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Review article

Facilitators and Barriers of Drop-In Center Use Among Homeless Youth

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A B S T R A C T

Drop-in centers for homeless youth address basic needs for food, hygiene, and clothing but can also provide critical services that address youth's "higher level" needs (e.g., substance use treatment, mental health care, HIV-related programs). Unlike other services that have restrictive rules, drop-in centers typically try to break down barriers and take a "come as you are" approach to engaging youth in services. Given their popularity, drop-in centers represent a promising location to deliver higher level services to youth that may not seek services elsewhere. A better understanding of the individual-level factors (e.g., characteristics of homeless youth) and agency-level factors (e.g., characteristics of staff and environment) that facilitate and impede youth engagement in drop-in centers will help inform research and outreach efforts designed to engage these at-risk youth in services. Thus, the goal of this review was to develop a preliminary conceptual model of drop-in center use by homeless youth. Toward this goal, we reviewed 20 available peer-reviewed articles and reports on the facilitators and barriers of drop-in center usage and consulted broader models of service utilization from both youth and adult studies to inform model development.

IMPLICATIONS AND CONTRIBUTION

This study reviewed the facilitators and barriers of drop-in center usage by homeless youth and developed a conceptual model of drop-in center service use. These findings can serve as an initial step toward a more comprehensive plan of action to increase research and outreach efforts to meet the diverse needs of homeless youth.

Each year upward of 550,000 youth in the United States under the age of 24 years experience homelessness lasting one week or more [1–3]. For example, in a single night in 2014, nearly 39,000 unaccompanied youth under age 25 were homeless on the street [3]. These youth become homeless for a variety of reasons such as leaving their home without parental or guardian consent ("run-aways"), being forced out of their home ("throwaways"), and aging out of the foster care system [2,4–6]. Once they are out on the streets on their own, most of these homeless youth are in immediate need of basic services such as food, showers, and clean clothes, yet they also face a host of other challenges. As a result of both pre-existing conditions and their experiences on the streets, homeless youth tend to have multiple and inter-related service needs to address various health-related issues [7]. For example, nearly 75% are current substance users [8] and illicit drug use, needle use (and sharing), and prescription drug misuse are all common [9–14]. Homeless youth also engage in risky sexual behavior [11,12,14–17] and rates of HIV transmission [18] and pregnancy [19] are both substantially higher among homeless than housed youth. It is estimated that more than half of homeless youth have one or more mental health disorders, with depression being the most common [20]. In addition, homeless youth report poor nutrition and a range of physical health problems [21,22], as well as limited education and employment options [23,24]. Clearly, the service needs of homeless youth are many and varied, expanding beyond the pressing need of securing safe and stable housing.

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Drop-in centers for homeless youth

Drop-in centers (sometimes called "access centers") provide an invaluable safety net for homeless youth by helping them meet both basic needs (e.g., food, hygiene, clothing), as well as "higher level" needs such as substance use treatment and mental health care, HIV-related programs, individual and group counseling, independent living skills and job training, and school drop-out prevention [25,26]. These centers are typically funded by private donations (e.g., both of resources and staff time), donations from charitable organizations, and federal and state grants [27,28]. Unlike shelters that have restrictive rules that youth must follow (e.g., curfews, abstinence from substances), drop-in centers typically try to break down barriers and take a "come as you are" approach to engaging youth in services [28]. This can be quite appealing to homeless youth, many of whom prefer "camping out" (e.g., sleeping in a park or street) over staying in shelters [29].

Homeless youth are more than twice as likely to use drop-in centers than shelters, and both are used more often than other services for medical, substance use, and mental health needs [30]. Researchers surveying 249 youth recruited from shelters and the street in three midwestern cities found that youth are most likely to report use of outreach services typical to drop-in centers, such as food programs and street outreach, than other services such as shelters and counseling services [31]. In a sample of 83 homeless youth interviewed in Chicago, IL and Los Angeles, CA, researchers found that most youth used drop-in centers (58%) or food programs (54%), whereas less than half used counseling centers (40%) or shelters (36%) [32]. Importantly, those who access substance use, mental health, and case management services at drop-in centers demonstrate significant reductions in substance use, improvements in mental health, and greater housing stability over time compared to those who do not use these services [33]. Drop-in centers are often a youth's initial resource for services after leaving home, which puts drop-in centers in the unique position to help youth transition to more formal services to meet their needs. They can be an important point of contact for youth that may not seek services elsewhere.

