# Utilization and Perceptions of Drop-in Center Services Among Youth Experiencing Homelessness

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## Abstract

*Drop-in centers offer a range of services to assist unaccompanied youth experiencing homelessness, but little is known about their perceptions of drop-in centers or use of different services. A random sample of 273 youth experiencing homelessness in the Los Angeles area who had ever used a drop-in center was surveyed. Most youth heard about local drop-in centers from peers (65.1%). They generally reported positive perceptions of the drop-in center environment, staff, and clients; overall, 57.8% were "very" or "extremely" satisfied with the services they had received. Nearly all youth cited basic services (e.g., food, showers, clothes) as a reason they went to drop-in centers; far fewer reported going to obtain higher-level services (e.g., case management). Perceptions and utilization did not differ by sexual orientation; however, non-white youth were more likely than Whites to use drop-in centers for certain higher-level services. Strategies for engaging youth in drop-in center services are discussed.*

## Introduction

Unaccompanied youth experiencing homelessness are a large and vulnerable segment of the U.S. population. These youth are typically defined as under the age of 25, not currently living with or receiving significant support from a parent or guardian, and having spent the previous night in a shelter or other homeless setting.[1] The most recent 2017 point-in-time homeless count found that 40,799 unaccompanied youth were homeless on a single night in the USA.[2] Los Angeles (LA) County, the geographic focus of this study, has one of the largest populations of youth experiencing

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*Journal of Behavioral Health Services & Research*, 2018. 234–248. 
DOI 10.1007/s11414-018-9632-9

homelessness in the country, making a focus on the youth in LA that experience homelessness a research and public health priority.[3]

In many urban areas of the USA, service and outreach organizations called "drop-in centers" provide a first stop resource for youth experiencing homelessness to address their immediate needs for food, hygiene, clothing, and respite from the streets. In addition, once youth are in the door to receive services for these immediate needs, drop-in center staff can help connect youth with services to address higher-level needs, such as substance use and mental health care, HIV-related programs (e.g., education, testing, needle exchange), individual and group counseling, independent living skills training, job training, and school drop-out prevention.[4,5] Unlike shelters that have restrictive rules that youth must follow (e.g., curfews, abstinence from substance use), drop-in centers typically try to break down barriers and take a "come as you are" approach to engaging youth in services. Youth tend to prefer drop-in centers over other types of formal services, and there is growing evidence that the use of drop-in center services is associated with better health outcomes (e.g., less substance use and HIV risk behavior) among youth experiencing homelessness.[6–10] However, drop-in center use varies widely among youth experiencing homelessness.[11] For those who do not use drop-in centers, it is not known whether this is because youth are unaware of the existence of local drop-in centers, are unaware of the various services provided by drop-in centers, or are knowledgeable about drop-in centers but choose not to use them for other reasons. Given that drop-in centers provide a range of services that this population needs, it is important to understand the reasons for use and barriers to use, such that this information can help inform the decision-making of these agencies regarding communication, outreach, and involvement with these youth.[5]

Further, although sexual minority youth are over-represented in the population of youth experiencing homelessness and represent approximately 43% of clients served at drop-in centers, virtually nothing is known about their perceptions and utilization of drop-in center services.[12,13] These youth often become homeless due to family rejection based on their sexual orientation or gender identity.[14] Perhaps due to their experiences of rejection and discrimination, sexual minority youth report more behavioral health problems (e.g., mental health symptoms, substance use, sexual risk behavior) than straight youth experiencing homelessness.[4,15–17] At the same time, sexual minority youth experiencing homelessness may face discrimination when seeking needed services, and programs specifically designed for this population are often lacking.[13,18] One study of youth experiencing homelessness found that differences by sexual orientation in the use of various services were generally non-significant after controlling for other factors, such as family physical/sexual abuse and whether or not youth had ever lived in a group home.[19] However, this study did not focus specifically on the use of drop-in center services; rather, it targeted youth use of shelters, food programs, street outreach, counseling centers, and STD/HIV testing services. Understanding whether the perceptions and use of drop-in center services differ between straight and sexual minority youth can help identify potential barriers for sexual minority youth that impede them from seeking services at drop-in centers.

Studies regarding the racial/ethnic makeup of youth experiencing homelessness have led to conflicting conclusions. Some studies argue that the population of youth experiencing homelessness reflects the racial/ethnic composition of surrounding areas while others seem to indicate that racial/ethnic minorities are disproportionally affected.[20–23] In either case, racial/ethnic minorities make up a substantial proportion of these youth and little is known about their perceptions, utilization, and reasons for utilization of drop-in center services.[2] Reasons for homelessness and experiences while homeless tend to be different for racial/ethnic minority youth and may impact their utilization of services in particular.[20,24,25] For example, a recent survey found that black youth were more likely to identify poverty, substance abuse and a failure of social services as a cause of homelessness whereas white youth tended to indicate that they left home due to family conflict.[26] Black youth experiencing homelessness were much less likely to engage in

activities, such as panhandling and selling items on the street, and less likely to use injection drugs, compared to Whites.[26] As with sexual minority youth, understanding whether the perceptions and use of drop-in center services differ by race/ethnicity can help identify differences in services utilized and potential barriers to seeking services at drop-in centers.

