

Needs and Experiences of Youth Facing Housing Instability across 7 U.S. Cities: Key Findings and Recommendations for California

This white paper is prepared by the Research, Education, and Advocacy Co-Lab for Youth Stability and Thriving ([REALYST](#)), a collaborative that uses research to inform strategies to end homelessness and housing instability among young people.

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Introduction

As the state of California develops a strategic plan for addressing homelessness, this white paper responds to a request from the California Homeless Coordinating and Financing Council seeking evidence to inform priorities and select strategies for preventing and reducing homelessness. Specifically, this paper describes the needs and experiences of young people ages 18-26 experiencing homelessness across 7 U.S. cities, including two cities in California, to identify top priorities for preventing and *reducing the number of youth and young adults experiencing homelessness*.

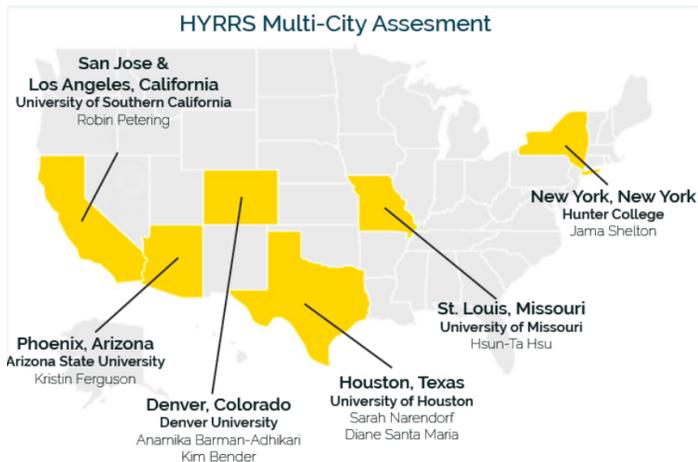
Youth homelessness is a critical social issue and an essential focus of any statewide plan for reducing homelessness. It is estimated that 3.5 million young people (ages 18-25) experience homelessness in the U.S. each year; that means 1 in 10 young people do not have safe and stable housing during a 12-month period¹. Focusing on services for young people experiencing homelessness is an important act of tertiary prevention. As young people transition to adulthood, they simultaneously hold great potential and face significant barriers to independence; this is particularly true when young people come from backgrounds with substantial adversity and trauma. This pivotal developmental stage provides an opportunity for actions that prevent young people from transitioning into chronic homelessness, a social challenge associated with great expense, including acute health and mental health needs, incarceration, and hospitalization. Thus, California should prioritize strategies that prevent and reduce homelessness among young people specifically, as investing during this critical developmental time can send young people on positive trajectories and divert them from deeper and more costly involvement in homelessness.

The data presented in this paper were collected by the Research, Education, and Advocacy Co-Lab for Youth Stability and Thriving (REALYST). REALYST is a national collaborative of academic and community partners that uses research to inform innovative policies, programs and services aimed at ending homelessness and housing instability among young people. All too often, researchers interested in understanding the needs and strengths of young people experiencing homelessness typically rely, out of necessity, on small localized samples. This limits their ability to understand the full range of experiences of young people across the country. To fully address youth homelessness, a comprehensive and up-to-date understanding of the behaviors, demographics, experiences, and sources of resiliency is required. To address this need, REALYST developed the Homeless Youth Risk and Resiliency Survey (HYRRS). The HYRRS is an assessment tool that collects in-depth detail on the needs and experiences of young people and is designed to provide insight into differences and similarities across cities and communities.

Over the past 3 years, the REALYST members conducted a cross-city study using the HYRRS. Using purposive sampling, our collaborative surveyed a diverse sample of 1,426 youth (ages

¹ Morton, M.H., Dworsky, A., & Samuels, G.M. (2017). *Missed opportunities: Youth homelessness in America. National estimates*. Chicago, IL: Chapin Hall at the University of Chicago.

18-26) experiencing homeless (YEH) and housing instability across seven cities including: Los Angeles, San Jose, Phoenix, New York City, St. Louis, Denver, and Houston. Participants were recruited from community partner agencies serving youth experiencing homelessness, including emergency shelters, drop-in centers, and transitional housing services.



The HYRRS was administered via electronic tablets to approximately 200 young people in each city, took one hour to complete, and queried youth (using standardized and researcher developed items) on various needs and experiences, including their demographics, reasons for homelessness and adverse childhood experiences, places young people sleep, systems young people are connected to (e.g., foster care, juvenile justice, school) and stressors young people experience (e.g., pregnancy,

mental health challenges, education access, finding work, finding housing, etc.).

Although limited in its ability to generalize to all young people experiencing homelessness in the sampled cities or states, the HYRRS data does point to important trends in areas of service needs among youth sampled in diverse urban service locations.

This white paper shares key HYRRS findings to address the following questions:

- What are the characteristics of youth that experience homelessness?
- What are the reasons for homelessness?
- Where do young people stay?
- What other social systems are young people connected to?
- What stressors do young people experience?
- What sources of resilience can interventions build on?
- Can technology create opportunities for engagement and service access?

For each key question, we describe findings from the full sample (including all 7 cities) as well as *disaggregate findings for cities in California and outside of California*. Finally, we describe best practices and evidence-based strategies, from the broader literature, for addressing the needs highlighted in our findings.

Key findings: What are the characteristics of youth that experience homelessness?

