

Available online at www.sciencedirect.com



Children and Youth Services Review

Children and Youth Services Review 30 (2008) 727-734

www.elsevier.com/locate/childyouth

How to open and sustain a drop-in center for homeless youth $\stackrel{\scriptstyle \succ}{\sim}$

Natasha Slesnick^{*}, Michael Glassman, Rikki Garren, Paula Toviessi, Denitza Bantchevska, Pushpanjali Dashora

Department of Human Development and Family Science, The Ohio State University, 1787 Neil Ave, 135 Campbell Hall, Columbus, OH 43210, United States

Received 31 July 2007; received in revised form 26 October 2007; accepted 9 December 2007 Available online 15 December 2007

Abstract

Drop-in centers have the potential to facilitate engagement of homeless youth into treatment and back into the mainstream. However, little guidance was found in the literature regarding how to open and sustain a drop-in center for homeless youth. This paper offers such guidance, including information that may be useful for developing a change philosophy that guides the center structure, and for identifying a building and location conducive to facilitate activities and access for the youth. Guidance for structuring the drop-in center and for hiring and training staff is also offered. Since the U.S. suffers from a dearth of services for homeless youth, the direction offered in this paper may help guide those who seek to provide services to these vulnerable and underserved youth.

© 2007 Elsevier Ltd. All rights reserved.

Keywords: Homeless youth; Intervention; Drop-in centers

1. Introduction

Research investigating effective approaches for intervening in the lives of homeless youth is increasing. Given that estimates of the number of the homeless youth in the U.S. range from 500,000 to 1.7 million each year (Sedlak et al., 2002), the need for increased focus on this group is high. While homelessness is unlikely to be eradicated completely from any society, reintegration of homeless youth into the mainstream may not only prevent continued homelessness into adulthood, but also may reduce the immediate individual and social costs of homelessness such as premature death, emergency room visits and loss of human capital.

In order to effectively develop and sustain a drop-in center for homeless youth, it is important to know and understand the population. Usually, youth leave or are asked to leave home for various reasons such as family conflict,

 $[\]stackrel{\text{\tiny{this}}}{\longrightarrow}$ This work is supported by NIDA grant R01 DA013549.

^{*} Corresponding author. Tel.: +1 614 247 8469; fax: +1 614 292 4365. *E-mail address:* Slesnick.5@osu.edu (N. Slesnick).

^{0190-7409/\$ -} see front matter © 2007 Elsevier Ltd. All rights reserved. doi:10.1016/j.childyouth.2007.12.004

physical and/or sexual abuse, parental substance abuse, conduct problems, sexual orientation, and parental unwillingness or inability to care for them (MacLean, Embry, & Cauce, 1999). A high percentage of homeless youth has spent time in the custody of the state and had numerous foster home placements (McMillen & Tucker, 1999; Shaffer & Caton, 1984). Some youth "couch surf" which means that they move from one friend's home to another until there are no more open doors. In order to survive on the streets, youth might sell drugs, steal, and become involved in "survival sex" (trading sex for food, money, shelter, drugs, or protection). Many have stopped attending school or slowly slip away from school and other community connections (such as church groups). These youth are extremely vulnerable to exploitation by others, and are at high risk for substance dependence, sexually transmitted diseases, pregnancy, HIV infection, depression, and other mental and physical health problems (Feldman & Middleman, 2003; Powers, Eckenrode, & Jaklitsch, 1990; Smart & Ogbourne, 1994).