In a probability sample of 273 youth experiencing homelessness in LA County who reported ever using a drop-in center, this study aimed to address the following six research questions: (1) How do these youth find out about drop-in centers? (2) What are the main reasons that youth experiencing homelessness go to drop-in centers and what percentage of youth use higher-level services? (3) To what extent are these youth satisfied with the services they have received at drop-in centers and willing to recommend drop-in centers to others? (4) What are their perceptions about drop-in center staff, other youth who use drop-in centers, and the drop-in center environment, and how are these perceptions related to their satisfaction with and willingness to recommend drop-in centers to others? (5) Do information sources, service utilization, perceptions, and satisfaction with and willingness to recommend drop-in centers differ by sexual orientation? (6) Do information sources, service utilization, perceptions, and satisfaction with and willingness to recommend drop-in centers differ by race/ethnicity?

## Methods

### Participants

Data were collected as part of a larger survey study to examine the barriers and facilitators of drop-in center service use among youth experiencing homelessness; as such, the sample was restricted to those who had ever gone to a drop-in center in their lifetime. Youth were eligible if they (a) were ages 13–25; (b) were not currently living with, or receiving most of their support for food and housing, from family or a guardian; (c) spent the previous night in a shelter, outdoor or public place, hotel or motel room rented with friends (because of no place else to go), or other places not intended as a domicile; and (d) reported past use of a drop-in center. Drop-in centers were defined for youth as "where you can get some of the things that you need like clean clothes or a shower or different services." The research protocol was approved by RAND's Human Subjects Protection Committee; this committee determined that a waiver of parental permission was justified for those under age 18. Youth provided verbal consent to complete an anonymous survey and were paid $20.

### Procedures

Youth were sampled from street venues in two regions of LA County with the largest concentrations of youth experiencing homelessness: Hollywood and Venice Beach/Santa Monica. Prior research in LA County has found that a sampling frame that comprises only these two regions captures 90% of the population of youth experiencing homelessness in LA County.[27] Given that a sampling frame of youth experiencing homelessness does not exist, a three-stage sampling design was used here.[27] Stage 1 involved the selection of sites in the two regions. With input from service providers, outreach agencies, and youth experiencing homelessness, 10 street sites were identified (four in Hollywood, six in Venice Beach/Santa Monica). All were included in the sample design, and as such, the 10 sites served as strata. All sites were investigated extensively for a period of 2 weeks before survey administration started to obtain an estimate of the average number of youth experiencing homelessness at the site per day. This information was used to assign a quota for the number of completed interviews to be achieved at each site, which was approximately proportional to the size of a site. Stage 2 involved the selection of site days within sites. Stage 3 involved selecting youth using a simple random sample within a site-day visit to be approached, screened,

and surveyed. Note that each site was visited between three and 11 times during the survey administration period, which spanned from March 2016 to June 2016. Design and non-response weights were computed and incorporated in all analyses as the implemented sampling design deviated from the planned probability proportional to size design due to varying take and response rates, and the fact that some youth were more likely to enter the sample than others.

A total of 431 individuals were approached; of these, 13 refused to be screened, 140 were ineligible (mostly due to being older than age 25 or having never used a drop-in center), and 278 were eligible. All 278 eligible individuals completed the 30-min paper-and-pencil survey. The survey was completed in the presence of a trained interviewer, who answered questions if needed but who otherwise allowed the participants to fill out the survey independently. During analysis, five individuals were determined to be repeaters (by examining overlap of unique combinations of multiple responses including age, gender, and day of month born); the remaining 273 completed surveys were used in analyses, using the first survey completed by each of the five repeaters.

## Measures

### *Respondent characteristics*

Information on age, gender, race/ethnicity, sexual orientation, educational attainment, current employment status, and income in the past 30 days was collected. Sexual orientation was assessed by the question: "Which of these terms best describes your sexual orientation?" with response options "Straight/heterosexual," "Bisexual," "Gay," "Questioning," "Lesbian," or "Asexual." Analyses by sexual orientation compared straight/heterosexual youth vs. LGBQA (lesbian, gay, bisexual, questioning, or asexual) youth, given small numbers within each specific LGBQA subcategory. Race/ethnicity was assessed by the question: "Which racial/ethnic group best describes you?" with the response options "Black or African American," "Caucasian/White," "Hispanic or Latino/a," "Asian," "Native Hawaiian or other Pacific Islander," and "American Indian or Alaska Native." Respondents could choose more than one. Analyses by race/ethnicity compared youth who selected only "Caucasian/White" (heretofore referred to as white youth) vs. all others (heretofore referred to as non-white youth), given small numbers within the non-white subgroups.

