or in the labor market.

The next step was to determine how the regional partners would work together to change youth service delivery for school dropouts on the North Shore. The regional partners outlined four key components to improved outcomes for the target population: *identification, prevention, intervention, and remediation*. However, the regional partners recognized that it is premature to realign local service delivery to address the four components without first securing the participation of other key stakeholders critical to the process. For example, statistical and anecdotal data highlight that males and minority students, particularly those in the ninth grade who experience high rates of school exclusion and grade retention, are at increased risk to drop out of school. Clearly, school

personnel are essential early identifiers of this at-risk population and school policies will impact prevention efforts. Yet, school personnel currently are not active participants in the *P-21* initiative on the North Shore. The regional partners agreed that *the first strategic objective to be achieved during the next six months is to recruit school personnel from the five cities as active members of the regional partnership*.

The regional partners recognized that a myriad of factors facilitate or impede individual growth and academic success. Rather than viewing adolescent development through the lens of problems or deficits, the regional partners agreed to expand their focus to include positive youth development goals. *The regional partners determined that the second strategic objective to be implemented over the next six months is the implementation of a uniform questionnaire to assess youths' assets or strengths*. The regional partners selected a questionnaire developed by the Search Institute of Minnesota entitled *The Asset Approach: 40 Elements of Healthy Development*. The questionnaire, administered to over 100,000 youths from more than two hundred communities, consists of 40 questions designed to assess

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Action Plan

developmental assets that young people need to succeed as they transition into adulthood, including commitment to learning, social competencies, positive values and self-esteem.⁶⁶

The regional partners agreed that the asset-based questionnaire provided a promising approach for coordinating services on the North Shore. Therefore, they determined that *the third strategic objective to be implemented over the next year will be to analyze the data gathered by the various programs utilizing the asset based questionnaire and use the results to drive programmatic decisions as they work together to realign local resources to more effectively serve youth in the target population.* In order to ensure the effective implementation of this decision, the regional partners agreed to share the estimated cost of \$1000 to hire a consultant to train partner organizations in the administration and interpretation of the asset-based questionnaire. Outcomes for participants in the participating programs will be tracked and compared to youth not receiving comparable asset based services.

Ultimately, the regional partners envision a five year plan that will include

administering the asset based questionnaire to all ninth graders on the North Shore, using the results of the questionnaire to identify youth at-risk to become school drop-outs, and partnering with local school systems to implement a comprehensive service delivery and referral system that will provide additional or alternative educational support, job training, and other needed services to at-risk youth. However, structuring a comprehensive service delivery system around a set of outcomes suggested by the asset based model is not easy or inexpensive. At a minimum, schools and service providers will have to collaborate to a greater extent, additional resources will have to be developed and sustained, and additional staff will have to be hired and trained. Yet the service providers agree, achieving the goal is worth the effort. Implementing a comprehensive service delivery system that results in higher graduation rates for North Shore youth would substantially improve the future education and job prospects for many males and minority youth most at risk under the current systems.



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