Demographics

Table A: Sex/Gender Identification

	California Sites	Non-California Sites	All Sites
Birth Sex Male	68%	62.5%	64.1%
Birth Sex Female	32.0%	37.5%	35.9%
Cisgender	97.3%	90.5%	92.5%
Transgender	2.7%	9.5%	7.5%

Note: CA Sites: Los Angeles and San Jose (n=410)

Non-CA Sites: Phoenix, Denver, St. Louis, Houston, and New York (n=1014)

Table B: Sexual Orientation

	California Sites	Non-California Sites	All Sites
Gay or Lesbian	9.9%	8.0%	8.6%
Straight, not gay	70.9%	71.8%	71.5%
Bisexual	12.6%	15.2%	14.4%
Something else	5.3%	3.7%	4.1%
Questioning	1.2%	1.4%	1.3%

Note: CA Sites: Los Angeles and San Jose (n=410)

Non-CA Sites: Phoenix, Denver, St. Louis, Houston, and New York (n=1014)

Table C: Race/Ethnicity

	California Sites	Non-California Sites	All Sites
White or Caucasian (not Hispanic)	15.7%	20.3%	19%
Black or African American (not Hispanic)	47%	33.3%	37.3%
Latinx or Hispanic	9.9%	20.4%	17.3%
Multi-racial or mixed-race	14.8%	16.8%	16.2%
Other (American Indian, Asian or Pacific Islander or another)	12.6%	9.2%	10.2%

Note: CA Sites: Los Angeles and San Jose (n=410)

Non-CA Sites: Phoenix, Denver, St. Louis, Houston, and New York (n=1014)

A disproportionately high proportion of youth experiencing homelessness (YEH) identify as male. Gender minorities are not counted in the US Census, but current estimates by the Williams Institute at UCLA show that 0.35% of the California population identify as transgender.² However, 7.5% of youth experiencing homelessness nationally identify as transgender, which is disproportionately higher. Similarly, there is a disproportionately high number of LGBTQIA+ youth experiencing homelessness with 28.2% of youth surveyed identifying as LGBTQIA+ compared to 5.3% of the general California population.³

Based on California’s Population by race, only 5.9% of the general population is Black compared to 47% of youth experiencing homelessness in our sample; however, 38.4% of Californians identify as Hispanic and only 9.9% of the youth experiencing homelessness in our sample identified as Latino/a.⁴ Differences in Latinx/Hispanic rates may be due, in part, to measurement variation across census and HYRRS data.

In summary, young people who identify as LGBTQIA+ and those who identify as Black are overrepresented among our sample of youth experiencing homelessness, suggesting efforts should be targeted at preventing and reducing homelessness among these subgroups.

Key findings: What reasons do young people give for becoming homeless?

Table D: Reasons for Leaving Home

	California Sites	Non-California Sites	All Sites
Kicked Out	63.7%	60.1%	61.1%
Runaway	18.4%	17.1%	17.5%
Couldn’t Pay Rent	13.8%	16.4%	15.7%
Aged Out of Foster Care	6.8%	6.9%	6.9%
Aged Out of Juvenile Justice System	3.1%	2.8%	2.9%

Note: CA Sites: Los Angeles and San Jose (n=410)

Non-CA Sites: Phoenix, Denver, St. Louis, Houston, and New York (n=1014)

Most youth were kicked out of or ran away from their homes. Homes included family homes, foster homes, relatives’ homes or group homes. Interventions addressing family violence and

² Herman, Jody, et al. “Demographics and Health of California’s Transgender Adults.” *Williams Institute*, 30 Oct. 2017, <https://williamsinstitute.law.ucla.edu/demographics/health-trans-adults-ca/>.

³ *Movement Advancement Project | State Profiles*. http://www.lgbtmap.org/equality-maps/profile_state/CA. Accessed 11 Mar. 2019.

⁴ *The Demographic Statistical Atlas of the United States - Statistical Atlas*. <https://statisticalatlas.com/state/California/Race-and-Ethnicity>. Accessed 11 Mar. 2019.

conflict in high-risk homes and communities could prevent homelessness among some young people. Not being able to pay rent or aging out of the foster care or juvenile justice systems were also common reasons youth become homeless, suggesting unaffordable housing and poor transition out of youth systems should be targets for intervention. Note, youth could pick as many applicable response categories as relevant for reasons for leaving home.

Table E: Adverse Childhood Experiences

	California Sites	Non-California Sites	All Sites
Emotional Abuse	58.6%	59.6%	59.3%
Physical Abuse	48%	53.5%	51.9%
Sexual Abuse	31.7%	31.9%	31.8%
Domestic Violence	35.8%	40.2%	38.9%
Caregiver experienced depression	36%	42.7%	40.8%
Caregiver has been incarcerated	40.7%	38.3%	39%
Experienced 4 or more ACEs	59.8%	62.4%	61.7%

Note: CA Sites: Los Angeles and San Jose (n=410)

Non-CA Sites: Phoenix, Denver, St. Louis, Houston, and New York (n=1014)

Table F: Number of Adverse Childhood Experiences

	California Sites	Non-California Sites	All Sites
Low (0-3)	40.1%	37.6%	38.3%
Medium (4-6)	31.9%	30.8%	31.1%
High (7 or greater)	27.9%	31.6%	30.6%

Note: CA Sites: Los Angeles and San Jose (n=410)

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High proportions of young people reported having Adverse Childhood Experiences, or ACEs, in our sample. ACEs have been found to correlate with many adverse long term outcomes--mentally and physically, including alcoholism, drug abuse, depression, and suicide attempt.”⁵

⁵ Felitti, Vincent J., et al. “Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study.” *American Journal of Preventive Medicine*, vol. 14, no. 4, May 1998, pp. 245–58. *ScienceDirect*, doi:[10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8).