### *Information sources for drop-in centers*

Using a question designed for this study, youth were asked: "How did you find out about the drop-in centers that are located in the Los Angeles area?" with response options "Not applicable; I don't know anything about drop-in centers in the Los Angeles area," "A friend or peer told me," "An outreach worker from a drop-in center told me," "A health care provider told me," "A police officer or judge told me," "I searched the Internet for information," "Youth Yellow Pages," "Directory of Services for Homeless Youth," and "Other: (open-ended response)." Respondents could select more than one information source.

### *Reasons for drop-in center use*

Using items generated for this study based on a literature review of drop-in center use by youth experiencing homelessness, youth were asked: "Here are some reasons why people go to drop-in centers.[5] For each one, indicate whether this is a major reason, minor reason, or not a reason why you go to a drop-in center." This statement was followed by a list of items and services (see Table 1) with the following options for each one: "Major reason why I go," "Minor reason why I go, "Not a reason why I go, but I might do this," and "Not a reason why I go and I wouldn't do

**Table 1**
Reasons for use (major reason or minor reason)

| | Weighted % | | |
|---|---|---|---|
| | **Major reason** | **Minor reason** | **Major or minor reason** |
| Basic services | | | |
| Any basic service | | | 94.8 |
| Meals or snacks | 64.0 | 19.5 | 83.6 |
| Showers or clean clothes | 59.6 | 18.3 | 77.9 |
| Get off the street for awhile | 40.4 | 26.9 | 67.3 |
| Charge electronic devices, like a phone | 49.9 | 13.1 | 63.0 |
| Use a computer | 30.8 | 24.4 | 55.2 |
| Meet up with friends | 26.4 | 23.9 | 50.3 |
| Participate in recreational programs | 28.7 | 21.2 | 49.8 |
| Get dog food | 25.0 | 16.9 | 41.8 |
| Higher-level services | | | |
| Any higher-level service | | | 71.9 |
| Get services to help me find housing | 35.6 | 19.4 | 55.0 |
| Get medical or dental services | 29.9 | 15.0 | 45.0 |
| Get services to help me find a job | 30.2 | 13.7 | 43.9 |
| Meet with a case manager | 27.1 | 16.8 | 43.9 |
| Get services to improve my mental health | 29.9 | 12.9 | 42.9 |
| Get services to help me finish my education | 27.6 | 13.1 | 40.7 |
| Get services to help me with a legal problem | 24.5 | 15.1 | 39.6 |
| Attend a support group | 22.1 | 16.0 | 38.2 |
| Get services to reduce my risk of getting HIV or a sexually transmitted infection | 20.8 | 14.1 | 34.9 |
| Get services to reduce my alcohol/drug use | 19.4 | 12.1 | 31.6 |

The description of services used in this table (e.g., "get services to…") mirrors the language used in the survey instrument. Percentages calculated among non-missing values; missingness varied by item with the highest missingness for "Use a Computer" of 2.3%

this." Each reason for use or service used was categorized as either a basic service or higher-level service. Basic services included obtained meals, using showers, "getting off the street" for a while, charging electronics, using a computer, meeting up with friends, participating in recreational programs, and obtaining dog food. Higher-level services included services to help find housing, find a job, finish their education (e.g., GED), improve mental health, assist with a legal problem, obtain medical or dental services, obtain services to reduce the risk of HIV or a sexually transmitted infection (STI), obtain services to reduce alcohol/drug use, attend a support group, and meet with a case manager.

### *Satisfaction with and willingness to recommend drop-in centers*

The survey included the following questions designed for this study: "Overall, how satisfied have you been with the services that you have received at drop-in centers?" with response options "Not at all satisfied," "Somewhat satisfied," "Very satisfied," and "Extremely satisfied," and

"Would you recommend drop-in centers to other youth who may be in need of services?" with response options "Yes" and "No."

### *Perceptions about drop-in center staff, youth who go to drop-in centers, and drop-in center environment*

In order to assess perceptions of drop-in centers, three scales were developed. Items were created based on prior survey work with youth experiencing homelessness regarding their perceptions of agencies and programs available for them.[15,28] Each statement was rated on a 4-point scale (1 = "Disagree strongly," 2 = "Disagree a little," 3 = "Agree a little," and 4 = "Agree strongly"). Scale measure scores were calculated by taking the average of the scores for all statements within a scale. A confirmatory factor analysis was performed to verify the three hypothesized factors (positive perceptions about staff, positive perceptions about other youth, and positive perceptions about environment). For all three scales, higher scores indicate more positive perceptions. The scale describing perceptions of staff included eight items beginning with "In general, the STAFF at drop-in centers…" and ending with, for example, "…are supportive." The youth scale also included eight items, such as "In general, the YOUTH at drop-in centers…are trustworthy." The environment scale includes 10 items such as "In general, drop-in centers…offer the types of services that I need." The three developed scales demonstrated good internal consistency (Cronbach's alpha = 0.90 to 0.92). More information on these scales can be found in the Appendix.