Despite the potential benefits of drop-in centers for addressing the needs of homeless youth, the barriers and facilitators of youth engagement in these centers are unclear. A better understanding of why youth do and do not use drop-in centers will help to shape policy that can better address the health needs of homeless youth. Knowledge gained through the development of a conceptual model of barriers and facilitators of drop-in center use can guide future research efforts in this area by providing a framework for researchers to develop and test the short- and long-term effectiveness of interventions to address gaps in service needs. A model for drop-in center use could also help researchers and outreach workers develop strategies to encourage homeless youth who have only sought basic services to take advantage of higher level services that may be needed to address their health, education, employment, and housing needs.

Purpose of review

In 2013, the U.S. Interagency Council on Homelessness called for better intervention models and outreach efforts to meet the unique needs of homeless youth [34], and one of the major strategies to end homelessness among youth endorsed by the federal government is utilization of the types of higher level services drop-in centers offer [35]. The present review responds to these national research priorities by identifying facilitators and barriers to drop-in center service use among homeless adolescents and young adults and developing a conceptual model that synthesizes the evidence found. The conceptual model builds on a broader model of service utilization, the Behavioral Model for Vulnerable Populations [36], which has been applied to health care service use among vulnerable adolescents [37]. This model can be used to inform research and outreach efforts with homeless youth.

Method

Literature search strategy

The search strategy followed a three-stage process. First, we generated two key questions to guide the selection of initial search terms, inform decisions on the inclusion and exclusion criteria of studies, and provide a framework for the review: (1) *What are the facilitators and barriers of drop-in center utilization among homeless youth?* and (2) *What models of drop-in service utilization exist in the research literature for homeless youth?* To locate articles for the literature review, we performed comprehensive Internet searches for a broad range of search terms related to the subject from 1990 to 2015 using five databases: PubMed, PsycINFO, Social Services Abstracts, Social Sciences Abstracts, and Sociological Abstracts. Keywords used to identify drop-in centers included all terms related to the phrase "drop-in" (or "drop in") and "access center;" keywords for homelessness were all terms containing "homeless," "run-away," or "runaway." To locate studies on homeless youth with a targeted age of 13–25 years, we additionally included population search terms for youth such as "adolescent," "child," "young adult," or "youth."

The literature search generated 147 unique published articles, reports, reviews, and dissertations. The first two authors independently coded the articles based on titles and abstracts to determine if they were clearly related or unrelated to our key questions. We had discrepant codes for 19 (13%) of these articles and, through discussion, resolved whether to include or exclude them. Forty-four studies were determined to be clearly related to our key questions and advanced to the second stage. Most articles excluded at this stage simply recruited participants from a drop-in center and did not focus specifically on service utilization.

For the second stage, we independently coded the 44 articles based on titles, abstracts, and full text review on two key questions: (1) *Does this article focus specifically on homeless youth?* and (2) *Does this article address the question of why homeless youth use or do not use drop-in center services?* Articles that met both criteria were categorized as "Youth" articles (those primarily focusing on youth factors associated with drop-in center utilization), "Agency" articles (those primarily focusing on agency/staff factors associated with drop-in center utilization or studies describing a drop-in center delivery model), or "Both." Some articles focused on general use of services (e.g., formal medical services in addition to drop-in center services) and did not specify in all cases if findings reported were specific to drop-in centers. Thus, we only included articles where it was clear that drop-in centers were specified in survey materials or interview questions given to youth or service staff. We also included articles that did not specifically use the term "drop-in center" but instead referenced "outreach services" that were clearly drop-in