ACEs have also been associated with health effects like heart disease, cancer, lung disease, skeletal fractures, and liver disease. A cutoff of 4 or more ACEs has been found to significantly increase risk for adverse outcomes ⁴; more than 60% of YEH in our sample met or exceeded this threshold. When prioritizing services for young people experiencing homelessness, adequate preventative medical care should be provided, and services should be provided through a trauma-informed lens.

Key findings: Where do youth stay while experiencing homelessness?

Table F. Locations YEH slept in prior night

	California Sites	Non-California Sites	All Sites
Shelters/Institutions	49.2%	48.3%	48.5%
Outside/ On Street	30.8%	33.4%	32.6%
Couch Surfing	19.1%	18.2%	18.4%

Note: CA Sites: Los Angeles and San Jose (n=410)

Non-CA Sites: Phoenix, Denver, St. Louis, Houston, and New York (n=1014)

The top three places youth experiencing homelessness (YEH) were staying the night previous to being surveyed included shelters/institutions, outside on the streets including places not meant for habitation such as bus stations and vacant apartments, or doubled up temporarily with friends, acquaintances or relatives (i.e. couch surfing). Specifically, just under half of respondents reported staying in a shelter or institution, about a third of respondents slept outside or on the streets, and just under twenty percent of respondents reported couch surfing. There was very little variation between respondents from California and those living in other states. Note, data were collected from service settings, thus YEH disconnected from services were not sampled.

Services should be provided in both residential and outreach/drop-in formats to allow access to support and services for those young people not comfortable or interested in residential services.

Key findings: To what systems are youth connected?

Table G. Youth Experiencing Child-Serving System Involvement

	California Sites	Non-California Sites	All Sites
Foster Care (FC)	39.8%	38.5%	38.9%

Juvenile Justice (JJ)	33.6%	37.3%	36.2%
Both FC & JJ	17.2%	18.8%	18.3%

Note: CA Sites: Los Angeles and San Jose (n=410)

Non-CA Sites: Phoenix, Denver, St. Louis, Houston, and New York (n=1014)

It is common for YEH to have been involved in the foster care and juvenile justice systems, considering the major disruption of services and lack of family support the youth experience upon transitioning out of these systems.⁵ Accordingly, the HYRRS found that over one-third of respondents had been involved in the foster care system at some point in their lives. About a third of respondents reported that they had been involved in the juvenile justice system. And, 17.2% of respondents from CA and 18.8% of respondents from other states reported they had been involved in both the foster care and juvenile justice systems at some point in their lives. Respondents were asked if they were currently attending school. Out of the respondents from CA, 21.8% said they were currently attending school, while only 17.6% of respondents from other states reported they are attending school.

Prioritizing housing opportunities and support services for young people transitioning out of service systems (child welfare, juvenile justice, hospitalizations, etc.) is likely to prevent homelessness among a substantial number of young people. Supporting young people at risk of housing instability or experiencing homelessness in pursuing their education should be a priority, as education attainment is likely to create opportunity for young people to earn income and exit homelessness.⁶

Key findings: What stressors do young people experience?

Table H. Difficult Experiences Impacting Youth Experiencing Homelessness

	California Sites	Non-California Sites	All Sites
Having experienced physical victimization while homeless	58.0%	58.6%	58.4%
Having experienced sexual victimization while homeless	30.1%	29.3%	29.5%
Having been pregnant or had a partner who was pregnant	35.6%	40.5%	39.1%

⁶ Fowler PJ, Marcal KE, Zhang J, Day O, Landsverk J. (2017) Homelessness and aging out of foster care: A national comparison of child welfare-involved adolescents. *Child Youth Serv Rev.* 2017;77:27-33.

Currently suffering from mental illness	26.0%	27.4%	27.0%
Did not receive mental health treatment/ counseling when needed	31.9%	34.1%	33.5%
Had experienced suicidal thoughts in the past year	25.0%	27.9%	27.0%
Had attempted suicide in the past year	12.1%	14.9%	14.1%

Note: CA Sites: Los Angeles and San Jose (n=410)

Non-CA Sites: Phoenix, Denver, St. Louis, Houston, and New York (n=1014)

Table I. Stressors Impacting Youth Experiencing Homelessness

	California sites	Non-California sites	All Sites
Finding enough food to eat	48.9%	42.4%	44.3%
Getting along with friends	39.4%	35.1%	36.3%
Increasing their social circle	37.5%	33.7%	34.8%
Being arrested	39.0%	29.1%	32.0%
Inability to find work	56.7%	55.1%	55.6%
Being physically assaulted	27.9%	23.6%	24.8%
Finding a place to sleep	58.2%	46.3%	49.7%
Obtaining professional help for health concerns	43.9%	36.5%	38.7%
Being treated poorly by society	48.2%	34.3%	38.3%
Having a purpose in life	56.4%	52.5%	53.6%
Obtaining further education	57.1%	55.6%	56.1%
Finding a place to bathe or shower	44.4%	38.8%	40.4%
Finding a place to wash clothes	46.2%	41.2%	42.6%