### Statistical analysis

Survey weights were calculated to account for the probability of a participant being sampled and probability of response. Counts from site visits along with responses to the survey question: "In the past 30 days, how many days did you hang out in Hollywood [Santa Monica or Venice Beach]?" (where the respondent could write in the exact number of days) were used to calculate the sampling probability. Weights were truncated at the median plus four times the interquartile range of the pre-truncated weights.[29,30] These weights were used throughout all analyses.

Descriptive statistics were used to describe the respondent sample, their drop-in center information sources, reasons for drop-in center usage, satisfaction with and willingness to recommend drop-in centers, and perceptions of the drop-in centers. Differences by sexual orientation and differences by race/ethnicity were examined using weighted logistic and linear regression, controlling for geographic region (Hollywood vs. Venice Beach/Santa Monica) and gender (male vs. female). Weighted logistic regression was used to examine the relationship between perceptions of the drop-in centers and satisfaction with and willingness to recommend drop-in centers; all regressions were adjusted for age, gender, and geographic region. Each perceptions scale was examined both alone and in a multivariable model with the other perceptions scales to identify whether one perceptions scale mattered most in terms of being related to satisfaction with and willingness to recommend drop-in centers. A main effect for sexual orientation and an interaction term between sexual orientation and the perceptions scales were included to determine whether these associations differed by sexual orientation. Similarly, a main effect for White vs. non-White and an interaction term between White vs. non-White and the perceptions scales were included to determine whether these associations differed by race/ethnicity.

## Results

Overall, among the 273 survey respondents, the average age was 21.6 years (range 16–25); 29% were female, 65% were straight/heterosexual (vs. LGBQA), 35% had less than a high school degree, 38% had a high school degree or equivalent, and 27% had more than a high school degree.

In terms of race/ethnicity, the sample was 45% White, 20% Black, 15% Hispanic, 2% Asian or Pacific Islander, 4% Asian American or Alaska Native, and 14% multiracial. The average reported income was $188 per month (standard deviation = $168), 12% of respondents reported working (either part time or full time), and 40% of respondents were surveyed in Hollywood (vs. Santa Monica/Venice).

### How do youth find out about drop-in centers?

Overall, 65.1% of the sample reported their information source for drop-in centers in LA as friends or peers, 22.2% reported an outreach worker, 11.3% reported the Internet, and 10.9% reported a police officer or judge as their information source. 7.7% indicated that they did not know anything about drop-in centers in LA (though they had been to a drop-in center elsewhere). All other information source options were selected by less than 5% of respondents.

### What are the main reasons that youth go to drop-in centers, and what percentage of youth use higher-level services?

Table 1 describes the reasons why respondents use drop-in centers; for each reason, the percentage of respondents who reported that it was a major reason vs. minor reason why they go is shown (as well as the percentage who indicated either one). Considering all basic services, 94.8% of respondents indicated that they use drop-in centers to obtain one or more of these services (major or minor reason). The most commonly mentioned were meals or snacks (83.6%), showers or clean clothes (77.9%), to "get off the street" for a while (67.3%), and charging electronics (63.0%). Between 42 and 55% of respondents mentioned that using a computer, meeting up with friends, participating in recreational programs, and obtaining dog food as reasons why they use drop-in centers. Meals or snacks, showers or clean clothes, and charging electronics were two to three times more likely to be mentioned as a major reason (vs. minor reason) why youth used drop-in centers.

Considering all higher-level services, 71.9% of respondents indicated that they use drop-in centers to obtain one or more of these services. The most commonly mentioned were services to help find housing (55.0%), medical or dental services (45.0%), services to find a job (43.9%), and meeting with a case manager (43.9%). Between 32 and 43% of respondents mentioned services to improve mental health, finish education, deal with legal problems, reduce HIV/STI risk, and reduce alcohol/drug use as either major or minor reasons why they use drop-in centers. Thirty-eight percent reported that they use drop-in centers to attend support groups. Obtaining services for medical or dental needs, to find a job, to improve mental health, and to finish their education were 2 to 2.5 times more likely to be mentioned as a major reason (vs. minor reason) why youth used drop-in centers.

### To what extent are youth satisfied with the services they have received at drop-in centers and willing to recommend drop-in centers?

In terms of satisfaction with drop-in centers, 23.9% of respondents said they were extremely satisfied, 33.9% said they were very satisfied, 36.1% said they were somewhat satisfied, and 6.2% said they were not at all satisfied with services they received from drop-in centers. Nearly all respondents (90.5%) indicated that they were willing to recommend drop-in centers to other youth who may be in need of services.