To date, few controlled research trials provide evidence of effective comprehensive intervention approaches for reintegrating homeless youth. Some research suggests that case management might be helpful to homeless youth, at least in the short-term (Cauce et al., 1994) and an integrated treatment for substance use, mental health and HIV prevention can be an effective add-on to drop-in center services (Slesnick & Kang, in press; Slesnick, Prestopnik, Meyers, & Glassman, 2007). HIV prevention services (Booth, Zhang, & Kwiatkowski, 1999; Gleghorn et al., 1997) and motivational interventions (Peterson, Baer, Wells, Ginzler, & Garrett, 2006) have shown mixed results. Though not a controlled evaluation, Van Leeuwen et al. (2004) reported that 60% of homeless youth who were provided transitional housing permanently exited the streets. Thus, though the number of studies that focus on intervening in the lives of homeless youth are increasing, the literature offers little direction on how to successfully address the range of social and individual challenges with which this group must contend. Possibly, the lack of available guidance on how to successfully engage and work with homeless youth perpetuates the dearth of efficacious interventions available to youth. Drop-in centers, sites in which youth can rest and receive food or shower, offer a promising first step towards engaging homeless youth into more intensive services that lead to reintegration (Slesnick, Kang, Bonomi, & Prestopnik, in press). In this paper, guidance is offered on how to open and sustain a drop-in center for homeless youth between the ages of 14 and 24. The recommendations in this paper are based upon the experiences of the team who started and maintained two drop-in centers in two U.S. states. To date, positive outcomes (up to one year) have been documented for youth accessing one of these centers (Slesnick et al., in press). Several key components of drop-in center development are reviewed with the hope that the information presented can assist those who seek to open their own center.

2. Program philosophy

The program philosophy guides all aspects of the drop-in center development. The philosophy described below is one of many potential guides that can serve as the groundwork for the organization and maintenance of the program. In this paper, engagement and re-integration is considered a by product of the development of trust, interpersonal connection, and unconditional positive regard (Rogers, 1967). According to Rogers (1967), to treat an individual as worthy and capable, even when the individual does not act or feel that way is unconditional positive regard. Moreover, trust and unconditional positive regard are at the root of all humanistic striving for happiness and social connectedness (Rogers, 1967) and underlies most schools of psychotherapy. Homeless youth have lost trust with nearly everyone of importance to them and have lost trust in the larger social system (Ensign & Bell, 2004). For many youth, the experience of unconditional positive regard is new, but for some it will only need to be renewed. Thus, the development of a genuine, empathic relationship with unconditional positive regard between the youth and a drop-in service worker is the hypothesized mechanism of change and the basis of the program philosophy described in this paper.

In her review of effective treatments for individuals experiencing homelessness, Zerger (2002) concluded that any effective treatment must foster interagency collaboration given the multiple needs of those experiencing homelessness and scarce community resources. Consonant with the value base described above, the wraparound process is an intensive, individualized case management process that offers unconditional care for youths with complex needs (Walker & Bruns, 2006). A strength-based, single plan of care that cuts across all agencies and providers is developed and changed, when needed, to meet the needs of the youth. Specification of this model was recently developed (Burchard, Bruns, & Burchard, 2002) and a supportive research base is accumulating (e.g., Burchard et al., 2002; Farmer, Dorsey, Mustillo, 2004). Wraparound may offer a promising guide for beginning the process of reconnecting homeless youth to needed systems of care, and research on its effectiveness with this population is needed.

3. Funding

Unless all staff volunteer their time, and the site is donated, funding will be needed for hiring staff, paying for the rent and utilities of the building, having food available and for the purchase of other services including bus passes. Potential sources of funding include private donors, charitable foundations and local, state or federal government. Many cities have a local homeless advocacy organization and someone from this agency might be able to assist those who seek to provide services to homeless youth identify income sources. A new drop-in center might receive mixed support in the service community since funding for a new center might reduce available funding for ongoing service agencies. This is a significant problem since many agencies already struggle with meeting minimum funding requirements. The ideal situation may be not to compete with other agencies for dwindling local funds, and instead seek private or federal funds.

Funding for homeless service agencies is sometimes dependent upon the use of evidence based practices (Zerger, 2002). At start-up, the team will need to determine whether to apply for 501c3 status, as some funding sources, including food banks, might only donate to agencies with this non-profit status. Funding is the biggest challenge that directors of adult drop-in centers report facing (Holter & Mowbray, 2005). Holter and Mowbray, in their survey of Michigan drop-in centers serving adults, report that experience and expertise in grantsmanship, and in community networking and coalition building, may be integral to financial success.