Being raped or sexually assaulted	26.1%	20.2%	21.9%
Earning money	65.4%	60.0%	61.6%

Note: CA Sites: Los Angeles and San Jose (n=410)

Non-CA Sites: Phoenix, Denver, St. Louis, Houston, and New York (n=1014)

Table J. Need for help with housing

	California sites	Non-California sites	All Sites
Disagree strongly	14.4%	14.4%	14.4%
Disagree	9.2%	6.3%	7.1%
Uncertain	12.6%	10.9%	11.4%
Agree	18.8%	20.8%	20.2%
Agree strongly	45.0%	47.7%	46.9%

Note: CA Sites: Los Angeles and San Jose (n=410)

Non-CA Sites: Phoenix, Denver, St. Louis, Houston, and New York (n=1014)

The HYRRS data demonstrate that YEH experience a wide variety of stressors, including pregnancy, mental health issues (including suicidality), physical and sexual victimization. These stressors can serve as barriers to socioeconomic upward mobility, health and wellbeing. The absence of a GED could prevent pursuit of higher education, employment and could result in discrimination broadly.

Needless to say, mental health issues can be both contributing factors and products of a person's homelessness. It is important to note that mental illnesses can be a contributing factor to a person's homelessness, as it can inhibit their ability to perform their activities of daily life (ADLs) such as hygiene maintenance, job attendance, and household management. This also includes an individual's ability to complete school and receive either their high school diploma or GED. Mental health challenges may also hinder individuals from creating and maintaining stable and supportive relationships. Often, this will result in those with mental illnesses becoming isolated and pushing away family members, friends, and caregivers "who may be the force keeping [them] from becoming homeless."⁷

Of course, it is also likely that certain mental health issues may have emerged due to experiences of victimization and violence while homeless or to homelessness itself. This is a likely concern, as HYRRS data demonstrates that 58% and 30% of respondents from the CA sites disclosed that they experienced physical and sexual victimization respectively. Additionally, the mental health concerns of YEH may be further exacerbated as they may encounter barriers to receiving counseling and other forms of mental health treatment. The

⁷ National Coalition for the Homeless, "Mental illness and homelessness," last modified July 2009, https://www.nationalhomeless.org/factsheets/Mental_Illness.pdf.

HYRRS data found that roughly 32% of respondents were unable to access mental health services when it was needed. This could be due to a lack of knowledge around existing resources, stigma, inability to afford services, or feelings of wariness towards strangers, especially those in positions of authority.

On a similar note, a lack of knowledge around available services may contribute to the feelings of stress that YEH may feel while experiencing homelessness. For example, the stress of pregnancy may feel even more daunting if a YEH does not know how to schedule an appointment with an OB-GYN for prenatal visits or how to apply for WIC and other public assistance programs. This may also be the reality for YEH who have experienced sexual victimization and may be unsure of how to access post-assault services such as SANE exams, preventative medication for pregnancy and STDs, and trauma counseling.

On the other hand, there is valid concern that medical and other helping professionals may be ill-equipped to appropriately handle and address the complex nuances of YEHs' lived experiences. This potential reality may be a large reason for apprehension in seeking services among YEH, which is likely to prolong homelessness as well as stress and trauma.

Finding housing is another key stressor among young people. Approximately two-thirds of our samples expressed a need for additional help to find housing. Youth sampled in CA were significantly more likely than young people in other cities to report stress finding a place to sleep (nearly 60%). Not unrelated, youth in CA were also more likely to report stress because they were treated badly by society (48%). Providing adequate access to housing that offers a welcoming and respectful environment is essential.

In summary, young people experience stress in trying to attain several basic needs (housing, food, income, shower, education, clothing), while at the same time attempting to avoid significant dangers (victimization, rape, discrimination), and these stressors pay a toll on young people who report experiencing mental health challenges and needing help to overcome barriers to services.

Key findings: What sources of resilience can interventions build upon?

Education and Employment

Having a high school diploma or GED is a source of strength that can assist YEH in finding employment and moving into career development through post-secondary education and training. Across sites, 69% of youth had received a high school or GED and nearly three quarters of those in California had achieved this credential. Rates of current enrollment in school were low with less than one in five reporting they are currently in school. However, nearly one third report currently working with 44% connected to either school or work.

Social Support

YEH in the HYRRS survey were asked to identify the five closest people in their social network and respond to questions about them. Nearly 70% of youth reported that they have someone in that network that provides them with advice, 59% had someone they could go to for money, and 57% had someone they could go to for information about resources. The presence of support networks is a key source of resilience that is related to more positive health, mental health and housing outcomes. Building supports for young people who lack them in these three critical areas may assist in promoting greater stability and wellbeing as well as better housing outcomes.

Table K: Connections to School Work or Supports

	California sites	Non-California sites	All Sites
Have a high school degree or GED	73.1%	67.6%	69.2%
Currently Attending School	21.8%	17.6%	18.8%
Currently Working	34.5%	30.8%	31.8%
Connected to School or Work	45.9%	42.6%	43.5%
Social support for advice	72.6%	68.5%	69.7%
Social support for money	65.0%	56.5%	58.9%
Social support for information	55.8%	57.2%	56.8%

Note: CA Sites: Los Angeles and San Jose (n=410)

Non-CA Sites: Phoenix, Denver, St. Louis, Houston, and New York (n=1014)

Coping Strategies

While YEH experience disproportionately high amounts of adversity, they also report a wide range of strategies they use when dealing with problems. Particularly prevalent are cognitive strategies that emphasize thinking about themselves and their problems in positive ways. These strategies may provide avenues for interventions to bolster positive coping responses and de-emphasize less positive strategies such as substance use or social isolation.