**What are their perceptions about drop-in center staff, other youth who use drop-in centers, and the drop-in center environment, and how are these perceptions related to their satisfaction with and willingness to recommend drop-in centers to others?**

Youth perceptions of drop-in centers were examined based on the three previously described scales of positive perceptions about staff, positive perceptions about other youth, and positive perceptions about environment. On a 1–4 scale, respondents tended to have more positive perceptions about drop-in center staff [mean ($M$) = 3.3, standard deviation (SD) = 0.5] than about the drop-in center environment ($M$ = 3.1, SD = 0.5), and more positive perceptions about the drop-in center environment compared to drop-in center youth ($M$ = 2.9, SD = 0.6). Table 2 shows associations between each scale and satisfaction with, and willingness to recommend, drop-in centers. For each scale, more positive perceptions were significantly associated with a higher likelihood of being very or extremely satisfied with the drop-in center services received, and a higher likelihood of being willing to recommend drop-in centers to other youth (controlling for age, gender, and region). When examined in a multivariable model with all three scales, results showed positive perceptions about the drop-in center environment to be the most important predictor of an individual's satisfaction with the drop-in center, whereas positive perceptions about the staff was the most important predictor of an individual's willingness to recommend the drop-in center to other youth.

**Do information sources, service utilization, and satisfaction with and willingness to recommend drop-in centers differ by sexual orientation?**

In terms of respondent characteristics, only gender differed significantly by sexual orientation (17.9% of straight/heterosexual youth were female vs. 52.4% of LGBQA youth were female, $p < 0.001$). Information sources did not significantly differ by sexual orientation. Use of both basic and higher-level services (pooling major or minor reason), perceptions about the drop-in center staff, other youth at the center, and the drop-in center environment,

**Table 2**
Association between perceptions and satisfaction and likelihood to recommend

| | Odds ratio (confidence interval) | | | |
|---|---|---|---|---|
| | Satisfaction (extremely or very satisfied) | | Recommend (yes) | |
| | Bivariate | Multivariate | Bivariate | Multivariate |
| Positive perceptions about staff | 4.30 (1.95–9.48)*** | 2.20 (0.82–5.88) | 5.12 (2.38–11.03)*** | 4.57 (1.36–15.37)* |
| Positive perceptions about other youth | 2.30 (1.43–3.69)*** | 1.28 (0.74–2.20) | 2.03 (1.10–3.76)* | 0.74 (0.26–2.09) |
| Positive perceptions about environment | 4.75 (2.29–9.84)*** | 2.73 (1.27–5.88)* | 3.98 (2.00–7.96)*** | 2.07 (0.91–4.70) |

All analyses were adjusted for age, gender, and geographic region. Regression analyses were performed among non-missing respondents, and missingness varied by regression with the highest missingness for positive perceptions about staff of 0.9%
*$p < 0.05$; ***$p < 0.001$

and satisfaction and willingness to recommend drop-in centers did not significantly vary by sexual orientation. The associations between youth's perceptions of drop-in centers and their satisfaction and willingness to recommend drop-in centers differed by sexual orientation in only one instance. Specifically, youth's willingness to recommend drop-in centers to others was more strongly related to their perceptions of the drop-in center environment among sexual minority youth than straight/heterosexual youth ($p = 0.02$ in bivariate model, $p = 0.0495$ in multivariable model).

**Do information sources, service utilization, and satisfaction with and willingness to recommend drop-in centers differ by race/ethnicity?**

In terms of respondent characteristics, there were significant racial/ethnic differences with respect to gender (42.5% of Whites vs. 19.3% of non-Whites were female, $p = 0.005$), geographic region (14.7% of Whites vs. 58.6% of non-Whites were surveyed in the Hollywood region, $p < 0.001$), and employment status (5.8% of Whites vs. 16.7% of non-Whites reported being employed, $p < 0.038$). When considered multivariately, significant differences by race/ethnicity persisted for gender and geographic region but not for employment status.

Information sources differed by race/ethnicity. Specifically, a larger proportion of non-Whites reported the Internet as their source of information about drop-in centers compared to Whites (20.0% for non-Whites vs. 1.5% for Whites, $p < 0.001$) and reported police officers or judges as their source of information (14.0% for non-Whites vs. 7.5% for Whites, $p = 0.07$).

Reasons for drop-in center use also differed significantly by race/ethnicity. Table 3 describes the reasons why respondents use drop-in centers by race/ethnicity; for each reason, the percentage of respondents who reported that it was (a) a major reason and (b) either a major or minor reason is shown. Considering basic services, more non-white respondents indicated that use of a computer and participation in recreational programs were major or minor reasons they used drop-in centers, compared to Whites (65.3% of non-Whites vs. 44.2% of Whites for computer use, $p = 0.045$; 65.7% of non-Whites vs. 31.5% of Whites for recreational programs, $p = 0.004$). Considering higher-level services, non-Whites were more likely to report use of these services as reasons for drop-in center attendance compared to Whites: obtaining housing assistance, meeting with a case manager, obtaining mental health care services, obtaining educational services, and obtaining legal services. For example, 54.7% of non-Whites vs. 24.7% of Whites indicated that obtaining assistance to finish their education was a major or minor reason they used drop-in centers ($p = 0.001$). As another example, 37.7% of non-Whites vs. 21.6% of Whites indicated obtaining services to improve their mental health as a major reason they used drop-in centers ($p = 0.03$).