4. Building and location

Ideally, the drop-in center should be at a location in which homeless youth can easily access, or be in the area in which youth congregate. A consistently cited barrier to seeking services is that the location of the site is not accessible to the youth, given their lack of transportation and knowledge of available services (Ensign & Bell, 2004). Accessibility and capability need to be at the core of the drop in center on a number of different levels. Jacobs (1961) suggested that accessibility is tied to not only location, but how the actual physical location is developed, the level of safety an individual feels within the community, the responsibility individuals feel and believe others feel for that location, the level of "buy in" the people who inhabit the area have for that location.

At the community level, the drop in center must be accessible for the youth simply in terms of being able to get there when s/he feels the need to be there. There are two aspects to accessibility at this community level. The first is that the drop in center must not only be physically accessible (i.e. it can be reached either on foot or by public transportation relatively easily), but it must also be socially and emotionally accessible when the homeless youth need it. For example, the drop in center needs to be in neighborhoods where a homeless youth will not be treated as an alien or an outsider simply by appearing on the street. The drop in center needs to be an integrated part of the community that the community believes it not only can absorb it, but will eventually see it as a positive addition. One of the great mistakes of the public housing movement, for example, was to create large, imposing structures that dominated local communities rather than fitting them into the community. Drop in centers should not change the landscape of the community, and are probably best housed in existing structures.

Collaboration between the drop-in and the community will ensure a win-win situation for the community as well as for the youth. However, successful collaboration might be hindered by negative perceptions of homeless individuals by the members of the community. Community collaboration and acceptance of the drop-in center as a positive addition to the neighborhood is important to the prosperity of the drop-in. This collaboration can assist the youth by having community members who will not harass or judge them, but rather help them integrate and feel part of the mainstream society. This collaboration will help the community by having youth take ownership and responsibility for the community. Homeless youth can then engage in community service projects such as Habitat for Humanity that will improve the overall community.

A second aspect of drop in centers is that they need to be emotionally accessible to the youth. A youth should be able to identify the drop in center easily as an integrated part of the community, and the entrance to the drop in center should be inviting and transparent (e.g. no third floor walk ups). Ideally a drop in center should have a front porch where people spend time and that is always well lit. The youth should be able to see the entrance from a distance and, if fearful, should be able to wait outside and observe house traffic. A drop in center should never make individuals feel like they are venturing into the unknown, and should reduce, as much as possible, the initial impression that they might not be welcome.

Possibly, most important in terms of accessibility, is that the drop in center needs to be available when the homeless youth has the emotional need for a safe haven. The drop-in should offer safety to youth and allow them to make their own choices. Homeless youth in particular have lives with a great sense of urgency and immediacy. Safety and freedom in decision making can oftentimes become most important in the night or early morning hours when they are most desperate and linkages to support systems are weak or non-existent. Off hours represent times when homeless youth are most in need of support and a safe activity setting where they can make positive decisions (Bronfenbrenner, 1979). Off hours is the time when there are the fewest eyes (businesses close, there is less street traffic) and is therefore the time of greatest danger. By offering support at the most difficult times, the drop in center might be especially successful at building a sense of social trust that is often missing in these youths, thus helping their transition to more stable relationships with mainstream health and social service institutions.

Insufficient funding might prevent the drop-in center from remaining open overnight or for 24 h. However, youth will identify the drop-in center as a safe place, and might congregate at the center before or after hours. For instance, youth might sleep on or around the building, or be waiting for staff upon their arrival in the early morning. The culture of the neighborhood may or may not support such behavior. That is, if a drop-in center is in a neighborhood with businesses, business owners might not want youth to loiter in front of their store. Also, youth who sleep on or near the drop-in may not utilize public lavatories easily, the consequences of which can become a health hazard or be offensive to neighbors. Participation of a drop-in center representative at the neighborhood community meetings (if they occur) can create a dialogue for garnering support, developing a collaborative relationship and ameliorating concerns among neighbors of the center.