Table L: Coping Strategies: % Using Strategy Sometimes or Often

	California sites	Non-California sites	All Sites

Concentrated on what to do and how to solve the problem	73.8%	73.8%	73.8%
Think about what happened and try to sort it out in my head	76.0%	73.9%	74.5%
Try not to think about it	64.3%	59.3%	62.9%
Go to sleep	60.0%	61.9%	61.4%
Go to someone I trust for support	54.9%	58.3%	57.3%
Go off by myself to think	75.4%	76.7%	76.3%
Try to learn from the bad experience	78.2%	77.0%	77.4%
Use my anger to get me through it	43.0%	43.5%	43.4%
Use drugs or alcohol	48.1%	47.7%	47.8%
Do a hobby (e.g. read, draw)	66.4%	69.7%	68.8%
Try to value myself and not think so much about other people's opinions	69.4%	69.7%	69.6%
Realize that I am strong and can deal with whatever is bothering me	75.9%	76.0%	76.0%
Think about how things will get better in the future	76.9%	75.9%	76.2%
Use my spiritual beliefs/belief in a higher power	63.2%	65.2%	64.6%

Note: CA Sites: Los Angeles and San Jose (n=410)

Non-CA Sites: Phoenix, Denver, St. Louis, Houston, and New York (n=1014)

Key findings: Can technology create access to, and opportunity for, YEH engagement?

Table M. Access to technology

	California Sites	Non-California Sites	All Sites
Smartphone	68.1%	64.9%	65.8%
Computer	32.7%	27.0%	28.7%
Social media profile	74.8%	74.9%	74.9%
Used social media at least 1/day	43%	56.5%	52.7%

Note: CA Sites: Los Angeles and San Jose (n=410)

Non-CA Sites: Phoenix, Denver, St. Louis, Houston, and New York (n=1014)

Because young people experiencing homelessness can barely meet their basic needs, there is a common assumption that they are not as connected to interactive and communicative technologies as their housed peers. HYRRS data, however, show that the majority (75%) of YEH utilize social media sites and more than half (66%) own a smartphone. With so many of these young people accessing social media and smartphones regularly, strategies aimed at supporting YEH, should use social media to reach and engage these other hard-to-reach and engage transient young people. Access to social networks and online resources means services can be both advertised and provided online as well through text messaging. New smartphone apps especially may be a critical part of a successful engagement strategy, although such strategies require a greater commitment to creating and maintaining the technologies.

Table N. Platforms YEH use for social media

	California Sites	Non-California Sites	All Sites
Facebook	69.5%	69.7%	69.6%
Twitter	21.2%	16.5%	17.8%
Instagram	48.3%	41.2%	43.3%
Snapchat	39.2%	34.8%	36.1%
Vine	9.1%	6.9%	7.5%
Tumblr	11.3%	9.9%	10.3%

Note: CA Sites: Los Angeles and San Jose (n=410)

Non-CA Sites: Phoenix, Denver, St. Louis, Houston, and New York (n=1014)

For initiatives attempting to reach YEH via social media platforms, Facebook and Instagram appear particularly useful. However, these platforms and young people's preferences are often rapidly changing, thus ongoing assessment of YEH technology use is important to assure access.

Table O. Information YEH seek online

	California Sites	Non-California Sites	All Sites
Health information	62.3%	59.7%	60.4%
Housing or shelter	43.5%	42.5	42.8%
School information	21.3%	25.0%	23.9%
Legal help	23.7%	18.4%	20.0%
Childcare services	8.8%	8.2%	8.3%
Find a caseworker	7.3%	6.0%	6.4%
Find a therapist	9.3%	6.8%	7.5%

Note: CA Sites: Los Angeles and San Jose (n=410)

Non-CA Sites: Phoenix, Denver, St. Louis, Houston, and New York (n=1014)

The young people in this study used the internet and social media technologies to acquire information on a variety of services and issues relevant to their health and wellbeing. This further confirms that young people are willing and able to use technology to look for resources for themselves. HYRRS data suggests seeking an individual like a caseworker or a therapist to assist with these needs was less common. However, service providers can build upon these ongoing activities. A lot of information online especially regarding health practices can be unreliable. Service providers should stress digital safety and credibility issues for these young people. Additionally, agencies can support youth by helping them locate job opportunities online, create resumes, and develop job etiquette skills, such as crafting an email inquiring about a job opportunity.