Perceptions about the drop-in center environment differed by race/ethnicity with non-Whites reporting more negative perceptions compared to Whites (adjusted difference of $-0.35$, $p = 0.01$). Perceptions about drop-in center staff marginally differed by race/ethnicity with non-Whites reporting more negative perceptions than Whites (adjusted difference of $-0.30$ on this perceptions scale, $p = 0.053$). Perceptions about other youth at the center, and respondent's satisfaction with and willingness to recommend drop-in centers did not significantly vary by race/ethnicity.

The associations between youth's perceptions of drop-in centers and their satisfaction and willingness to recommend drop-in centers differed by race/ethnicity in only one instance. Specifically, the association between youth's willingness to recommend drop-in centers to others and their perceptions of other drop-in center youth was weaker for non-Whites compared to Whites when examined independently of perceptions about staff and environment ($p = 0.011$ in bivariate model, $p = 0.61$ in multivariate model).

**Table 3**
Reasons for use, by race/ethnicity

| | Weighted % | | | |
|---|---|---|---|---|
| | Major reason | | Major or minor reason | |
| | White | Non-White | White | Non-White |
| Basic services | | | | |
| Any basic service | | | 92.3 | 96.7 |
| Meals or snacks | 68.4 | 59.8 | 85.1 | 81.9 |
| Showers or clean clothes | 52.7 | 64.4 | 76.2 | 78.8 |
| Get off the street for awhile | 32.1 | 48.2 | 60.8 | 71.8 |
| Charge electronic devices, like a phone | 43.9 | 53.9 | 56.1 | 68.1 |
| Use a computer | 21.1 | 39.3 | 44.2 | 65.3* |
| Meet up with friends | 20.0 | 32.4 | 46.4 | 52.5 |
| Participate in recreational programs | 18.7 | 37.4 | 31.5 | 65.7** |
| Get dog food | 29.0 | 22.2 | 46.7 | 38.8 |
| Higher-level services | | | | |
| Any higher-level service | | | 63.9 | 77.8 |
| Get services to help me find housing | 18.8 | 50.3* | 43.7 | 65.5 |
| Get medical or dental services | 29.7 | 30.9 | 45.2 | 43.7 |
| Get services to help me find a job | 22.1 | 37.5 | 33.5 | 53.3 |
| Meet with a case manager | 13.2 | 39.3* | 29.0 | 57.4* |
| Get services to improve my mental health | 21.6 | 37.7* | 33.6 | 51.6 |
| Get services to help me finish my education | 16.2 | 37.6** | 24.7 | 54.7** |
| Get services to help me with a legal problem | 16.9 | 31.4* | 30.0 | 48.5 |
| Attend a support group | 15.8 | 27.9 | 29.0 | 46.7 |
| Get services to reduce my risk of getting HIV or a sexually transmitted infection | 16.4 | 24.9 | 28.6 | 40.7 |
| Get services to reduce my alcohol/drug use | 13.4 | 24.9 | 26.9 | 36.2 |

The description of services used in this table (e.g., "get services to…") mirrors the language used in the survey instrument

*$p < 0.05$; **$p < 0.01$, for White vs. non-White within each reason category, controlling for region and gender; percentages were calculated among non-missing values; missingness varied by item with the highest missingness for "Use a Computer" of 2.3%

## Discussion

Findings from this study provide useful information to help understand perceptions of drop-in centers among youth experiencing homelessness, and their use of the various services typically offered at drop-in centers. Many of the youth in this study, more than one in five, found out about local drop-in centers from a drop-in center outreach worker. Street outreach is an effective way of connecting street-involved youth with services, with a recent meta-analysis finding that 63% of youth contacted through outreach later participated in the offered services.[31] Further, a recent evaluation of a paraprofessional-delivered outreach intervention found that outreach to connect youth with a drop-in center was even more effective than outreach focused on shelter linkage in terms of increasing service use and reducing risk behavior.[10] However, results from the current

study indicate that youth are much more likely to find out about local services from a friend or peer than a drop-in center outreach worker. Few studies have examined the use of peer educators or peer outreach workers to engage youth experiencing homelessness in services, an approach which has both challenges and benefits, including benefits for the peer outreach workers themselves.[31,32] Given that informal word-of-mouth is the primary driver of spreading information about drop-in centers, results from the current study suggest that further investigating how to leverage these naturally occurring peer-to-peer interactions to increase engagement in drop-in center services is an important direction for future research.