5. Organization of center

The philosophy of change guides the structure and rules of the drop-in. A structured center with activities available that facilitate youth meeting their social and educational goals is based upon this philosophy. Such structure reinforces the belief that the youth are capable of success and the staff should reinforce and support any efforts towards reintegration or connection, regardless of immediate success. In building trust with youth, a lack of boundaries and consequences for behaviors while youth are at the center does not meet that end, but rather suggests a lack of care or concern. Strict rules and harsh consequences similarly reflect lack of care or concern, leading to loss of trust and feelings of judgment and shame among the youth. Center structure and rules will be discussed more fully below.

Homeless youth are in various stages of motivation for change, from eager and willing to change to unmotivated for change. The drop in center should not place strict limits in terms of what the youth must do while at the center. For instance, job searching information should be easily accessible and readily available to the youth, but youth should not be required to engage in job searching in order to access the drop-in center. Instead, it is more important in the beginning stages of interaction with the youth that the youth make a connection with the drop in center and its staff. Zerger (2002) also concludes that programs serving the homeless should initially be flexible and non-demanding. The youth needs to feel safe and that the drop-in center and its staff are trustworthy. The youth will be more likely to begin the reintegration process when they feel this connection (unconditional positive regard) with a pseudo-social service agency that is willing to help them with their goals, whatever they may be.

Drop-in centers are most attractive to youth when they can assist youth in meeting their most basic needs including eating, staying clean and staying healthy. Therefore the drop-in center's first priority should be providing food, showers, washing machines, clean clothes, and some access to health care. An important aspect of providing these basic needs is to allow the youth to maintain dignity. It is important to have clothes, toiletries, and shower access available and to have a separate area where the youth can take showers and not worry about any type of harassment. Hours of operation and the range of services offered are of course dependent upon available funding. As funding increases, so can the availability of other services including case management or counseling.

The structure of the drop-in is important as well, as an unstructured center might increase chaos. The drop-in should be organized into several rooms rather than having just one large open room available for use. Separation of the building into activity rooms allows less crowding in one room and also offers the opportunity to reduce conflict among those youth who otherwise do not get along with each other. The separate rooms are also important so that the drop in center might more resemble a secure base (such as one might find in a family) rather than a more antiseptic social services agency. One of the goals of the type of drop in center described here is to get some type of buy in from the youth, so that they are not only served by the structure but become active participants in its maintenance.

731

The use of structured rooms also creates the opportunity for individuals to work towards improving their life situation in an atmosphere that promotes dignity. It is important that when a youth wants to eat s/he has an area dedicated to that activity, and when a youth wants to study s/he has an area dedicated to that activity (Bronfenbrenner, 1979). Thus, when a youth enters the drop-in, s/he should sign in, using whatever name they wish to protect confidentiality, but to allow the drop-in staff to know who is in the building, and should pick a room to participate in activities or to rest. Organization of the rooms within the drop-in should be designed to meet the needs of youth, both practical and recreational. Potential activity rooms include GED preparation and literacy tutoring, job finding and interview skills building, an art room for emotional expression, a quiet room for rest or reading, and a TV/game room. Each room will need monitoring by a staff member to ensure appropriate prosocial activity and safety of youth. The drop-in center can also offer youth access to advocates and to others from the community who offer services that can assist youth in the realms of health, education, legal or other service areas. For example, Healthcare for the Homeless might offer onsite healthcare weekly or biweekly. The public school system's homeless liaison can provide weekly consultations and assist those youth that are interested in registering for school, including alternative school or the 'virtual classroom.' Virtual classrooms can be offered onsite if computers are available at the drop-in center. Workshops can be offered which address resume building, tips for completing applications, and interviewing skills.

The rules and reward system of drop-in centers creates a set of expectations, consequences and rewards. Rules, consequences and the reward system should be reviewed with each new youth who enters the drop-in so that all youth are aware of expectations and are not surprised by a consequence, and know what they need to do to earn a reward. It is important that staff is also intimately aware of the rules, consequences and rewards so that consistency among staff is assured.