Recommended Practices for Serving Young people at risk of or currently experiencing homelessness

Best practices in serving LGBTQIA+ young people

LGBTQIA+ youth are overrepresented in the population of youth experiencing homelessness. LGBTQIA+ youth experiencing homelessness have unique needs and face unique challenges in the systems set up to serve youth. One potential pathway into stable housing is obtaining employment and earning enough money to pay rent. LGBTQIA+ youth participants in the HYRRS study were particularly stressed about earning money (64%) and unable to find work (58%). Notably, no federal protections exist to protect people from employment discrimination based on sexual orientation and gender identity or expression. California and New York, 2 of the HYRRS study sites, include sexual orientation and gender identity in their state-wide

employment non-discrimination law. Other host states either only include sexual orientation, or don't include sexual orientation or gender identity. The lack of employment opportunities, coupled with a real or perceived threat of discrimination, make it difficult for LGBTQIA+ youth experiencing homelessness to care for themselves. Nearly half of LGBTQIA+ study participants reported stress over meeting their own basic needs, including finding a place to sleep (48%), food (45%), a place to wash their clothes (44%), and a place to shower or wash themselves (42%). They report experiencing discrimination due to their gender (36%) or gender expression (30%). 41% experienced discrimination due to their sexual orientation. The majority of this population (but the youth experiencing homelessness population in general) were kicked out or asked to leave their relatives' homes or foster homes

Connection to a safe and identity-affirming program has been noted as critically important for LGBTQIA+ youth, particularly transgender youth, experiencing homelessness. An identity-affirming program can be understood as one that supports the self-stated sexual and gender identities of program participants without question and does not pathologize LGBTQIA+ identities. Affirming the sexual orientation and gender identity of program participants is an integrated part of the organizational structure, from the types of services offered, to the language used for documentation and speaking (Shelton, 2015). Organizations can take specific actions to become safer for and affirming of LGBTQIA+ youth in the areas of organizational policy, training, documentation, intake/screening, placement, physical space, and community engagement.

Best practices in technology use

Our data revealed that technology use among youth who are experiencing homeless is pervasive. Youth who are homeless are transient and often difficult to engage in place-based services, making interventions that use social media or other communications technology an innovative and accessible approach to engaging this hard-to-reach population. We know of only three empirically evaluated interventions or methods in the United States that have utilized technology specifically for YEH (Bender et al., 2015; Rice, Tulbert, Cederbaum, Adhikari, & Milburn, 2012; Sheoran et al., 2016). These studies took three unique approaches: using existing platforms such as Facebook or Myspace to disseminate HIV prevention messages (Rice et al., 2012); developing standalone apps that connect youth to available services (Sheoran et al., 2016); and using email, online social networks, or texting (via cellphones) to provide case management services for youth (Bender et al., 2015).

Rice, Tulbert, et al. (2012) developed a youth-led, hybrid face-to-face and online social networking HIV prevention program for youth who are homeless called "Have You Heard?" The program used Facebook and Myspace. The researchers trained seven peer leaders to engage face to face with 53 youth who were homeless (F2F) in creating digital videos and comic book illustrations (via content-creation and sharing websites such as YouTube) that promoted safe sex or HIV testing. This study found that recruitment via online social networks is faster and much more efficient than traditional face-to-face methods. Participant retention was also very successful. Youth overall felt they were able to keep their presence in the program and feel

connected because they could access the intervention at their own convenience and complete the intervention at their own pace.

Bender et al. (2015) assessed the feasibility and acceptability of electronic case management (ECM) with youth who are homeless, using cellphones, texts, email, and Facebook. The study found that almost 90% of youth participated in at least one ECM session. Additionally, the study demonstrated that ECM was highly acceptable to this group of youth: 80% indicated that connecting with their case manager electronically was a positive experience and was convenient and accessible.

In the past few years, several communities have designed smartphone apps specifically for youth who are homeless. One example is YTH StreetConnect, the only app to have been featured in the academic literature (Sheoran et al., 2016). This app connects youth who are homeless with social service and health providers and other critical resources in the community (Santa Clara County, California). The app has one interface for youth and another for providers (StreetConnect PRO). The apps work via Android and IOS operating systems, as well as Wi-Fi. Youth said the app was intuitive and fun, and allowed them to easily connect with services by being able to call and locate them with the map provided. Youth also reported that the functionality of the app made it seem like “Google and Yelp combined,” -they enjoyed the accessibility it provided (like Google) but also allowed them to decide which service agency they should visit based on other users or youth’s ratings (like Yelp).

All three studies were however part of feasibility studies, which do not provide robust evidence that these interventions have been able to actually change behaviors. However, the studies do provide preliminary evidence that youth who are homeless are active users of these digital technologies, that youth find it easy to connect via these new forms of technologies, and that these technologies can be effective in expanding reach, fostering engagement, and increasing access to services for this otherwise hard-to-reach population.

Although they have not been empirically reviewed, two other excellent examples of social service apps are Los Angeles’ WIN app (www.ourchildrenla.org/win-app/) and Pittsburgh’s Big Burgh app (www.bigburgh.com).

Best Practices in addressing system involvement

Many youth who have been involved in the juvenile justice and foster care systems are expected to transition smoothly out of the systems and into independent living with very little support or guidance. Without the social, financial, and educational support, some youth transitioning out of these systems are at risk for experiencing homelessness.⁸ Many states, including California have invested in Family Unification Programs (FUP) vouchers in an attempt to provide youth transitioning out of foster care, psychiatric hospitals, juvenile justice facilities, and other systems with additional support during their transition period. While there have not

⁸ Fowler et al, Homelessness and, 27-33.

been many recent studies measuring the effectiveness of FUP vouchers, these vouchers are regularly used to provide housing options for young people exiting the youth systems in need of housing in the community.