In terms of services used at drop-in centers, these results show that nearly all youth cite the receipt of basic services (e.g., food, hygiene) as a reason why they go to drop-in centers, with about 6 out of 10 youth indicating that obtaining food and being able to meet their hygiene needs (e.g., shower, clean clothes) were major reasons why they go. In contrast, these results show that nearly one in three youth do not consider the availability of higher-level services as either a major or minor reason why they go to drop-in centers. Arguably, nearly all of these youth are in need of one or more higher-level services examined here due to homelessness, legal issues, mental health problems, substance abuse, and limited educational and employment opportunities.[5,33–37] However, some youth may not recognize or acknowledge their need for services, may not access needed services due to perceived stigma around pursing care, or may not be aware that such services are available to them. For example, recent findings indicate that about one third of youth who screen positive for a behavioral health problem (e.g., depression, PTSD, substance use disorder) do not perceive a need for mental health or substance use services, and the same may be true for other types of higher-level services.[38] Results from the current study suggest that more may be done to increase awareness of available higher-level services, foster positive views of service use and the benefits of receiving care, strengthen motivation for positive behavior change, and screen and refer youth to needed services at drop-in centers.

An especially encouraging finding from this study is that most youth reported being satisfied with services provided at drop-in centers and nearly all were willing to recommend drop-in centers to other youth who may be in need of services. An individual's willingness to recommend drop-in centers is particularly important given the finding that the most common source of drop-in center information is friends or peers. However, there is some room for improvement in that slightly over 40% of youth were only "somewhat" or "not at all" satisfied with the drop-in center services that they have received. In addition, 1 in 10 respondents said they would not recommend drop-in centers to other youth, again indicating room for improvement. The results examining the association between perceptions about drop-in centers and satisfaction and willingness to recommend offer some indications of what factors seem to matter most. When all three scales were examined together, results indicated that different factors may contribute to whether an individual decides to use drop-in center services themselves vs. whether they would be willing to suggest use of drop-in centers to others. Perceptions of the drop-in center environment played a key role in their own satisfaction with services, whereas perceptions of the drop-in center staff was an integral component of their willingness to recommend drop-in centers for use by others. Given that peers are the most common source of information about drop-in centers, this result suggests that improvement efforts may be most efficiently spent focusing on improving or maintaining positive perceptions with and interactions with drop-in center staff. The scale with the weakest association with satisfaction and willingness to recommend is the scale reflecting positive perceptions about other youth. This is encouraging since it would be difficult, and likely undesirable, for drop-in centers to attempt to control what types of youth visit their centers or the behavior of these youth (with notable exceptions, such as engagement in threatening or dangerous behavior).

This study's examination of differences by sexual orientation revealed no significant difference in use of basic or higher-level services, perceptions about drop-in centers (staff, other youth at the center, environment), or satisfaction and willingness to recommend drop-in centers. Although

disparities in available services and treatment of sexual minority youth in accessing services have been documented, at least one other study found that the use of various types of services by youth experiencing homelessness tended to not differ by sexual orientation after controlling for other factors (e.g., family abuse).[13,18,19,39] However, this is the first study to specifically examine sexual orientation differences in perceptions and use of drop-in center services. The general lack of differences found in the present study may reflect the particularly low-barrier, "come as you are" approach typically embraced by drop-in centers that strives to create a welcoming environment for all youth seeking services. It may also reflect a growing awareness of and sensitivity to the needs for sexual minority youth among service providers in general, reflecting a larger national trend in public opinion on sexual minority rights.[40] One important caveat, however, is that the association between perceptions of the drop-in center environment and being willingness to recommend drop-in centers to others was significantly stronger among sexual minority youth, perhaps highlighting the greater importance of factors in this scale—such as a safe environment and a sense of community—for this particular population.

In contrast to the general lack of differences by sexual orientation, several interesting differences in the utilization and perceptions of drop-in center services were found between white and non-white youth experiencing homelessness. For example, their sources of knowledge about local drop-in centers differed, with non-white youth being more likely to report finding out about local drop-in centers from the Internet and police officers/judges. In addition, there were group differences in the reasons why they reported going to drop-in centers, with a higher proportion of non-white youth citing access to computers and recreational programs, as well as higher-level services such as housing assistance, case management, mental health care services, educational services, and legal services. An important direction for future research is to examine whether these findings reflect differences in a need for services, willingness to access services, or other factors. In addition, recent work has argued that when sexual minority status is compounded with a racial/ethnic minority status, these youth are more likely to become homeless and stay homeless for longer periods of time compared to youth with both majority identities (white heterosexuals).[41] Potential contributions to this higher likelihood may include their higher likelihood of poverty, lower exposure to education, and other negative situational circumstances.[42] Although the small number of youth with both sexual and racial/ethnic minority statuses precluded examining this subgroup separately, future work should focus on understanding the needs and utilization of services within this particularly vulnerable group of youth experiencing homelessness.