Since many youth who live on the streets have been denied services from many programs prior or during their homeless episode, it is important to create a system of success that helps youth develop and learn appropriate behavior. Permanent consequences such as a ban from the center do not allow youth the opportunity to shape their behavior with feedback and reinforcement. Permanent consequences only reinforce their impression that they do not fit into the mainstream and that street life is their only option. Yet, youth cannot be allowed to continuously violate the rights of others and create an unsafe environment. A drop-in center that mirrors street life is not safe and is not a mechanism for reintegrating youth into the mainstream. Yet, a drop-in that does not provide some tolerance of youths' lack of interactional skills also does not support change. Some practice parameters exist for managing acute aggressive behavior among youths in residential treatment (American Academy of Child and Adolescent Psychiatry, 2002; dosReis, Barnett, Love, & Riddle, 2003) which may be useful in this context. For example, dosReis et al. (2003) emphasize a plan for determining the level of immediate intervention required that considers individual patient factors and the need to balance client needs with the safety needs of the staff and other youth.

Behavioral limits should be enforced by verbal warnings and time-outs that range from two hours to two weeks. A two week time-out is provided for safety violations, drug use behaviors or because the youth has acquired a series of one-week time-outs in a short period of time. Staff need to immediately set a time-out, and not provide the consequences days after the behavior. Consequences need to be immediate and need to be consistently utilized. Otherwise, trust disintegrates, and appropriate, prosocial behaviors will be more difficult to shape.

Occasionally, some homeless youth have difficulty maintaining behavioral limits set by the drop-in center staff, and may challenge limits by cursing at or threatening staff, using drugs or alcohol on premises and otherwise ignoring redirection. Staff must remain calm in these situations and must enforce the consequences for rule violations. Even if youth threaten to never return or further threaten staff if they enforce a time-out, lack of consistency creates an environment of fear and disorder. Although de-escalation of conflict is essential, at times this is not possible because the youth escalates very quickly, refuses to accept distraction (requests to walk with the staff, use of humor, firm redirection), or does not respond to calming attempts made by staff. If program funds allow, a plain clothed security guard can help staff maintain consistency and help prevent unsafe situations. The presence of the security guard also reduces the need for the police to be called should fighting among youth occur. Since many youth do not trust the police, police presence at the center is best minimized. However, while avoidance might work in the short-term, a more effective solution may be to invite representatives from the local police force to meet with the directors, staff and youth. This meeting can provide the opportunity to describe the program and its objectives to the officers. It can be a step towards increasing trust and comfortable interaction among the officers, program staff and participants.

Rewards should be offered when positive, prosocial behaviors are observed. The rewarded behaviors might include behaviors such as when a youth assists another youth, helps staff with chores around the drop-in center

(e.g., organizing, cleaning), or engages in other prosocial activities – maintaining positive attitude even when in a bad mood, etc. Creative rewards that are meaningful to youth are important. These rewards can take many forms such as the offer of bus tokens, draws from a prize bowl, food gift certificates, extra time on the playstation, etc. Some youth may have cellular telephones and cellular phone minutes can be offered, which have the secondary benefit of facilitating potential connection to support systems.

6. Staff

A successful drop-in center depends upon a skilled, genuine, and charismatic staff. The staff organizational structure might include an advisory committee to the program director, who oversees the administrative aspects of the program including funding and hiring. A program coordinator may work under the program director and oversees the day to day activities of the center. This person serves as the direct supervisor of the drop-in center staff. While identification of personal characteristics that would ensure success in the position would be ideal, we have not identified such characteristics. Individuals with histories of homelessness as well as individuals from upper income families can be equally successful at engaging homeless youth, setting limits and encouraging prosocial behaviors. Of primary importance, however, is the philosophy and comfort level of the individual in working with those who are experiencing homelessness. Some youth may be under the influence of alcohol or drugs while at the center, may curse at or threaten staff, may ignore requests by staff, or may otherwise attempt to intimidate staff. Individuals with prior experience, either personal or professional, might be more motivated to learn how to engage such youth while simultaneously setting appropriate limits.