In California, there are four main evidence-based programs available to youth as they transition out of the above-mentioned systems. The *Homebuilders* program consists of home and community-based services that attempt to increase healthy connections among youth and their families,⁹ and has been associated, through quasi and randomized designs, with keeping young people in their family homes^{10,11} The program consists of parent-youth training, along with sub-programs aimed at connecting youth to extra-curricular activities and supports. *On the Way Home* is another program that works with youth, their families, and their communities to make the youth's transition out of residential systems as smooth and successful as possible.⁹ It has been shown, through an RCT, to reduce further out of home placement and to increase school stability.¹² Other programs, like *Project Connect* and the *Safe Babies Court Team* target specific populations of children and youth with the aim of keeping families together and increasing the amount of support youth receive.⁹

Housing options for youth experiencing homelessness

There have been several initiatives on the national and state levels to house young people facing housing instability or homelessness. Two prominent models include Housing First and Coordinated Community Response. Housing First is a homeless assistance approach that prioritizes providing permanent housing to people experiencing homelessness. This initiative is guided by the belief that people need to meet their necessities like food and shelter before attending to other issues such as getting a job, budgeting properly, or attending to substance use issues. Additionally, Housing First is based on the theory that when people have choices about their housing and supportive services, there is likelihood that such individuals will be successful in remaining housed and improving their lives.¹³ Housing First was tested in a randomized control trial conducted in five Canadian cities where a sample of 156 youths (ages 18-24) with mental illness who were experiencing homelessness were randomly assigned to receive either Housing First (housing without requirement of sobriety or psychiatric treatment) alongside mental health services at level of need (assertive community treatment (ACT)/ Intensive Case Management) or usual care. The study found that Housing First led to improved

⁹ California Evidence-Based Clearinghouse for Child Welfare [CEBC]. (2019). Topic: Reunification programs. Retrieved from <https://www.cebc4cw.org/topic/reunification/>

¹⁰ Wood, S., Barton, K., & Schroeder, C. (1988). In-home treatment of abusive families: Cost and placement at one year. *Psychotherapy*, 25(3), 409-414.

¹¹ Fraser, M. W., Walton, E., Lewis, R. E., Pecora, P. J., & Walton, W. K. (1996). An experiment in family reunification: Correlates of outcomes at one-year follow-up. *Children and Youth Services Review*, 18(4/5), 335-361.

¹² Trout, A. L., Lambert, M., Epstein, M., Tyler, P., Stewart, M., Thompson, R. W., & Daly, D. (2013). Comparison of On the Way Home aftercare supports to traditional care following discharge from a residential setting: A pilot randomized controlled trial. *Child Welfare*, 92, 27-45.

¹³ Housing First. (n.d.). Retrieved from <https://endhomelessness.org/resource/housing-first/>

housing stability in youth with mental illness experiencing homelessness and appears to be no less effective in youth than in older adults.¹⁴

Another initiative is the Coordinated Community Response which is an approach to ending youth homelessness that requires the effort of the government, non-profits, businesses and philanthropy. This federal framework calls every member of the community to help youth achieve the outcomes most critical to their success which are stable housing, permanent connections, education and employment, and well-being. According to Milburn, Rosenthal & Rotheram-Borus (2005), comprehensive, integrated and coordinated services for YEH are likely to significantly influence the stability of young people's lives, reduce the risks for negative life outcomes, and reduce homelessness.¹⁵ The coordinated community response approach advocates for a unified and collaborative response in every community to meet the physical, developmental, and social needs of youth experiencing homelessness.¹⁶

Guidelines for trauma-informed services

Regarding appropriate interventions for YEH, HYRRS findings support the provision of a trauma-informed service approach. "Trauma-informed" is a framework that suggests that all medical providers and helping professionals must recognize that no individual is immune to trauma. As a result, to avoid re-traumatization, the recommendation is that individuals from medical and helping professions, as well as community organizations, recognize how common trauma permeates people's lives and approach every individual as if they have experienced trauma in one form or another. According to Hopper, Bassuk, and Olivet, trauma-informed care is necessary with those experiencing homelessness due to how closely trauma is tied to the antecedents to, and experiences of, homelessness.¹⁷

In terms of YEH, a trauma-informed approach may appear to be more informal/indirect, as literature has shown that the greatest success with YEH is achieved when organizations adopt an "outreach model" of intervention. In other words, it is more advantageous when YEH are encountered through "intercepts on the street or through open times at agencies where youth come for food, shelter, or other services."¹⁸ This is because a sense of safety and the provision of basic necessities may establish the foundation for trust and open lines of communication. In

¹⁴Kozloff, N., Stergiopoulos, V., Cheung, A., & Goering, P. (2016). 3.22 Housing First For Homeless Youth With Mental Illness: Analysis From A Randomized Controlled Trial. *Journal of the American Academy of Child & Adolescent Psychiatry*, 55(10). doi:10.1016/j.jaac.2016.09.154

¹⁵ Milburn, N. G., Rosenthal, D., & Rotheram-Borus, M. J. (2005). Needed. *Journal of Health & Social Policy*, 20(3), 1-9. doi:10.1300/j045v20n03_01

¹⁶ Preventing and Ending Youth Homelessness: A Coordinated Community Response. (n.d.). Retrieved from <https://www.usich.gov/tools-for-action/coordinated-community-response-to-youth-homelessness/>

¹⁷ E. K. Hopper, E. L. Bassuk, and J. Olivet, "Shelter from the storm: Trauma-informed care in homelessness services settings," *The Open Health Services and Policy Journal* 3, no. 2 (2010): 81, doi:10.2174/1874924001003020080.