Two limitations of this study should be noted. First, the study sample is specific to the LA area and, therefore, may not be representative of youth experiencing homelessness and/or drop-in centers in other cities. However, given that LA has one of the largest populations of youth experiencing homelessness, this study is an important first step to improve efforts to reach this population. Second, these results are based on self-report and may be subject to recall bias. For example, it is possible that some youth may have not been able to accurately recall how they found out about local drop-in centers or whether they received certain services at a drop-in center rather than other places that provide services to these youth. Despite these limitations, this study makes an important contribution to the literature in that it is the first to provide a detailed examination of utilization and perceptions of drop-in center services among youth experiencing homelessness.

## Implications For Behavioral Health

Findings from this study suggest several ways in which behavioral health professionals can better serve youth experiencing homelessness. First, efforts to connect youth with drop-in center services may be enhanced by leveraging naturally occurring peer-to-peer street interactions, which is how most youth find out about local drop-in centers, as well as increasing more formal street outreach efforts. These interactions should not just focus on the availability of basic services, such

as food and showers, but also emphasize the range of higher-level services available to youth in a way that reduces stigma and fosters positive views of seeking care for behavioral health needs. Second, for the estimated one in three youth who go to drop-in centers solely for basic services, screening youth for behavioral health problems, emphasizing the benefits of receiving care, and strengthening their motivation for change may help connect these youth to needed services. Finally, there is room for improvement in youth's satisfaction with drop-in center services and their willingness to recommend drop-in centers to others, especially since learning about these centers from peers is an essential referral source. Results from this study suggest that improvement efforts may be most efficiently focused on improving youth's positive perceptions of drop-in center staff.

**Funding** This study was funded by NIH/NIDA grant no. R21DA039076.

## Compliance with Ethical Standards

*Conflict of Interest* The authors declare that they have no conflict of interest.

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## Appendix

Each of the three scales assessing perceptions of drop-in centers was evaluated for internal consistency using Cronbach's alpha and item correlations. Appendix Table 4 shows the three newly developed scales describing perceptions of drop-in centers labeled as follows: positive perceptions about staff, positive perceptions about other youth, and positive perceptions about environment. Confirmatory factor analysis results confirmed the presence of these three factors and did not suggest any additional factors. Shown are the mean and standard deviation (SD) of responses on the Likert scale for each statement within the scale (range is from 1 to 4) and the Cronbach's alpha estimate for each scale. All three scales demonstrated good internal consistency with alpha values ranging from 0.90 to 0.92.

Within the positive perceptions about staff scale, the item with the least positive score was the item asking about the staff's ability to relate to the respondent's issues. Within the positive perceptions about environment, the item with the least positive score was the item assessing whether the drop-in center had convenient hours while the item with the most positive score was the item assessing whether the drop-in center provides a safe environment. The item assessing the trustworthiness of other youth had the lowest score within the positive perceptions about other youth scale (Appendix Table 4).

The main text of the paper describes the convergent validity results which examined the association between the scale measures and both satisfaction with and willingness to recommend drop-in centers to other youth using weighted logistic regression.

**Table 4**
Perceptions about staff, other youth, and environment

| | Mean (standard deviation) | Cronbach's alpha |
|---|---|---|
| Positive perceptions about staff | 3.3 (0.5) | .92 |
| Supportive | 3.4 (0.6) | |
| Not judgmental | 3.2 (0.6) | |
| Respectful | 3.4 (0.6) | |
| Friendly | 3.4 (0.5) | |
| Trustworthy | 3.2 (0.6) | |
| Able to relate to my issues | 2.9 (0.7) | |
| Encourage me to be independent | 3.2 (0.6) | |
| Encourage me to improve my situation | 3.4 (0.6) | |
| Positive perceptions about other youth | 2.9 (0.6) | .93 |
| Supportive | 3.0 (0.6) | |
| Not judgmental | 2.9 (0.7) | |
| Respectful | 2.9 (0.7) | |
| Friendly | 3.0 (0.6) | |
| Trustworthy | 2.7 (0.8) | |
| Able to relate to my issues | 3.1 (0.7) | |
| Encourage me to be independent | 3.0 (0.7) | |
| Encourage me to improve my situation | 2.9 (0.7) | |
| Positive perceptions about environment | 3.1 (0.5) | .90 |
| Provide a safe environment | 3.3 (0.6) | |
| Are a comfortable place to spend time | 3.1 (0.6) | |
| Have clear expectations and rules for behavior | 3.2 (0.6) | |
| Have fun recreational opportunities | 3.0 (0.6) | |
| Provide a sense of community | 3.2 (0.6) | |
| Offer confidential services | 3.2 (0.6) | |
| Offer the types of services that I need | 3.2 (0.7) | |
| Are located in places that are easy to get to | 3.1 (0.7) | |
| Have convenient hours | 2.8 (0.8) | |
| Provide services as quickly as possible | 3.0 (0.7) | |

Means and standard deviations were calculated among non-missing respondents; missingness varied by statement with the highest missingness for "Are located in places that are easy to get to" of 4.0%; Cronbach's alpha was calculated using all available data; for all scales, a higher number is better (indicates more positive perceptions)