When interviewing staff, it can be useful to have the potential staff member observe actual drop-in activities in order to determine whether s/he might be able to tolerate the activities, center philosophy and the youth themselves. Worst case scenarios should be presented to potential hires so that they have a realistic idea of what to expect from the position. The philosophy of the individual regarding the drop-in should be assessed because if it is not consonant with the philosophy of the drop-in center, the dissonance can create later conflict or discomfort. For example, a drop-in center which is a "come as you are" program allows youth to enter regardless of their clean and sober status. This might be viewed by some potential staff members as condoning drug and alcohol use. A time-out schedule which seeks to shape appropriate behavior rather than punish ill fitting behaviors may also not fit with some staff's philosophy.

Regardless of the prior experience of who is hired, intensive training is important to orient the staff to the center's philosophy of change and expectations. Training can be conducted by the Program Director and/or Coordinator, and may include readings, didactics, discussion and role plays. It is important to empower the staff by teaching them about the issues that homeless youth face. Not only will these trainings enhance the potential for the staff to better connect with the participants of the drop-in center, but the trainings will also help ensure that the staff feel better prepared for their job. Trainings should include how to de-escalate conflict, handle job stress and maintain professional boundaries. Cultural competence training should also be offered (e.g., ethnic/racial, sexual orientation, sexual identity and gender competencies). New staff can 'shadow' or pair with experienced staff until they are comfortable working independently with youth. Staff who offer advice to youth can be blamed if the advice turns sour, and so advice should be offered sparingly by staff. Youth might feel betrayed by staff that befriend them but then reinforce a time-out when that youth violates center rules. Thus, staff are not friends of youth; instead, staff are positive role models who have a professional relationship with youth.

It is inevitable that working at the drop-in center will lead to stress from interacting with the youth and from working with the broader community. Activities and procedures that allow alleviation of stress within the work place should be planned. Given the high potential for burn-out and the high level of stress associated with the position, ongoing support and supervision of staff is essential in order to reduce turnover. The work environment should encourage open communication so that employees feel that their thoughts and expressions are respected. Every individual brings with him or her a diverse array of experiences and knowledge that may or may not mesh with what is encountered at the drop in center. Allowing for the staff to discuss any dissonance related to their experiences is crucial. Additionally, the program coordinator should have a flexible, open-door policy that allows the staff to voice their concerns as needed.

Staff support might take the form of weekly process groups in which staff are able to discuss difficult situations that occurred during the week and how they handled the situation. Or, the life stories of youth might need to be processed

among staff that are unfamiliar with the horrendous histories and life situations of some of the youth. Weekly supervision should be offered which reviews consistency among staff, youth who have challenged center staff and rules, and other issues associated with the smooth operation of the center. Daily staff meetings, for example, 15 min prior to center opening, may be important for reviewing the upcoming day's activities or to ensure that staff are aware of the special circumstances (time-outs) of some youth.

In sum, the work milieu should be cohesive and comfortable for staff as well as for the youth. Staff members need to feel as if they belong, that their work is valued, and that what they are doing is worthwhile. It is often easy for staff to lose sight of the purpose of their work. Reminding staff in a prosocial way that their work is helping the children who fell through the proverbial cracks is important. Staff should also become comfortable with their coworkers. 'Staff only' social outings can provide the opportunity for staff members to share experiences, support one another and get to know one another outside of their work labels. Also, in order to make the work experience as comfortable as possible, all staff members should be given a differentiated space that is for their exclusive use; something as simple as a desk drawer or file cabinet to store their belongings can give individuals a feeling of belonging. Staff members should also be given specific job duties. Although flexibility is required when working within a drop in center, each staff member should know what their primary duties are. Finally, just as the drop in center requires flexibility from the staff, the drop in center should set up a flexible work arena. Due to the stress encountered by working in a drop in center, staff members may need time away from the youth or from a specific task that they are assigned. Although there does need to be a distinction between taking advantage and requesting a break, such breaks allow the staff time to rejuvenate.

7. Conclusions

Relatively few drop-in centers for homeless youth exist in the U.S. which might hinder the reintegration of these youth back into the mainstream society. While future research will need to confirm that drop-in centers for youth are a necessary first step for reintegration, many studies converge on the conclusion that the establishment of trust is a necessary first step towards youth accepting more intensive intervention (Ensign & Bell, 2004). At a minimum, drop-in centers allow trust to develop as it provides a context for interaction between a youth and drop-in center staff. Given the potential for drop-in centers to be the first step in successfully addressing youth homelessness, this paper sought to offer guidance to those who are impassioned to take on the challenge of intervening in youth homelessness.