¹⁸ John S. Baer, Peggy L. Peterson, and Elizabeth A. Wells, "Rationale and design of a brief substance use intervention for homeless adolescents," *Addiction Research & Theory* 12, no. 4 (2004): 320, doi:10.1080/1606635042000236475.

other words, a YEH's primary concerns may be receiving food and a place to sleep rather than addressing the traumatic experiences in their journey.

Best Practices for Mental Health

Rates of mental health problems in the HYRRS sample were high, with more young people screening positive for a mental health problem on screening measures, than self-identifying as having a mental health problem. This suggests that there may be a need for education among these young people about symptoms of trauma, depression, and anxiety and evidence-based treatments that are available to address them. In addition, mental health services should be offered in a way that reduces the need for labeling a diagnosis, but instead invites young people to build trusting relationships in which practitioners can help young people address the challenges and goals they share. Interventions that de-stigmatize mental health problems may also facilitate greater self-identification of symptoms. Given that one in three participants report that they had been unable to get mental health treatments even when they thought they needed them, there is additional need for system coordination to increase accessibility of services. Mental health services including screening, brief treatment and crisis response should ideally be co-located within homeless service settings to reduce access barriers.

Evidence is growing on effective treatments for mental health problems among YEH. For instance, two studies have evaluated the efficacy of incorporating cognitive-behavioral elements into an approach called the "Community Reinforcement Approach" (CRA). Cognitive-behavioral therapy (CBT) is a modality of psychotherapy that focuses on altering people's thought patterns by examining and challenging unhelpful thoughts, beliefs, and attitudes – also known as cognitive distortions. CRA is a framework "based on the belief that environmental contingencies can play a powerful role in encouraging or discouraging behavior."¹⁹ CRA is a 12-step intervention with step 1 as a platform to establish rapport and step 2 focused on collaboratively developing a treatment plan that adheres to the Happiness Scale²⁰ to help YEH identify areas of growth. In sessions 3 – 12, clinicians incorporate a variation of therapeutic modalities, role plays, psychoeducation, and homework assignments to help YEH build upon their new learned skills.

In the first study (a randomized-control trial), the group assigned to CRA was found to have statistically significant improvements in social stability, substance use, and depression compared to the usual form of treatment (TAU). For example, there was a 37% reduction in substance use among youth in CRA while those receiving TAU only showed a 17% reduction.²¹ The study also found that older YEH may benefit more from CRA's greater emphasis on mood management, coping skills, and other life skills development as they may have longer histories of homelessness coupled with associated stressors.

¹⁹ N. Slesnick et al., "Treatment outcome for street-living, homeless youth," *Addictive Behaviors* 32, no. 6 (2007): 1241, doi:10.1016/j.addbeh.2006.08.010.

²⁰ R. J. Meyers and J. E. Smith, *Clinical guide to alcohol treatment: The community reinforcement approach* (New York, NY: Guilford Press, 1995).

²¹ Slesnick, "Treatment outcome," 1245.

In another study (a pre-post design) of CRA among YEH (ages 14-24) in Albuquerque, New Mexico, found YEH were able to improve their mental health, decrease their substance use, and obtain more days housed by accessing CRA and case management provided at the drop-in center. Reductions in substance use appeared to facilitate housing. However, participating YEH were still unable to achieve permanent housing or increase use of educational, employment, or medical care.²² Adequate available housing (in conjunction with offering of other services) is a key need to address if programs want to support young people to exit the streets. Policies that allow young people to access housing and mental health/substance use treatment without parental consent would likely remove some barriers to housing stability.

Best practices for addressing YEH suicide

High rates of suicidal behavior among YEH highlight the need to incorporate strategies into homeless service provision that can screen for and address suicidal ideation. Mental health first aid training has shown promise in equipping front line providers with greater comfort and skill in recognizing and dialoguing with youth who at risk. In addition, peers are often some of the first to recognize warning signs. Training for YEH themselves on how to recognize and respond to problems in their peers may also be beneficial, particularly for YEH who are living on the street with other young people who may be especially disconnected from services.

Recommendation for ongoing data collection and monitoring

Ongoing data collection that assesses young people's needs and experiences, from their perspectives, is essential to set ongoing priorities and assess progress. Several of our community partner sites, including the San Jose site, have used HYRRS data to inform local service and policy priorities. The needs and experiences reported by youth in the HYRRS inform where services are meeting needs and where they are falling short. Such sites are considering collecting youth self-report data every 2-years using pop-up data collection of the HYRRS in partnership with university researchers from REALYST. This allows an assessment of needs while also examining changes in trends over time and addition of new inquiries specific to the local setting. Such plans for ongoing data collection, that is coordinated across the state of CA, is highly recommended. Current data collected through existing information systems (i.e., HMIS) provides some insights but can often be limited in scope, depth, completeness, and accuracy. Funds to support ongoing needs assessments and evaluations of services are critical. Investment in data-driven services and policy is essential to make the best decisions to benefit and serve young people experiencing homelessness.

²² N. Slesnick et al., "Six- and twelve-month outcomes among homeless youth accessing therapy and case management services through an urban drop-in center," *Health Services Research* 43, no. 1p1 (2007): 213, doi:10.1111/j.1475-6773.2007.00755.x.