The program philosophy is the foundation of the drop-in center, and all other decisions regarding the structure and programs within the center are based on this philosophy. While other philosophies of change may be similarly potent, the philosophy described in the current paper is that of Rogers (1967) which emphasizes the importance of unconditional positive regard, genuineness and empathy among program staff towards the youth. Through this process, trust is established and youth are likely to be inclined to consider other services offered by staff. The wraparound process is not inconsistent with this philosophy, and future research may determine that it is an effective intervention approach for use with this population. Once the drop-in center developers have established a guiding program philosophy, the building and location of the drop-in must be identified. The location and building should be accessible to the youth. Accessibility in this paper refers to the physical location, the surrounding community, level of safety and emotional accessibility of the drop-in for the youth. The drop-in should provide an environment that promotes the belief that youth are capable of reaching their life goals and are capable of doing so in a safe and supportive community. In order for this to occur, it is vital that collaboration between the surrounding community and the drop-in center is fostered through meetings, communication or shared activities. Community support will help ensure that the youth are viewed positively, which will also create an environment conducive to the program philosophy.

The organization of the drop-in center includes several key components which should be considered for sustaining success. First, the drop-in will most likely appeal to the youth early on by offering to meet their most basic needs including food, health care, clothing, and hygiene products. Next, the drop-in center should have a layout including different rooms or separate spaces, which reduce crowding and conflict among youth. A variety of activities should be offered to meet youths' interests and provide structure. The opportunity to work on one's life situation or just rest should be offered without judgment. In other words, regardless of the youth's choice of activity, dignity and respect for the youth must be maintained by the staff. Also, a plan should be developed for how to address youths' behaviors which create an unsafe or counter-productive environment. For example, rules can be reviewed with youth and enforced by staff through the use of time-outs. Rewards for positive, prosocial behaviors can also be offered.

Finally, a successful drop-in center is dependent upon well trained and supported staff. Due to the high levels of stress that staff may experience, it is important that they be given time to process their experiences and receive feedback. These procedures might reduce staff burn-out and turn-over.

In summary, drop-in centers directly confront some of the issues associated with continued homelessness among youth including lack of trust, service availability and accessibility. Funding for the drop-in center might be a significant barrier to those who seek to offer such a service, especially at a time when funding sources are dwindling. However, given the costs of continued homelessness to individuals and society, future studies might indicate that drop-in centers are cost effective, and funding should be pursued vigorously. It is hoped that the information and guidance offered in this paper will alleviate or prevent some challenges faced by those who seek to undertake this important work.

References

- American Academy of Child and Adolescent Psychiatry (2002). Practice parameters for the prevention and management of aggressive behavior in child and adolescent psychiatric institution with special reference to seclusion and restraint. *Journal of American Academy of Child and Adolescent Psychiatry*, 41, 4S–25S.
- Booth, R. E., Zhang, Y., & Kwiatkowski, C. F. (1999). The challenge of changing drugs and sex risk behaviors of runaway and homeless adolescents. *Child Abuse & Neglect*, 23, 1295–1306.
- Bronfenbrenner, U. (1979). The ecology of human development: Experiments by nature and design. Cambridge, MA: Harvard University Press.
- Burchard, J. D., Bruns, E. J., & Burchard, S. N. (2002). The wraparound process. In B. Burns & K. Hoagwood (Eds.), Community treatment for youth: Evidence-based treatment for severe emotional and behavioral disorders New York: Oxford University Press.
- Cauce, A. M., Morgan, C. J., Wagner, V., Moore, E., Sy, J., Wurzbacher, K., et al. (1994). Effectiveness of intensive case management for homeless adolescents: results of a 3-month follow-up. Special Series: Center for Mental Health Services Research Projects. *Journal of Emotional and Behavioral Disorders*, 2, 219–227.
- dosReis, S., Barnett, S., Love, R. C., & Riddle, M. A. (2003). A guide for managing acute aggressive behavior of youths in residential and inpatient treatment facilities. *Psychiatric Services*, *54*, 1357–1363.
- Ensign, J., & Bell, M. (2004). Illness experiences of homeless youth. Qualitative Health Research, 14, 1239-1254.
- Farmer, E. M. Z., Dorsey, S., & Mustillo, S. A. (2004). Intensive home and community interventions. Child and Adolescent Psychiatric Clinics of North America, 13, 857–884.
- Feldman, J., & Middleman, A. B. (2003). Homeless adolescents: common clinical concerns. Seminars in Pediatric Infectious Diseases, 14, 6-11.
- Gleghorn, A. A., Clements, K. D., Marx, R., Vittinghoff, E., Lee-Chu, P., & Katz, M. (1997). The impact of intensive outreach on HIV prevention activities of homeless, runaway, and street youth in San Francisco: the AIDS Evaluation of Street Outreach Project (AESOP). AIDS and Behavior, 1, 261–271.
- Holter, M. C., & Mowbray, C. T. (2005). Consumer-run drop-in centers: program operations and costs. *Psychiatric Rehabilitation Journal*, 28, 323–331.
- Jacobs, J. (1961). The death and life of great American cities. New York: Random House.
- MacLean, M. G., Embry, L. E., & Cauce, A. M. (1999). Homeless adolescents' paths to separation from family: comparison of family characteristics, psychological adjustment, and victimization. *Journal of Community Psychology*, 27, 179–187.
- McMillen, J. C., & Tucker, J. (1999). The status of older adolescents at exit from out-of-home care. Child Welfare, 78, 339-360.
- Peterson, P. L., Baer, J. S., Wells, E. A., Ginzler, J. A., & Garrett, S. B. (2006). The short-term effects of a brief motivational intervention to reduce alcohol and drug risk among homeless adolescents. *Psychology of Addictive Behaviors*, 20, 254–264.
- Powers, J. L., Eckenrode, J., & Jaklitsch, B. (1990). Maltreatment among runaway and homeless youth. Child Abuse & Neglect, 14, 87-98.
- Rogers, C. R. (1967). Toward a modern approach to values: the valuing process in the mature person. In C. R. Rogers & B. Stevens (Eds.), *Person to person: The problem of being human* New York: Pocket Books.
- Sedlak, A. J., Finkelhor, D., Hammer, H., & Schultz, D. J. (2002). National estimates of missing children: An overview. Washington, DC: U.S. Department of Justice National Institute of Justice.
- Shaffer, D., & Caton, C. L. M. (1984). Runaway and homeless youth in New York City. A report to the Ittleson Foundation, New York (NY).
- Slesnick, N., & Kang, M. (in press). The impact of an integrated treatment on HIV risk reduction among homeless youth: A randomized controlled trial. *Journal of Behavioral Medicine*.
- Slesnick, N., Kang, M., Bonomi, A., & Prestopnik, J. (in press). Six and twelve month outcomes among homeless youth accessing therapy and case management through an urban drop-in center. *Health Services Research*.
- Slesnick, N., Prestopnik, J. L., Meyers, R. J., & Glassman, M. (2007). Treatment outcome for homeless, street-living youth. Addictive Behaviors, 32, 1237–1251.
- Smart, R., & Ogbourne, A. (1994). Street youth in substance abuse treatment: characteristics and treatment compliance. Adolescence, 29, 733-744.
- Van Leeuwen, J. M., Hopfer, C., Hooks, S., White, R., Petersen, J., & Pirkopf, J. (2004). A snapshot of substance abuse among homeless and runaway youth in Denver, Colorado. *Journal of Community Health*, 29, 217–229.
- Walker, J. S., & Bruns, E. J. (2006). The wrapround process: Individualized care planning and management for children and families. In S. Rosenberg & J. Rosenberg (Eds.), Community mental health reader: Current perspectives New York: Routledge.
- Zerger, S. (2002). Substance abuse treatment: what works for homeless people? A review of the literature Nashville, TN: National Health Care for the Homeless Council.